

**Expanded Function Dental Health Aide
Dental Prophylaxis
8-Procedure Recertification Checklist**

EFDHA 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 the prophylaxis procedures that an EFDHA can be certified in. An EFDHA is required to demonstrate competency as defined by the procedures and/or skillset(s) for which they are certified. Reference section D2.20.410(b) [EFDHA I: Supervision and Scope of Practice; Scope of Practice] and section D2.20.510(b) [EFDHA II: Supervision and Scope of Practice; Scope of Practice]. Included is the checklist to document a minimum of 8 of each procedure has been completed under direct clinical supervision. A certified EFDHA must be able to independently perform the procedures which they are certified 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 the prophylaxis procedures on this list during the 24 months prior to recertification. This procedure must be completed under the direct supervision of an appropriate supervisor. A dental hygienist is able to assist with direct supervision of recertification for dental prophylaxis procedures. A dentist, DHAT, or DHATP are able to supervise all EFDHA I and II procedures.

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

EFDHA PROPHYLAXIS SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			
Dental Prophylaxis with coronal or clinically visible calculus			

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 an EFDHA.

EFDHA Name/Signature

Date

I verify that _____ (print name of applicant) has met the EFDHA recertification requirements by completing 8 of each competency procedure independently, with clinical competency, under direct clinical observation.

Supervising Provider (Please Print Name)

Supervising Provider Title

Supervising Provider Signature

Date