



AGENDA

Dental Pilot Project #100
 “Oregon Tribes Dental Health Aide Therapist Pilot Project”

Site Visit One
 September 11, 2017 – September 12, 2017

Location: Bethel, Alaska: September 11, 2017		
8:00am-6:00pm	Alaska Native Tribal Health Consortium, ANTHC/Iligavik DHAT Training Program, Year Two; Supervising Dentist Training Day One	Mary Williard, DDS Christina Peters Bruce Austin, DMD Sarah Kowalski, RDH, MS
Overview of Clinic; Interview with Year Two Trainees; Updates on CODA Application Process; Overview Community Health Aide Certification Process; Indian Healthcare Improvement Act; Indian Health Service Requirements; Community Service Projects Overview		
Location: Anchorage, Alaska: September 12, 2017		
8:30am-3:00pm	Alaska Native Tribal Health Consortium, Year One, ANTHC/Iligavik DHAT* Training Program; Supervising Dentist Training Day Two	Mary Williard, DDS Christina Peters Emily Wineland DDS Bruce Austin, DMD Sarah Kowalski, RDH, MS
Overview Recruitment of Students; ANTHC/Iligavik DHAT Training Program Educational Program Curriculum Overview; Syllabus; Evaluation of Students; Grading Criteria; Calibration of Faculty; Community Projects; Clinical Protocols; Scope of Practice; Preceptorship Process and Requirements; Academic Calendar; Interview with Year One Trainee		

* The terms Dental Therapist and DHAT are used interchangeably throughout this document.

** Interviews with the Trainees and Collaborating Dentists are a closed door process. Only OHA program staff were invited to participate in the interview process.



800 NE Oregon St, Ste 370
 Portland, Oregon 97232-2186
 Office: 971-673-1563
 Fax: 971-673-0231
healthoregon.org/dpp

**Oregon Health Authority
 Dental Pilot Project Program**

Dental Pilot Project: #100

Abstract
Oregon Tribes Dental Health Aide Therapist Pilot Project
 February 2, 2017

Applicant/Sponsor:	Northwest Portland Area Indian Health Board 2121 SW Broadway, Portland, Oregon 97201
Project Director:	Christina Peters, Northwest Portland Area Indian Health Board
Training Supervisor:	Mary Williard, DDS

Sponsor Type:	Community Hospital or Clinic
<p>Northwest Portland Area Indian Health Board is a non-profit tribal organization established under the Indian Self-Determination and Education Assistance Act (P.L. 93-638) and serves all forty-three federally recognized tribes of Oregon, Washington, and Idaho. NPAIHB represents individual tribes which have local community health clinics serving their tribal populations. There are currently 9 tribes operating clinics and/or providing direct medical and/or dental services in the State of Oregon.</p>	

Purpose:	<ul style="list-style-type: none"> • Develops new categories of dental health care personnel. • Teach new oral health care roles to previously untrained individuals
-----------------	--

Approved Project Period:	6/1/2016-5/31/2021
---------------------------------	--------------------

Number of Sites:	3
Site Locations:	
Training/Didactic Phase:	Alaska Native Tribal Health Consortium Dental Health Aide Training Program Anchorage, Alaska: Year One Bethel, Alaska: Year Two
Utilization Phase:	<ul style="list-style-type: none"> • Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians: CTCLUSI Dental Clinic • Coquille Indian Tribe: Coquille Indian Tribal Community Health Center (CITCHC) • Native American Rehabilitation Association (NARA)

Number of Trainees:	5-7
Number of Supervisors:	2
Number of Collaborating Dentists:	9
Number of Sites:	3

Application Chronology:

Application Submitted:	October 6, 2015
Application Approved for Completeness:	October 19, 2015
Application Received by Technical Review Board:	October 19, 2015
TRB Application Review Comments Due:	November 20, 2015
TRB Board Meeting:	December 10, 2015
Addendum to Application Received by Dental Pilot Project Program:	January 7, 2016
Addendum Received by Technical Review Board:	January 7, 2016
Applicants Notified of Intent to Approve Application:	January 8, 2016
Application Under 10 Day Period of Public Comment:	January 11, 2016 – January 22, 2016
MOA Received: Project Site Coquille	February 5, 2016
Project Approved by Director	February 8, 2016
Oregon Board of Dentistry Notified of Approval Status	February 8, 2016

Estimated Cost and Funding Source(s):

Estimated Cost:	\$544,600 (First Two Years)
Funding Source(s) Committed:	<ul style="list-style-type: none"> • W.K.Kellogg Foundation • Pew Charitable Trusts • Northwest Portland Area Indian Health Board • Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians • Coquille Indian Tribe
Total Committed:	\$2,509,460

Background and History of the Project:***Selected Passages from the DPP #100 Application*****Need for the Project:**

Native communities are struggling under the weight of devastating oral health disparities and are searching for innovative solutions to address the unique barriers that keep oral health care out of reach for many of their members. Data presented in the Oral Health of AI/AN Preschool Children 2014 IHS Survey includes:

- Prevalence of tooth decay in AI/AN children ages 2 to 5 is nearly three times that of white children in the U.S.
- By the age of 5, 75% of AI/AN children have a history of tooth decay.
- More than 40% of AI/AN children ages 3-5 have untreated tooth decay compared to 14% in the general population.

