

**Expanded Function Dental Health Aide I
Dental Prophylaxis
8-Procedure 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 and those procedures included in his/ her Scope of Practice. Included is an observation record to document a minimum of eight of each procedure under direct clinical observation of the EFDHA performing the procedures. 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 Provider:

Please provide an opportunity for the EFDHA to perform all of the procedures on this list 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 an appropriate supervisor. A dental hygienist is able to provide direct supervision of recertification for dental prophylaxis, sealants and dental radiographs. A dentist, DHAT, or DHATP are able to supervise all EFDHA I and II procedures. The EFDHA is expected to perform the procedures independently, and in compliance with the established standards.

For the EFDHA procedures document the supervising provider 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 provider to record the total number of hours the EFDHA is observed under direct clinical supervision.

EFDHA I PROPHYLAXIS PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
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.			
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SIGNATURE PAGE

I verify that I have completed the critical procedures independently, with clinical competency, and have met the minimum eight of each procedure under 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 eight of each procedure under direct clinical observation requirement for recertification as an Expanded Function Dental Health Aide.

Supervising Provider (Please Print Name)

Supervising Provider Title

Supervising Provider Signature

Date