

**EXPANDED FUNCTION DENTAL HEALTH AIDE
PRECEPTORSHIP CHECKLIST**

EFDHA NAME: _____ **CLINIC:** _____

PRECEPTORSHIP SITE: _____ **DATE:** _____

PRECEPTOR #1 NAME/TITLE: _____

PRECEPTOR #2 NAME/TITLE: _____

PRECEPTOR #3 NAME/TITLE: _____

PRECEPTOR #4 NAME/TITLE: _____

Purpose:

This checklist is to record the number of procedures performed by an EFDHA in order to verify the fulfillment of the minimum requirements (for certification of skill set being performed) set forth in the Community Health Aide Program Certification Board Standards and Procedures. 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 procedures.

Directions: Preceptor will directly observe and determine if the EFDHA has performed the procedure satisfactorily (S) or unsatisfactorily (U). If a “U” is given for the first try, the EFDHA may attempt procedure as many times as needed. The preceptor should initial the line item, once the skill is completed successfully. SATISFACTORY PERFORMANCE should only be initialed and dated when the EFDHA can perform the procedure without assistance; however, training material can be used for reference. Satisfactory performance means that the EFDHA demonstrated the procedure well enough to be entrusted to do it in a daily work situation. This tally sheet may be signed off at the clinic by an authorized supervising provider. When the checklist is complete, it should be filed by the Tribal Health Organization in the EFDHA’s personnel records.

EFDHA DENTAL PROYPHYLAXIS SKILLSET	Reference Number	S/U	Comments	Preceptor Initials	Date
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
Child Dental Prophylaxis < 8 years of age					
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					

Complex Restoration					
Complex Restoration					
Complex Restoration					
Complex Restoration					
Complex Restoration					

EFDHA SEALANT SKILLSET	Reference Number	S/U	Comments	Preceptor Initials	Date
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant – molar tooth					
Sealant on child < 7 years of age					
Sealant on child < 7 years of age					
Sealant on child < 7 years of age					
Sealant on child < 7 years of age					
Sealant on child < 7 years of age					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					
Sealant on second molar					

