

Dental Health Aide Therapist/ Practitioner 80-Hour Direct Supervision Log

DHAT/P NAME: _____

CLINIC: _____

Purpose:

The following is a list of procedures that the DHAT/DHATP has been certified to perform within their Scope of Practice that require competency evaluation, as defined in Section D2.20.610(b)(2) [DHAT: Supervision and Scope of Practice; Competencies]. Included is an direct supervision record to document a minimum of 80 hours of direct clinical observation of the DHAT/DHATP performing these procedures. A certified DHAT/DHATP must be able to perform these procedures independently, with clinical competency.

This list of competency procedures and the direct supervision record were reviewed and deemed appropriate by the Dental Academic Review Committee for use when completing recertification requirements.

Directions to the Supervising Dentist:

Please provide an opportunity for the DHAT to perform all the procedures on this list during the 24 months prior to recertification. For the DHATP please reference DHATP Credentialing Guidelines. (You may simulate experiences if applicable and no appropriate patients are available.) Each procedure must be completed under the direct supervision by a dentist unless otherwise specified in section D2.10.100 [Supervision of DHAs]. The DHAT/DHATP is expected to perform the procedures independently, and in compliance with the established standards.

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.

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

The direct supervision record should be completed by the supervising dentist to record the total number of hours the DHAT/DHATP 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 direct supervision hours.
Please see next page for “Direct Supervision Record” to document of hours for each procedure.**

DHAT/DHATP COMPETENCY PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials	Date
Topical Fluoride Treatments				
Diet Education				
Oral Hygiene Instruction				
Intraoral Photographs				
Extraoral Photographs				
Sealant Placement				
Child Dental Prophylaxis				
Adult Dental Prophylaxis with coronal or clinically visible calculus				
Charting of the Oral Cavity				
Comprehensive Exam (including diagnosis and treatment planning)				
Dental Radiograph – Bitewings				
Dental Radiograph – PA (anterior)				
Dental Radiograph – PA (posterior)				
Atraumatic Restorative Treatment (ART)				
Administration of Local Anesthetics				
Preparation and Placement of Class I restorations				
Preparation and Placement of Class II restorations				
Preparation and Placement of cuspal coverage Class II restorations				
Preparation and Placement of Class III restorations				
Preparation and Placement of Class IV restorations				
Preparation and Placement of Class V restorations				
Preparation and Placement of Stainless Steel Crown on Primary Teeth				
Pulpotomy on Primary Teeth				
Extraction of Primary Teeth				
Uncomplicated Extraction of Permanent Teeth				
Pulp Vitality Testing				
Suture Placement and Removal				

Direct Supervision Record

[illegible]

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.

DHAT/P Name (Please Print Name): _____

DHAT/P 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: _____