Salud Family Health
EXCELLENCE. EVERY PATIENT. EVERY TIME.

DENTAL CLINIC COORDINATOR (DCC), A-DCC, AND DENTAL FRONT OFFICE LEAD COMPETENCY ASSESSMENT (To be completed after 90 days and every two years)

Employee Name: _____ **Completion Date:** _____

Supervisor Name: _____

COMPETENCY To be checked by Supervisor, Provider, or Lead Dental Assistant	Date	Meets standards	Does not meet standards	Not Applicable
ROUTINE PROCEDURES				
1. Prepares operatory for routine dental procedures, as specified by provider				
STERILIZATION				
1. Demonstrates the correct use of personal protective equipment				
2. Follows the procedures as outlined in the Dental Sterilization SOP and Quick Tip Guide				
3. Recognizes non-sterilized versus sterilized instruments				
4. Demonstrates correct procedures to complete spore testing for heat sterilizers (Autoclave/Statim) and knows how to respond in the event of a failed test				
5. Demonstrates correct procedures for documenting all recommended maintenance procedures as outlined in the manufacturer's Instructions For Use (IFU)				
OPERATORY DISINFECTION				
1. Follows the procedures as outlined in the Dental Operatory Disinfection SOP and Quick Tip Guide				
eCW				
1. Understands and observes HIPAA rules and regulations				
2. Understands the eCW schedule, Visit Types, and Visit Status colors				
3. Correctly collects and enters Pain Level and BP in the eCW Vitals section				
4. Takes a 2nd BP as needed (greater than or equal to 140/90)				
5. Switches appointment from one provider to another when moving an appointment in eCW				
6. Navigates eCW to find: past encounters, patient Slide Fee Rating, last Health History form, dental insurance type, Patient Documents, etc.				
7. Assigns the eCW Progress Note to a provider				
eCW Dental				
1. Creates eCW Dental annotations (and deletes as needed)				
2. Sets Visit Status in Appointment Card complete with correct procedures and provider (who completed the procedures)				

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3. Correctly completes Informed Consent forms, including staff and patient electronic signatures				
4. Assigns correct Slide Fee Discount Plans to patients				
LAB				
1. Creates lab slip and determine finish date				
2. Explains steps and time involved in partial/denture process				

Comments:

I hereby attest that this dental assistant has completed the *Dental Clinic Coordinator (DCC), A-DCC, and Dental Front Office Lead Competency Assessment* and demonstrated their competence. I also attest to the fitness and duty of this Dental Clinic Coordinator (DCC), A-DCC, and Dental Front Office Lead and that they are physically and mentally able to perform the tasks and duties requested of the job in a safe, secure, productive, and effective manner.

Trainer/Evaluator Name (Print) _____ Job Title: _____

Trainer/Evaluator Signature: _____ Date: _____