## Dental Health Aide Therapist/Practitioner 8-Procedure Recertification Checklist

DHAT/P NAME:	
ASSIGNED SITE:	
SITE(S) WHERE SUPERVISED FOR RE	ECERTIFICATION:
SUPERVISOR(S) FOR RECERTIFICAT	ION (NAME/ TITLE/ SIGNATURE):

## **Purpose:**

The following is a list of procedures that the DHAT/DHATP has been certified to perform and those procedures included in his/ her Scope of Practice. Included is an observation record to document a minimum of 8 of each procedure for which the DHAT/DHATP is certified under direct clinical observation of the DHAT/DHATP performing these procedures. A certified DHAT/DHATP 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 for use when completing recertification requirements.

## **Directions to the Supervising Dentist:**

Please provide an opportunity for the DHAT to perform all the procedures on this list during the 24 months prior to recertification. For the DHATP please reference DHATP Credentialing Guidelines. (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/DHATP is expected to perform the procedures independently, and in compliance with the established standards.

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

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DHAT/DHATP CRITICAL	Reference Number	Clinical Competency	Dentist Initials	Date
PROCEDURES		Met (Place Checkmark)		
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				
Application of Topical Fluoride				
Dental Charting				
Dental Charting				
Intraoral Photographs				
Extraoral Photographs				_
Extraoral Photographs				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				

		Clinical		
DHAT/DHATP CRITICAL PROCEDURES	Reference Number	Competency Met (Place Checkmark)	Dentist Initials	Date
Dental Prophylaxis – scaling and		Checkinal K)		
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
Dental Prophylaxis – scaling and				
polishing to remove calcareous deposits,				
accretions, and stains from the coronal or				
exposed surface of the tooth.				
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 – BWX (2 or 4)				
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 – BWX (2 or 4)				
Dental Radiograph – BWX (2 or 4)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				

	Reference Number	Competency Met (Place Checkmark)	Dentist Initials	Date
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
ART – remove gross caries with hand				
instruments; mix/place and contour				
appropriate restorative material				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class I				
restoration				
Placement and finishing of Class II				
restoration				
Placement and finishing of Class II				
restoration				

DHAT/DHATP CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials	Date
Placement and finishing of Class II restoration		,		
Placement and finishing of Class II restoration				
Placement and finishing of Class II restoration				
Placement and finishing of Class II restoration				
Placement and finishing of Class II restoration				
Placement and finishing of Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of cuspal coverage Class II restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				
Placement and finishing of Class III restoration				

DHAT/DHATP CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials	Date
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class IV restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Placement and finishing of Class V restoration				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				
Stainless Steel Crown				

DHAT/DHATP CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place	Dentist Initials	Date
Pulpotomy on deciduous tooth		Checkmark)		
Pulpotomy on deciduous tooth  Pulpotomy on deciduous tooth				
Pulpotomy on deciduous tooth  Pulpotomy on deciduous tooth				
1 2				
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 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				
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				

## **SIGNATURE PAGE**

I verify that I have completed the critical procedures independently, with clinical competency, and have met the minimum eight of each procedure of the 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/DHATP.

DHAT/ DHATP Signature	Date
I verify that	each procedure of the direct clinical as a Dental Health Aide Therapist or
Supervising Dentist (Please Print Name)	Supervising Dentist Title
Supervising Dentist Signature	Date

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