Dental Health Aide Therapist/Practitioner 80-Hour Observation Log

DHAT/P NAME:	
ASSIGNED SITE: _	
SITE(S) WHERE SU	JPERVISED FOR RECERTIFICATION:
SUPERVISOR(S) FO	OR RECERTIFICATION (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 80 hours of 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 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 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 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/DHATP is observed under direct clinical supervision.

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Please use this form to document that you have completed at least ONE of each critical procedure, this is not to document observation hours.

Please see next page for "Observation Record" to document of hours for each procedure.

DHAT/DHATP CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials	Date
Toothbrush Prophylaxis		,		
Application of Topical Fluoride				
Dental Charting				
Intraoral Photographs				
Extraoral 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				
restorations				
Placement and finishing of Class II				
restorations				
Placement and finishing of				
cuspal coverage Class II				
restorations				
Placement and finishing of Class III				
restorations				
Placement and finishing of Class IV restorations				
Placement and finishing of				
Class V restorations Stainless Steel Crown				
Pulpotomy on deciduous tooth				
Extraction of primary tooth				
Extraction of permanent tooth Administration of local anesthetic				
Administration of local anestnetic				

Observation Record

DATE	REFERENCE NUMBER	TIME OBSERVED	DENTIST INITIALS	COMMENTS
			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 a DHAT/DHATP.

DHAT/ DHATP Signature	Date
I verify thatapplicant) has completed each of the critic clinical competency, and has met the mobservation requirement for recertification a recredentialing as a Dental Health Aide The	inimum 80 hours of direct clinical as a Dental Health Aide Therapist or
Supervising Dentist (Please Print Name)	Supervising Dentist Title
Supervising Dentist Signature	Date