

DENTAL ASSISTANT COMPETENCY ASSESSMENT

(To be completed 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. Operative Setup				
2. RCT Setup				
3. Crown/Bridge Setup				
4. Oral Surgery Setup				
PREVENTIVE VISITS				
1. Completes Caries Risk Assessment correctly and adds correct CRA codes to eCW Dental				
RADIOLOGY				
1. Follows ALARA (As Low As Reasonably Achievable) and Radiation Safety SOP and Quick Tip Guide				
2. Able to take FMX and mount correctly in Carestream				
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. Demonstrates correct procedures to complete spore testing for heat sterilizers (Autoclave/Statim) and knows how to respond in the event of a failed test				
4. 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. Updates eCW categories such as: Medications, Medical History, Allergies, Surgical History, Hospitalization History, Social History (tobacco and alcohol), and Vitals				
2. Takes a 2 nd BP as needed (greater than or equal to 140/90)				
3. Able to switch appointment from one provider to another when moving an appointment in eCW				

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4. Navigates eCW to find: past encounters, patient Slide Fee Rating, last Health History form, dental insurance type, Patient Documents, etc.				
5. Correctly records Dentist/Hygienist next visit instructions				
6. Correctly submits CDT codes and knows about Billing Notes				
eCW Dental				
1. Able to accurately chart from dentist's dictation, using all charting tools (existing/treatment planned treatment, missing teeth, primary teeth, position of teeth, draw on tooth chart)				
2. Creates eCW Dental annotations (and deletes as needed)				
3. Sets visit status in appointment card complete with correct procedures and provider (who completed the procedures)				
4. Able to correctly complete Informed Consent forms, including staff and patient electronic signatures				
5. Completes treatment plans at exam and recall appointments, including prioritizing, adding patient Slide Fee plans, and patient electronic signature				
LAB				
1. Able to make impressions while following cross-contamination protocols				
2. Able to pour clinically acceptable models without air bubbles				
3. Able to create lab slip and determine finish date				
4. Explain steps and time involved in partial/denture process				

Comments:

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I hereby attest that this dental assistant has completed the *Dental Assistant Competency Assessment* and demonstrated their competence. I also attest to the fitness and duty of this dental assistant 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: _____