**** **FORM CRED 845**

**Credentials Committee Form for Book Chapter Review**

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| Code number: |  |
| Short title of submission: |  |
| AVDC Policy | Pre-2014 CREP Requirement item **OR**  2014 Publication Requirement Item *( Delete one)* |
| Dental Discipline:  *(Required only for pre-2014 CREP policy)* | *(Delete as necessary)* Endodontics *OR* Oral Medicine *OR* Oral Surgery *OR*Periodontics *OR* Prosthodontics/Restorative Dentistry Radiology *OR*Other |
| Submission Type: | Book chapter |
| Supervisor Report: | Does the Supervisor Report confirm that:  The trainee/resident was the sole or first author.  The trainee/resident conducted the literature research.  The trainee/resident wrote the first draft without assistance.  The draft chapter was reviewed by the Book Editor.  The trainee/resident wrote the final version as submitted to the Publisher. |

**REVIEWER’S REPORT** *(Delete or add comments as appropriate)*

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| Is the item accurately categorized as a book chapter?  **YES NO** Comments:  Is the dental discipline accurately categorized?  **YES NO** Comments: |

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| Are all directly relevant published original-content articles appropriately cited and are any conclusions or recommendations that the author draws from the chapter appropriate?  **YES NO** Comments: |
| Is the content logically organized, and does it fully cover what would be expected in a book chapter with that title?  **YES NO** Comments: |

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| Is the content accurate and sufficiently comprehensive for use as a text-book, and is it adequately referenced?  **YES NO** Comments: |

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| Is the chapter clearly written? **YES NO**  Comments:  Does the chapter warrant the CREP points or First/Second Article status recommended by the Supervisor? **YES NO**  Comments: |

**SUMMARY and Recommendation:** (Mark one)

Note: The Approve/Non-Approve decision is to be based on **content** of the report. If the report is unclear in **presentation** or incomplete in specific **content** areas, but is generally acceptable otherwise, use the **Request for Clarification** option.

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| **\_\_\_\_ Unable to review.** Quality of the images submitted is too poor to permit review in electronic format. Recommend return to applicant un-reviewed.  **\_\_\_\_ Unable to complete review.** Recommend opinion from expert in area identified in Comments, below.  **\_\_\_\_ Full approval.**  **\_\_\_\_ Borderline approval.** Although the article is not perfectly written, shortcomings in **presentation** are insufficient to warrant non-approval in an article that is suitable in **content**.  **\_\_\_\_ Request clarification** before Approve/Non-Approve decision is made.  Include in Comments (below) exactly what clarification is needed. It is assumed that if the trainee provides the requested material adequately, the chapter will be approved.  **\_\_\_\_** **Do not approve (requires justification).** Use Comment space for specifics  **Comments:** |

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| Name of Reviewer: |  |
| Date reviewed and sent to Cred Comm chair: |  |

Save this review as: **Code number** and **YourLASTNAME**and**Approve or NotApprove** and **CREP points or Article status you recommend if approved**(e.g. **CREP 0903 Harvey Approve 2 points or Second Article**).Send it to the Credentials Committee chair by uploading it to DMS **while the document this review relates to is open** (click the Attach File command on the command bar at the top of the document screen, follow the on-screen instructions to browse to and upload the review file, and then be sure to click Save Changes on the command line at the top of the screen).