



Portland Area CHAP Certification Board (PACCB)
Dental Health Aide Therapist (DHAT)
Initial Preceptorship Tally Form



DHAT Name: _____

Location: _____

Date Completed: _____

Purpose: This tally sheet is to record the number of procedures performed by a DHAT in order to verify the fulfillment of the minimum requirements set forth in the Portland Area Community Health Aide Program Certification Board Standards and Procedures. All procedures are to be performed under direct supervision of a dentist.

PASP Sec. 2.30.600. (a)(3) Dental Health Aide Therapist Training and Education Requirements. a clinical preceptorship under the direct supervision of a dentist wherein each procedure in scope of practice is demonstrated with competence a minimum of three times. The preceptorship should encompass all competencies required of a dental health aide therapist outlined in section 2.30.610(b)(1), (2) and (3) [DHAT supervision and competencies; (competencies)], and students should demonstrate each procedure or service independently to the satisfaction of the preceptor dentist. Supervision of the preceptorship may be distributed among multiple supervising dentists.

Directions: The preceptor will directly observe and determine if the DHAT has performed the procedure satisfactory. Satisfactory performance is initialed and dated when the DHAT can perform the skill independently. When the checklist is complete, it should be filed by the clinic in the DHAT's personnel records.

| | Dental Therapist Critical Procedures Checklist | Reference # (Partial Chart # &/or Date) | Competency Met -Checkmark indicates Acceptable | Supervising Dentist's Initials and Date | Notes |
|---|---|--|---|--|--------------|
| | Examination Findings | | | | |
| 1 | Bitewings (2 or 4) | | | | |
| 2 | Bitewings (2 or 4) | | | | |
| 3 | Bitewings (2 or 4) | | | | |
| 1 | Periapical (anterior) | | | | |
| 2 | Periapical (anterior) | | | | |
| 3 | Periapical (anterior) | | | | |
| 1 | Periapical (posterior) | | | | |
| 2 | Periapical (posterior) | | | | |
| 3 | Periapical (posterior) | | | | |
| 1 | Intraoral Photographs | | | | |
| 2 | Intraoral Photographs | | | | |



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| | | | | | |
|-----------------------|--|--|--|--|--|
| 3 | Intraoral Photographs | | | | |
| 1 | Extraoral Photographs | | | | |
| 2 | Extraoral Photographs | | | | |
| 3 | Extraoral Photographs | | | | |
| 1 | Caries Diagnosis | | | | |
| 2 | Caries Diagnosis | | | | |
| 3 | Caries Diagnosis | | | | |
| 1 | Treatment Planning | | | | |
| 2 | Treatment Planning | | | | |
| 3 | Treatment Planning | | | | |
| Preventative Services | | | | | |
| 1 | Application of Topical Fluoride | | | | |
| 2 | Application of Topical Fluoride | | | | |
| 3 | Application of Topical Fluoride | | | | |
| 1 | Oral Hygiene Instruction | | | | |
| 2 | Oral Hygiene Instruction | | | | |
| 3 | Oral Hygiene Instruction | | | | |
| 1 | Antimicrobials | | | | |
| 2 | Antimicrobials | | | | |
| 3 | Antimicrobials | | | | |
| 1 | Silver Diamine Fluoride | | | | |
| 2 | Silver Diamine Fluoride | | | | |
| 3 | Silver Diamine Fluoride | | | | |
| 1 | Sealants | | | | |
| 2 | Sealants | | | | |
| 3 | Sealants | | | | |
| 1 | Prophylaxis (toothbrush) | | | | |
| 2 | Prophylaxis (toothbrush) | | | | |
| 3 | Prophylaxis (toothbrush) | | | | |
| 1 | Prophylaxis (scaling & polishing coronal surfaces) | | | | |
| 2 | Prophylaxis (scaling & polishing coronal surfaces) | | | | |



