

Expanded Function Dental Health Aide Recertification Checklist

EFDHA 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 an EFDHA can be certified to perform. There is also an observation record to document a minimum of 80 hours of direct clinical observation of the EFDHA performing the procedures for which they are certified. A certified EFDHA should be able to perform the procedures they are certified to perform independently, with clinical competency.

This list of 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 EFDHA to perform all of the procedures for which they are certified 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 EFDHA is expected to perform the procedures independently, and in compliance with the established standards.

For the EFDHA Procedures Document the supervising dentist should check, initial and date when the EFDHA performs the procedure listed (that they are certified to perform) independently, with clinical competency.

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

EFDHA PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials and Date
Dental Prophylaxis – scaling and polishing to remove calcareous deposits, accretions, and stains from the coronal or exposed surface of the tooth.			
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 Placement			
Sealants			
Dental Radiograph – BWX (2 or 4)			
Dental Radiograph – PA			
Occlusal Radiograph			
ART – remove gross caries with hand instruments; mix/place and contour appropriate restorative material			

DATE	REFERENCE NUMBER	TOTAL TIME OBSERVED	DENTIST INTIALS
		TOTAL TIME:	

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 an EFDHA.

EFDHA 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 an Expanded Function Dental Health Aide.

Supervising Dentist (Please Print Name)

Supervising Dentist Title

Supervising Dentist Signature

Date