Description of patients:

Patients at the first two pilot sites will be primarily American Indian/Alaska Natives (AI/AN) but also includes spouses and employees of those tribes. Patients may include a limited number of general public patients. A large majority of patients are low-income and many have no insurance at all. For most of these patients, the tribal dental clinic is the only access they have to oral health care.

Purpose of the Project:

The purpose of the Tribal Dental Health Aide Therapist Project (TDHATP) is to develop a new category of dental personnel in Oregon and teach new oral health care roles to previously untrained individuals. NPAIHB will be utilizing the very successful Alaska Dental Health Aide Therapist (DHAT) program that has been providing services in Alaska for the last 11 years. The Alaska DHAT program is modeled off the international model of dental nurses that have been providing oral health services in nearly 100 countries around the world. This modernization of the dental team has put DHATs on the frontlines in Alaska, wiping out decay and improving overall oral health in previously underserved tribal communities. We believe that those outcomes can be replicated in Oregon with the addition of a DHAT to the dental team at our pilot sites.

Project Description:

Select tribal communities in Oregon will send trainees to the DHAT program in Alaska to train as Dental Health Aide Therapists (DHAT). While these trainees are receiving their education (2 years), the tribal health directors and tribal leaders will work closely NPAIHB to create the necessary regulatory structure, train dentists to be DHAT supervisors, and do education and outreach to the community about the new provider.

The DHAT program is an existing decade-old program in Alaska that provides an evidence based and competency based curriculum. Skills are based on those required to be certified as a Dental Health Aide Therapist under the Alaska CHAP standards and procedures 2.30.200.

One year prior to the graduation of the trainees, an experienced DHAT will come to the pilot site to begin offering services alongside the supervising dentist. When the DHAT trainee returns to his or her tribe to complete a minimum 400-hour preceptorship with the supervising dentist, the experienced DHAT will continue to serve the community and work as part of the dental team. After the trainee has completed the preceptorship, the experienced DHAT, the supervising dentist, and the newly trained DHAT will work together for at least one year. We intend in the first 3 years of the pilot project to educate a total of 5-7 DHAT trainees in up to 4 pilot sites and to have experienced DHATs working in each site during the training period of the

DHAT trainees. As part of our yearly evaluation of the program, in year 3 we will evaluate the program with our pilot sites and make decisions at that point about whether or not we will add additional sites and trainees.

Project Objectives:

Short-Term Objectives:	<ul style="list-style-type: none"> • Increase the efficiency of the dental clinic and dental team; • Increase the ability of tribal health programs to meet unmet need; • Increase provider job satisfaction and patient satisfaction. • Increase the number of Native providers serving Native communities; • Increase patient education at the community level;
Long-Term Objectives:	<ul style="list-style-type: none"> • Increase treatment of decay and decrease decay rates in pilot populations; • Improve overall understanding of oral health in relation to overall health, and: • Improve oral care behaviors in pilot communities.

Laws and Regulations Pertinent to the Proposed Project:

Current dental practice laws in Oregon do not allow our trainees to provide the oral health services that are within the scope of the DHAT as utilized in Alaska. The category for this provider does not exist and there is no existing state licensing structure in Oregon to allow for DHATs to practice outside of the Dental Pilot Project as authorized by SB 738.

- Chapter 679
 - o 679.010 – Definitions – DHAT category doesn't exist + Definition of Dentistry
 - o 679.020 (1)- practice of dentistry
 - o 679.025 (1) – License required to practice dentistry



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor



**Dental Pilot Project Program
Trainee Interview Tool
DPP #100**

Date: _____ Site: _____

Reviewer's Name & Organization: _____

Trainee Name: _____

**Elements of Implementation:
OAR Minimum Standards 333-010-0410, OAR (a) Patient Safety 333-010-0435, OAR Program
Responsibilities 333-010-0455**

OAR 333-010-0455 (C) Interviews with project participants and recipients of care	OAR Compliance			Comments
	Yes	No	N/A	
Interview with Trainee: 1. How long have you been a trainee in the DHAT program?				
2. What inspired you to become a part of the pilot project?				
3. Please describe your previous healthcare experience, if any, prior to matriculation in the DHAT training program. E) A statement of previous experience in providing related health care services. Senate Bill SB738 Oregon Laws 2011, chapter 716				
4. What new skills have you learned?				

