** CRED FORM 850**

**Credentials Committee Form for Solicited Article 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: | Solicited Review Article |
| 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 Issue 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 solicited article? **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/review appropriate? **YES NO** Comments: |
| Is the content logically organized, and does it fully cover what would be expected in an article with that title?**YES NO** Comments: |

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| Is the article clearly written? **YES NO**Comments:Does the article 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 article will be approved. **\_\_\_\_** **Do not approve (requires justification).** Use Comment space for specifics. **Comments:**  |

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).