

Primary Dental Health Aide Recertification Checklist

PDHA 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 a PDHA can be certified to perform. There is also an observation record to document a minimum of 80 hours of direct clinical observation of the PDHA performing the procedures for which they are certified. A certified PDHA 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 PDHA 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 PDHA is expected to perform the procedures independently, and in compliance with the established standards.

For the PDHA Procedures Document the supervising dentist should check, initial and date when the PDHA 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 PDHA is observed under direct clinical supervision.

PDHA PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials and Date
Oral Hygiene Instruction – for patients of all ages			
Diet Education – for patients and patient caregivers			
Fluoride application – varnish			
Fluoride application – rinse			
Fluoride application – tray (foam or gel)			
Sealants			
Dental Prophylaxis – scaling and polishing to remove calcareous deposits, accretions, and stains from the coronal or exposed surface of the tooth.			
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			

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 PDHA.

PDHA 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 Primary Dental Health Aide.

Supervising Dentist (Please Print Name)

Supervising Dentist Title

Supervising Dentist Signature

Date