



## DENTAL ASSISTANT 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 using 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

Proficient In:	1	2	3	4
Polishes				
Suture removal				
Cement removal				
Flouride treatments				
Monitor nitrous oxide				
Extraction set-ups				
Extraction procedures				
Set Up and Assist Dentist With:				
Amalgam				
Composite				
Root Canal				
Crown prep				
Ability to Take Adequate Medical History:				
Medications, indications, etc.				
Ability to Take Adequate X-Rays:				
Periapical				
Bitewing				
Panorex				

Ability to:	1	2	3	4
Take impressions				
Pour up and shape impressions and models				
Most lab work				
Perform sterilization procedures				
Ability to Work At Front Desk:				
Reception				
Appointments				
Computer scheduling				
Filing				
Specialty:				
Endodontic				
Periodontic				
Pedodontic				
General				
Oral Surgery				
Orthodontic				
Prosthodontics				

Name: \_\_\_\_\_

Dental Assistant  
Skills Checklist (page 2)

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