

Dental Health Aide Therapist Observation Log

DHAT NAME: _____

ASSIGNED SITE: _____

SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:

SUPERVISOR(S) FOR RECERTIFICATION (NAME/ TITLE/ SIGNATURE):

Purpose:

The following is a list of procedures that the DHAT has been certified to perform and those procedures included in his/ her Scope of Practice. There is also an observation record to document a minimum of 80 hours of direct clinical observation of the DHAT performing these procedures. A certified DHAT should be able to perform these procedures independently, with clinical competency.

This list of critical procedures and the observation record were reviewed and deemed appropriate by the Dental Academic Review Committee for use when completing recertification requirements.

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 recertification 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.

For the DHAT Critical Procedures Document the supervising dentist should check, initial and date when the DHAT performs the procedure listed independently, with clinical competency.

The Observation Record should be completed by the supervising dentist to record the total number of hours the DHAT is observed under direct clinical supervision.

DHAT CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials and Date
Toothbrush Prophylaxis			
Application of Topical Fluoride			
Dental Charting			
Extraoral Photographs			
Intraoral Photographs			
Dental Prophylaxis – scaling and polishing to remove calcareous deposits, accretions, and stains from the coronal or exposed surface of the tooth.			
Sealant			
Dental Radiograph – BWX (2 or 4)			
Dental Radiograph – PA (anterior)			
Dental Radiograph – PA (posterior)			
ART – remove gross caries with hand instruments; mix/place and contour appropriate restorative material			
Placement and finishing of Class I dental amalgam (simple)			
Placement and finishing of Class II dental amalgam (simple)			
Placement and finishing of Class V dental amalgam (simple)			
Placement and finishing of Class I dental composite (simple)			
Placement and finishing of Class III dental composite (simple)			
Placement and finishing of Class V dental composite (simple)			
Placement and finishing of cusp protected amalgam (complex)			
Placement and finishing complex Class II dental amalgam			
Placement and finishing of Class II dental composite (complex)			
Placement and finishing of Class IV dental composite (complex)			
Stainless Steel Crown			
Pulpotomy on deciduous tooth			
Extraction of primary tooth			
Extraction of permanent tooth			
Administration of local anesthetic			

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

SIGNATURE PAGE

I verify that I have completed the critical procedures independently, with clinical competency, and have met the minimum 80 hours of direct clinical observation requirement for recertification. 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 independently, with clinical competency, and has met the minimum 80 hours of direct clinical observation requirement for recertification as a Dental Health Aide Therapist.

Supervising Dentist (Please Print Name)

Supervising Dentist Title

Supervising Dentist Signature

Date