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| | | | | | |
|----------------------|--|--|--|--|--|
| 3 | Prophylaxis (scaling & polishing coronal surfaces) | | | | |
| Restorative Services | | | | | |
| 1 | ART | | | | |
| 2 | ART | | | | |
| 3 | ART | | | | |
| 1 | Pre-fabricated crown placement | | | | |
| 2 | Pre-fabricated crown placement | | | | |
| 3 | Pre-fabricated crown placement | | | | |
| | Simple Restorations: Prep, placement & finishing | | | | |
| 1 | Amalgam: Class I | | | | |
| 2 | Amalgam: Class I | | | | |
| 3 | Amalgam: Class I | | | | |
| 1 | Amalgam: Class II | | | | |
| 2 | Amalgam: Class II | | | | |
| 3 | Amalgam: Class II | | | | |
| 1 | Amalgam: Class V | | | | |
| 2 | Amalgam: Class V | | | | |
| 3 | Amalgam: Class V | | | | |
| 1 | Composite: Class I | | | | |
| 2 | Composite: Class I | | | | |
| 3 | Composite: Class I | | | | |
| 1 | Composite: Class III | | | | |
| 2 | Composite: Class III | | | | |
| 3 | Composite: Class III | | | | |
| 1 | Composite: Class V | | | | |
| 2 | Composite: Class V | | | | |
| 3 | Composite: Class V | | | | |
| | Complex Restorations: prep, placement & finishing | | | | |
| 1 | Amalgam Cusp Protected | | | | |



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| | | | | | |
|--------------------|----------------------------|--|--|--|--|
| 2 | Amalgam Cusp Protected | | | | |
| 3 | Amalgam Cusp Protected | | | | |
| 1 | Amalgam Class II (complex) | | | | |
| 2 | Amalgam Class II (complex) | | | | |
| 3 | Amalgam Class II (complex) | | | | |
| 1 | Composite Class II | | | | |
| 2 | Composite Class II | | | | |
| 3 | Composite Class II | | | | |
| 1 | Composite Class IV | | | | |
| 2 | Composite Class IV | | | | |
| 3 | Composite Class IV | | | | |
| Complex Procedures | | | | | |
| 1 | Pulpotomy (Deciduous) | | | | |
| 2 | Pulpotomy (Deciduous) | | | | |
| 3 | Pulpotomy (Deciduous) | | | | |
| 1 | Extraction (Deciduous) | | | | |
| 2 | Extraction (Deciduous) | | | | |
| 3 | Extraction (Deciduous) | | | | |
| 1 | Extraction (Permanent) | | | | |
| 2 | Extraction (Permanent) | | | | |
| 3 | Extraction (Permanent) | | | | |
| Anesthesia | | | | | |
| 1 | Local anesthetic | | | | |
| 2 | Local anesthetic | | | | |
| 3 | Local anesthetic | | | | |
| Summary | | | | | |
| 1 | Dental Charting | | | | |
| 2 | Dental Charting | | | | |
| 3 | Dental Charting | | | | |
| 1 | Procedure Notes | | | | |
| 2 | Procedure Notes | | | | |
| 3 | Procedure Notes | | | | |



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Signature Page

I verify that I have completed the critical procedures independently, with clinical competency, the minimum of three times under direct supervision required for the Portland Area CHAP Certification Board (PACCB) initial certification. I understand that providing false information may result in discipline, suspension or revocation by the PACCB according to PASP **Sec. 4.10.010. Grounds for Discipline.**

Dental Therapist (Print Name)

Dental Therapist Signature

Date

I verify that _____ (print name of applicant) has completed each of the critical procedures independently, with clinical competency, and has met the minimum of three procedures under direct clinical supervision required for PACCB initial Certification Standards and Procedures

Supervising Dentist (Print Name)

Title

Supervising Dentist Signature

Date



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If applicable, per additional Supervising Dentists:

Supervising Dentist (Print Name)

Supervising Dentist Signature

Title

Date

If applicable, per additional Supervising Dentists:

Supervising Dentist (Print Name)

Supervising Dentist Signature

Title

Date

<https://www.tchpp.org/dental-academic-review-committee> | <https://www.tchpp.org/-certification> | paccb@npaihb.org