

Primary Dental Health Aide I or II 8-Procedure Recertification Checklist

PDHA NAME: _____

Certification: ☐ PDHA I ☐ PDHA II

Procedures/Skillsets to complete:

Required for all: ☐ Fluoride Application ☐ OHI ☐ Diet Education

Optional Skillsets for PDHA II:

- ☐ Dental Radiology
- ☐ Sealants
- ☐ Dental Prophylaxis
- ☐ Atraumatic Restorative Treatment (ART)

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 PDHA be certified in. A PDHA is required to demonstrate competency as defined by the procedures and/or skillset(s) for which they are certified. Reference section D2.20.110(b) [PDHA I: Supervision and Scope of Practice; Scope of Practice] and section D2.20.210(b) [PDHA 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 PDHA 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 PDHA to perform all of the procedures on this list for which they are certified during the 24 months prior to recertification. Each procedure must be completed under the direct supervision of an appropriate supervisor. A dental hygienist can assist with direct supervision of recertification for fluoride application, OHI, diet education, dental prophylaxis, sealant and dental radiology procedures. A dentist, DHAT, or DHATP can supervise all PDHA 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.

| PDHA I/II PROCEDURES | Reference Number | Clinical Competency Met (Place Checkmark) | Supervising Provider Initials and Date |
|------------------------------|-----------------------------|----------------------------------------------------------|---------------------------------------------------|
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Topical Fluoride application | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Oral Hygiene Instruction | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |
| Diet Education | | | |

| PDHA II RADIOLOGY SKILLSET (If you keep your IHS Radiology Certificate current, it will fulfill this requirement. Please attach IHS radiograph log) | Reference Number | Clinical Competency Met (Place Checkmark) | Supervising Provider Initials and Date |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-----------------------------------------------|
| 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) | | | |
| 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) | | | |

| PDHA II SEALANT SKILLSET | Reference Number | Clinical Competency Met (Place Checkmark) | Supervising Provider Initials and Date |
|---------------------------------|-------------------------|-----------------------------------------------------|-----------------------------------------------|
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |
| Sealant Placement | | | |

| PDHA II ATRAUMATIC RESTORATIVE TREATMENT (ART) SKILLSET | Reference Number | Clinical Competency Met (Place Checkmark) | Supervising Provider Initials and Date |
|----------------------------------------------------------------|-------------------------|-----------------------------------------------------|-----------------------------------------------|
| 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) | | | |

| PDHA II 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 that I am seeking recertification for, 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 PDHA.

PDHA Name/Signature

Date

I verify that _____ (print name of applicant) has met the PDHA 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

