

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

**DHAT/P NAME:** \_\_\_\_\_

**CLINIC:** \_\_\_\_\_

**SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:**  
\_\_\_\_\_

**SUPERVISING PROVIDER #1 NAME/TITLE:** \_\_\_\_\_

**SUPERVISING PROVIDER #2 NAME/TITLE:** \_\_\_\_\_

**Purpose:**

The following is a list of procedures that the DHAT/DHATP has been certified to perform within their Scope of Practice that require competency evaluation, as defined in Section D2.20.610(b)(2) [DHAT: Supervision and Scope of Practice; Competencies]. Included is a procedure checklist to document a minimum of 8 of each procedure has been completed under direct clinical supervision. A certified DHAT/DHATP must be able to perform these procedures independently, with clinical competency.

This list of competency procedures and the procedure checklist 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 by a dentist unless otherwise specified in section D2.10.100 [Supervision of DHAs]. The DHAT/DHATP is expected to perform the procedures independently, and in compliance with the established standards.

For this document the supervising provider must check, initial and date when the DHAT/DHATP performs the procedure independently, with clinical competency, under direct supervision.

<b>DHAT/DHATP COMPETENCY PROCEDURES</b>	<b>Reference Number</b>	<b>Clinical Competency Met (Place Checkmark)</b>	<b>Dentist Initials</b>	<b>Date</b>
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Topical Fluoride Treatments				
Diet Education				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Oral Hygiene Instruction				
Intraoral Photographs				
Extraoral Photographs				
Sealant Placement				
Child Dental Prophylaxis				
Child Dental Prophylaxis				

<b>DHAT/DHATP COMPETENCY PROCEDURES</b>	<b>Reference Number</b>	<b>Clinical Competency Met</b>	<b>Dentist Initials</b>	<b>Date</b>
Child Dental Prophylaxis				
Child Dental Prophylaxis				
Child Dental Prophylaxis				
Child Dental Prophylaxis				
Child Dental Prophylaxis				
Child Dental Prophylaxis				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Charting of the Oral Cavity				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Comprehensive Exam (including diagnosis and treatment planning)				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – Bitewings				
Dental Radiograph – PA (anterior)				

<b>DHAT/DHATP COMPETENCY PROCEDURES</b>	<b>Reference Number</b>	<b>Clinical Competency Met</b>	<b>Dentist Initials</b>	<b>Date</b>
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)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Dental Radiograph – PA (posterior)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Atraumatic Restorative Treatment (ART)				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Administration of Local Anesthetics				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class II restorations				
Preparation and Placement of Class II restorations				
Preparation and Placement of Class II restorations				





<b>DHAT/DHATP COMPETENCY PROCEDURES</b>	<b>Reference Number</b>	<b>Clinical Competency Met</b>	<b>Dentist Initials</b>	<b>Date</b>
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Uncomplicated Extraction of Permanent Teeth				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Pulp Vitality Testing				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				
Suture Placement and Removal				

## SIGNATURE PAGE

I verify that I have met the recertification requirements by completing 8 of each competency procedure independently, with clinical competency, under direct clinical observation. 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 \_\_\_\_\_ (print name of applicant) has met the DHAT/DHATP recertification requirements by completing 8 of each competency procedure independently, with clinical competency, under direct clinical observation.

\_\_\_\_\_

Supervising Dentist (Please Print Name)

\_\_\_\_\_

Supervising Dentist Title

\_\_\_\_\_

Supervising Dentist Signature

\_\_\_\_\_

Date