5. How are you progressing with the new skills?			
6. How competent do you feel in performing the procedures that you have been taught to this point? Other skills you have learned?			
7. Are you expected to perform tasks that you were not trained to do?			
8. Please comment on the course content during your training phase. a) Didactic b) Clinical			
9. What was the time allocated for training?			
10. Was the time allocated for training sufficient for your comfort level/competency level?			
11. How are you evaluated for competency?			

12. What are your expectations regarding the outcome of this project?				
13. Are there any other comments, or information you would like to share with us?				

Provide additional comments or additional questions that require clarification.

Comments:



**Dental Pilot Project Program
Supervising Dentist Interview Tool
DPP #100**

Date: _____ Site: _____

Reviewer's Name & Organization: _____

Collaborating/Supervising Dentist Name: _____

**Elements of Implementation:
OAR Minimum Standards 333-010-0410, OAR (a) Patient Safety 333-010-0435, OAR Program
Responsibilities 333-010-0455**

Instructor and Supervisor Information OAR 333-010-0425, Supervisor fulfillment of role and responsibilities, OAR 333-010- 0435, Informed Consent 333-010-0440, Interviews with project participants and recipients of care OAR 333-010-0455	OAR Compliance			Comments
	Yes	No	N/A	
Collaborating/Supervising Dentist Interview: 1. What are your current professional responsibilities outside of this project?				
2. Please share some of your experiences with us in providing oral health care.				

3. What inspired you to participate in the pilot program?				
4. Describe your understanding of the collaborating/supervising dentist's role.				
5. Do you feel comfortable in your role as a collaborating/supervising dentist?				
6. Describe the training process, if any, for your current role as a collaborating/supervising dentist. a. Do you feel that the time allocated for training was sufficient?				
Instructor and Supervisor Information OAR 333-010-0425, Supervisor fulfillment of role and responsibilities, OAR 333-010-0435, Informed Consent 333-010-0440, Interviews with project participants and recipients of care OAR 333-010-0455	OAR Compliance			Comments
	Yes	No	N/A	
Collaborating/Supervising Dentist/Trainee Process: 1. How frequently are you in contact with the trainee(s) assigned to you?				
2. If there are more than one trainee providing services at this site? A. Who assigns the patients to the trainee?				
3. Have there been instances wherein patients (or parents/guardians) have withdrawn consent for participation in the pilot project? If so, did the patient				

provide a reason?			
<p>Collaborating/Supervising Dentist's Evaluation of the Trainee*:</p> <p>1.</p> <p>1. Please comment on the trainee's competencies of the following utilizing the "ADEA Competencies for the New General Dentist" as a guide:</p> <p>Indicate which phase the trainee is currently under: preceptorship phase or fully certified and practicing under general supervision.</p> <p>Indicate the number of months or years since graduation from DHAT program for each trainee reviewed.</p> <p>A. Critical Thinking</p> <p>B. Professionalism</p> <p>C. Communication and Interpersonal Skills</p> <p>D. Health Promotion</p> <p>E. Practice Management and Informatics</p> <p>F. Patient Care</p> <p> a. Assessment, Diagnosis and Treatment Planning</p> <p> b. Establishment and Maintenance of Oral Health</p> <p>* If supervising more than one trainee, please evaluate trainees individually.</p> <p>(See appendix, adapted from American Dental Education Association, Competencies for the New General Dentist.)</p>			
<p>2. Describe the method of communication and how information is shared regarding pilot project observations between:</p> <p>a) Trainee and collaborating/supervising dentist</p> <p>Please comment on the process for transmission of radiological images and post-operative intra-oral images to you for review. How are orders received and documented?</p> <p>b) Collaborating dentist to DPP #100</p>			

management				
<p>2. Discuss the referral policy and procedures regarding patients seen by trainee(s) who are in need of more specialized care.</p> <p>Who makes the referral?</p>				
<p>3. Have there been any unusual occurrences or incidents observed or reported regarding the oral health care services provided by the trainee?</p>				
<p>4. Are the trainees involved in any post-care or follow-up care of patients in the pilot project? Please describe.</p> <p>A. Please describe the case-management system utilized to follow-up on patient care that has been rendered to a patient by the trainee. Example: Chart review, clinic protocols. Please explain in detail the process.</p>				
<p>5. What performance strengths have you identified in the trainee's performance?</p>				
<p>6. Have you identified any performance weakness?</p> <p>If trainees exhibited performance weakness, what remedial activities were undertaken to improve the trainee's performance?</p>				
<p>7. Do you feel the training and preparation for the employment/utilization phase was satisfactory or is there need for improvement?</p>				

Satisfaction Surveys:				
8. Have you had a chance to review the patient questionnaires (patient follow-up surveys or patient satisfaction surveys)? What were your findings?				

