

Expanded Function Dental Health Aide I/II 80-Hour Recertification Checklist

EFDHA NAME: _____

Certification: EFDHA I EFDHA II

Procedures/Skillsets to complete:

Skillsets for EFDHA I:

- Dental Prophylaxis
- Basic Restorative
- Dental Radiology
- Sealants
- Stainless Steel Crown Placement
- Atraumatic Restorative Treatment (ART)

Skillsets for EFDHA II:

- Advanced Restorative

CLINIC: _____

SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:

SUPERVISING PROVIDER #1 NAME/TITLE: _____

SUPERVISING PROVIDER #2 NAME/TITLE: _____

Purpose:

The following is a comprehensive list of the procedures that an EFDHA can be certified in. An EFDHA is required to demonstrate competency as defined by the 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 an observation record to document a minimum of 80 hours of direct clinical observation of the EFDHA performing the procedures. A certified EFDHA must be able to independently perform the procedures in the skillset(s) for 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 all of the procedures on this list during the 24 months prior to recertification. (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 can assist with direct supervision of recertification for dental prophylaxis, sealant and dental radiograph procedures. A dentist, DHAT, or DHATP can supervise all EFDHA I and II procedures. Direct supervision hours may include chart review prior to seating patient, time the patient is being seen or procedures are being completed and reasonable time for notes and charting as determined by the supervisor.

The supervising provider must check, initial and date when the EFDHA performs the procedure.

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.

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

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

EFDHA PROPHYLAXIS SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Child Dental Prophylaxis			
Adult Dental Prophylaxis with coronal or clinically visible calculus			
EFDHA BASIC RESTORATIVE SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Placement and finishing of Class I restorations			
Placement and finishing of Class II restorations			
Placement and finishing of Class III restorations			
Placement and finishing of Class V restorations			
EFDHA RADIOLOGY SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Dental Radiograph – Bitewings			
Dental Radiograph – PA (anterior)			
Dental Radiograph – PA (posterior)			
EFDHA SEALANT SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Sealant Placement			
EFDHA STAINLESS STEEL CROWN PLACEMENT SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Placement of Stainless Steel Crown on Primary Teeth			
EFDHA ART SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Atraumatic Restorative Treatment (ART) including: isolating the tooth; removing gross caries with hand instruments; mixing, placing and contouring appropriate restorative material; and evaluating occlusion.			
EFDHA II ADVANCED RESTORATIVE SKILLSET	Reference Number	Clinical Competency Met (Place Checkmark)	Supervising Provider Initials and Date
Placement and finishing of cuspal coverage Class II restorations			
Placement and finishing of Class IV dental restorations			

SIGNATURE PAGE

I verify that I have completed the competency 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 an EFDHA.

EFDHA Name/Signature

Date

I verify that _____ (print name of applicant) has completed each of the competency procedures independently, with clinical competency, and has met the minimum 80 hours of direct clinical observation requirement for recertification as an EFDHA.

Supervising Provider (Please Print Name)

Supervising Provider Title

Supervising Provider Signature

Date