**MRCL Procedure Cadaver Substitution FORM**

Ten cadaver cases may be performed by the trainee, as described below, in lieu of a clinical case if an indication for a procedure in a particular MRCL category has not been presented to the trainee and if the trainee has completed all other training requirements and is otherwise ready to submit a Credentials Application Package. No cadaver cases can be used to fulfill the OM MRCL requirement.

**Limitations and Requirements:**

1. **10 cadaver cases total**, with a limit of two cadaver case per MRCL category except for the PR, EN3 and OR4 category where all cases can be logged on cadavers.
2. The cadaver procedure must be performed under the direct supervision of the trainee’s Supervisor or other EVDC/AVDC Diplomate.

3. If used in the PR category,

 a. On PR procedures, these must be completed on opposite quadrants to ensure appropriate impressions can be produced.

b. Appropriate area-specific impressions and bite registrations must be performed for each cadaver. (We allow 3D scan of 1 of the cases)

c. A crown must be fabricated by a dental laboratory and cemented onto the prepared

 tooth.

 d. Documentation in the form of images of all cadaver procedures and impressions

 must be provided at the time of credentials application submission. Images (clinical

 photographs and radiographs) are limited to a maximum of 20 for each cadaver

 case.

4. **PLEASE include in the case log** **and choose C for cadaver case.** You can then fill in the case log as you would for a clinical case and upload this form. The cadaver procedure(s) must be documented on this Cadaver Substitution Form. **Please also upload this form with your credential package.**

**5. Photo documentation** of cadaver case procedures is required.

Documentation in the form of images of all cadaver procedures and impressions must be provided at the time of credentials application submission. Images (clinical photographs and radiographs) are limited to a maximum of 20 for each cadaver case.

**6. Case follow-up and Discharge Instructions**: A description of how you would follow up the case, and post-treatment recommendations to the client, are to be included.

7. Complete the form **below**. Name it: ***Your*LASTNAME,FirstNameCadavProc *{MRCL Category} {year}***

8. Submit it via DMS as a file in your Credentials Application document.

|  |
| --- |
| *I have not had a clinical patient in which the procedure reported below was indicated. I performed this procedure on a cadaver under the direct supervision and including review of the specimen by my supervisor or other EVDC/AVDC Diplomate. I request that this procedure be included in my Minimum Required Case List. I have completed all other training requirements and am otherwise ready to submit a Credentials Application Package.**Name of Trainee*: *Email address as indication of electronic signature*:  |

|  |
| --- |
| *Certification by the diplomate who supervised the procedure:* *The above-named trainee performed the procedure described below under my supervision on the date(s) stated.**Name and email address of the diplomate, indicating electronic signature of this form*:  |

|  |
| --- |
| *Procedure Performed (including MRCL category)*:  |

|  |
| --- |
| *Date(s) Procedure Performed*:  |

|  |
| --- |
| *If a* ***Crown*** *procedure: Have all the items listed in item 3, above, been followed, with appropriate photographic documentation?*  |

|  |
| --- |
| *If a Multi-step procedure: Have all the items listed in item 5, above, been done, with appropriate photographic documentation?*  |

|  |
| --- |
| *Photo-documentation: How many images are provided with this Cadaver Procedure Request?*  |

|  |
| --- |
| *Insert case follow-up plan and post-treatment instructions for the owner*: |

Insert the images here or on the next page: