

**Expanded Function Dental Health Aide I  
Dental Prophylaxis and Sealant Skillsets  
8-Procedure Checklist**

**EFDHA Name:** \_\_\_\_\_

**Certification Number:** \_\_\_\_\_

**Date that most current Certification will expire or previously expired:** \_\_\_\_\_

What is your purpose for completing this checklist? (Check All That Apply)

\_\_\_\_ Recertification of an Active Certificate

\_\_\_\_ DHA Re-Entry (Please list dates of extended clinical absence \_\_\_\_\_ to \_\_\_\_\_)

\_\_\_\_ Reinstatement of a Lapsed DHA Certificate

\_\_\_\_ Initial Application with a Secondary Employer

\_\_\_\_ Change of Employer

This checklist needs to be completed in the 24 months prior to the current certification expiration date or application date.

**DIRECT SUPERVISION**

Direct supervision of an EFDHA I with the Dental Prophylaxis Skillset must be done by a Dentist, DHAT or DHATP. A Dentist, DHAT or DHATP will need to sign the signature page at the end of this document.

A Dental Hygienist can assist with this checklist by evaluating the performance of the DHA on the specific competencies listed on this form.

**COMPETENCY MET**

If the DDS, DMD, DHAT, DHATP or RDH that evaluated the performance of the DHA deems that the clinical competency has been met, they should document the encounter by entering a reference number, putting a check mark in the clinical competency met section, initialing, writing their credentials and dating the form. One clinical encounter can be used for multiple competencies if applicable.

**COMPETENCY NOT MET**

If the DHA attempts one of these skills and performance is deemed to not meet the clinical competency standard, that encounter should NOT be documented on this form.

<b>EFDHA Core Skills</b>	<b>Reference Number</b>	<b>Clinical Competency Met (Place Checkmark)</b>	<b>Evaluator Initials</b>	<b>Evaluator Credential DDS, DMD, DHAT, DHATP, RDH</b>	<b>Date</b>
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Topical Fluoride					
Diet Education					
Diet Education					
Diet Education					
Diet Education					
Diet Education					
Diet Education					
Diet Education					
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					
Oral Hygiene Instruction					

<b>EFDHA Sealant Skillset</b>	<b>Reference Number</b>	<b>Clinical Competency Met (Place Checkmark)</b>	<b>Supervisor Initials</b>	<b>Supervisor Credential DDS, DMD, DHAT, DHATP, RDH</b>	<b>Date</b>
Sealant					
Sealant					
Sealant					
Sealant					
Sealant					
Sealant					
Sealant					
Sealant					

<b>EFDHA Prophylaxis Skillset</b>	<b>Reference Number</b>	<b>Clinical Competency Met (Place Checkmark)</b>	<b>Supervisor Initials</b>	<b>Supervisor Credential DDS, DMD, DHAT, DHATP, RDH</b>	<b>Date</b>
Child Dental Prophylaxis					
Child Dental Prophylaxis					
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					

**SIGNATURE PAGE**

I verify that I have completed the procedures documented on this form 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.

EFDHA Name (Please Print Name): \_\_\_\_\_

EFDHA Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I verify that \_\_\_\_\_ (Print name of applicant) has completed the procedures documented on this form independently, with clinical competency, under direct clinical observation

Supervising Provider (Please Print Name): \_\_\_\_\_

Supervising Provider Credentials (DDS, DMD, DHAT, DHATP): \_\_\_\_\_

Supervising Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_