

## DARC Recommended DHAT Recertification Checklist

**DHAT NAME:** \_\_\_\_\_

**ASSIGNED SITE:** \_\_\_\_\_

**SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:**  
\_\_\_\_\_

**SUPERVISORS FOR RECERTIFICATION (NAME/TITLE/SIGNATURE):**  
\_\_\_\_\_  
\_\_\_\_\_

**Purpose:**

This is a list of procedures that the DHAT has been certified to perform and those procedures included in his/her Scope of Practice. A certified DHAT should be able to perform these procedures independently, with clinical competency. This list of critical procedures was reviewed and deemed appropriate by the Dental Academic Review Committee.

**Directions to the Supervising Dentist:**

Please provide an opportunity for the DHAT to perform all of the procedures on this list during the two-year certification period. (You may simulate experiences if applicable and no appropriate patients are available.) Each procedure must be completed under the direct supervision of a dentist. The DHAT is expected to perform the procedures independently, and in compliance with the established standards.

Initial and date in YES column if the DHAT performs the procedure independently and according to the appropriate standard of practice.

Comments should be specific in nature to provide the DHAT with the best/most beneficial feedback.

Initial and date in NO column if the DHAT is not able to perform the procedure independently, or according to the standard of practice. Provide additional instruction to the DHAT as necessary. The DHAT may have as many opportunities as time allows during the two-year period to repeat the skill; however, the DHAT should not be allowed to perform the procedure unsupervised until he/she satisfactorily completes the procedure. If the skill is performed independently by the DHAT, to the standard, the supervising dentist should initial and date in the YES column in the retest section. If any skill remains a "NO", for the entire two-year period, the DHAT cannot be recertified. If additional space is required for comments or dates, please attach additional sheets. The health corporation employing the DHAT will be required to make plans for the completion of this checklist.

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PROCEDURE <small>(Each procedure must be completed eight times for recertification unless otherwise noted.)</small>	YES <small>(Include the date and dentist initials)</small>	NO <small>(Include the date and dentist initials)</small>	COMMENTS	RETEST <small>(Include the retest date and dentist initials)</small>		Reference Number
				YES	NO	
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Toothbrush Prophylaxis						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Intra Oral Photo						
Intra Oral Photo						
Intra Oral Photo						
Intra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						

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PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – PA (anterior)						
Dental Radiograph – PA (anterior)						
Dental Radiograph – PA (posterior)						
Dental Radiograph – PA (posterior)						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
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PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class V						
Preparation of tooth, placement and finishing of amalgam for Class V						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class V						
Preparation of tooth, placement and finishing of composite for Class V						
Preparation of tooth, placement and finishing of cusp protected amalgam (complex)						
Preparation of tooth, placement and finishing of cusp protected amalgam (complex)						

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				YES	NO	
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						

\*Complex includes caries near the pulp, subgingival caries, rotated teeth, patients that are behavior management challenges, etc.

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				YES	NO	
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						

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<b>PROCEDURE</b> (Each procedure must be completed eight times for recertification unless otherwise noted.)	<b>YES</b> (Include the date and dentist initials)	<b>NO</b> (Include the date and dentist initials)	<b>COMMENTS</b>	<b>RETEST</b> (Include the retest date and dentist initials)		<b>Reference Number</b>
				<b>YES</b>	<b>NO</b>	
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						

**DARC Recommended DHAT Recertification Checklist**

**SIGNATURE PAGE**

I verify that I have completed the critical procedures listed on this Recertification Checklist in a satisfactory manner. I understand that providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a DHAT.

\_\_\_\_\_

DHAT Name/Signature

\_\_\_\_\_

Date

I verify that \_\_\_\_\_ (print name of applicant) has completed each of the critical procedures for recertification as a Dental Health Aide Therapist.

\_\_\_\_\_

Supervising Dentist (Please Print Name)

\_\_\_\_\_

Supervising Dentist Title

\_\_\_\_\_

Supervising Dentist Signature

\_\_\_\_\_

Date