



DENTAL HYGIENIST SKILLS CHECKLIST

First Name	MI	Last Name
E-mail	Last 4 digits SS#	Date

Instructions: Please check the appropriate column that best describes your experience level for each knowledge competency and skill. Please use the rating scale below to evaluate yourself based on experiences within the last two years.

Self-Assessed Experience Rating Scale

1 = No Experience 2 = Minimal Experience 3 = Performs well/competent 4 = Supervise and Teach

SKILLS	1	2	3	4
Competency Standards				
Obtain accurate medical history				
Obtain accurate dental history				
Radiography				
Radiation Safety				
Adequate film quality correctly mounted				
Accurate reporting				
Obtains relevant structure views				
Other (list):				
Periodontal Management				
Addresses predisposing factors				
Detect plaque/ calculus from tooth surfaces				
Root planning				
Micro-ultrasonics				
Soft tissue curettage				
Removal of stains beneath margins of gums				
Application of anesthetics				
Amalgam restoration				
Placing amalgam				
Carving amalgam				
Temporary sedative dressings				
Placement of base or liner into prepared tooth				
Removal of rubber dams				
Matrices				

SKILLS	1	2	3	4
Periodontal Management cont.				
Preparation of dental compounds				
Removal of excess cement with floss				
Removal of excess cement with hand instruments				
Pour molds for study casts				
Trim molds for study casts				
Polish impressions				
Removing sutures				
Application of post extraction dressing				
Removal of post extraction dressing				
Fissure sealants				
Construction and fitting of mouthguards				
Topical agents for treatment of tooth sensitivity				
Supervised administration of anesthesia				
Management of complications of anesthesia				
Sterilization of equipment				
Maintaining sterile equipment				
Instruct patients in plaque control				
Community dental health education				
Industry safety standards				
Examination of lymph nodes				
Orthodontic separators				
Temporary restorations				
Chemotherapeutic agents				
Obtain endodontic cultures				

Name: _____

Dental Hygienist
Skills Checklist (page 2)

	1	2	3	4
Assistants				
Suction Devices				
Obtaining medical records				
Sending and receiving invoices				
Prepare instruments for dental procedures				
Order supplies				
Instruction on general oral care				

	1	2	3	4
Age Specific				
Neo-natal				
Pediatrics				
Adolescents				
Adults				
Geriatrics				
Professional Organizations and Advancement				
List:				

Certification:

BCLS: Yes _____ No _____

Expiration Date: _____

I hereby certify all statements and claims as true and that any misrepresentation of the facts on this checklist is sufficient cause for dismissal at any time without prior notice even if I have been already employed.

Signature

Date