Provide additional comments or additional questions that require clarification.

Comments:

ADEA Competencies for the New General Dentist

(As approved by the 2008 ADEA House of Delegates)

Preamble

The general dentist is the primary oral health care provider, supported by dental specialists, allied dental professionals, and other health care providers. The general dentist will address health care issues beyond traditional oral health care and must be able to independently and collaboratively practice evidence-based comprehensive dentistry with the ultimate goal of improving the health of society. The general dentist must have a broad biomedical and clinical education and be able to demonstrate professional and ethical behavior as well as effective communication and interpersonal skills. In addition, he or she must have the ability to evaluate and utilize emerging technologies, continuing professional development opportunities, and problem-solving and critical thinking skills to effectively address current and future issues in health care.

As used in this document, a “competency” is a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice. Competence includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent general dentist. Competence assumes that all behaviors are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness. In competency-based dental education, what students learn is based upon clearly articulated competencies and further assumes that all behaviors/abilities are supported by foundation knowledge and psychomotor skills in biomedical, behavioral, ethical, clinical dental science, and informatics areas that are essential for independent and unsupervised performance as an entry-level general dentist. In creating curricula, dental faculty must consider the competencies to be developed through the educational process, the learning experiences that will lead to the development of these competencies, and ways to assess or measure the attainment of competencies.

The purpose of this document and the proposed foundation knowledge concepts is to:

- Define the competencies necessary for entry into the dental profession as a general dentist. Competencies must be relevant and important to the patient care responsibilities of the general dentist, directly linked to the oral health care needs of the public, realistic, and understandable by other health care professionals;
- Reflect (in contrast to the 1997 competencies) the 2002 Institute of Medicine core set of competencies for enhancing patient care quality and safety, and illustrate current and emerging trends in the dental practice environment; they are divided into domains, are broader and less prescriptive in nature, are fewer in number, and, most importantly, will be linked to requisite foundation knowledge and skills;
- Serve as a central resource, both nationally for the American Dental Education Association (ADEA) and locally for individual dental schools, to promote change and innovation in predoctoral dental school curricula;
- Inform and recommend to the Commission on Dental Accreditation standards for predoctoral dental education;
- Provide a framework for the change, innovation, and construction of national dental examinations, including those provided through the Joint Commission on National Dental Examinations and clinical testing agencies;
- Assist in the development of curriculum guidelines, both nationally for ADEA and locally for individual dental schools, for both foundation knowledge and clinical instruction;
- Provide methods for assessing competencies for the general dentist; and
- Through periodic review and update, serve as a document for benchmarking, best practices, and interprofessional collaboration and, additionally, as a mechanism to inform educators in other health care professions about curricular priorities of dental education and entry-level competencies of general dentists.

Competencies for the New General Dentist (continued)

Domains

1. **Critical Thinking**
2. **Professionalism**
3. **Communication and Interpersonal Skills**
4. **Health Promotion**
5. **Practice Management and Informatics**
6. **Patient Care**
 - A. **Assessment, Diagnosis, and Treatment Planning**
 - B. **Establishment and Maintenance of Oral Health**

The statements below define the entry-level competencies for the beginning general dentist.

1. Critical Thinking**Graduates must be competent to:**

- 1.1 Evaluate and integrate emerging trends in health care as appropriate.
- 1.2 Utilize critical thinking and problem-solving skills.
- 1.3 Evaluate and integrate best research outcomes with clinical expertise and patient values for evidence-based practice.

2. Professionalism**Graduates must be competent to:**

- 2.1 Apply ethical and legal standards in the provision of dental care.
- 2.2 Practice within one's scope of competence, and consult with or refer to professional colleagues when indicated.

3. Communication and Interpersonal Skills**Graduates must be competent to:**

- 3.1 Apply appropriate interpersonal and communication skills.
- 3.2 Apply psychosocial and behavioral principles in patient-centered health care.
- 3.3 Communicate effectively with individuals from diverse populations.

4. Health Promotion**Graduates must be competent to:**

- 4.1 Provide prevention, intervention, and educational strategies.
- 4.2 Participate with dental team members and other health care professionals in the management and health promotion for all patients.
- 4.3 Recognize and appreciate the need to contribute to the improvement of oral health beyond those served in traditional practice settings.

5. Practice Management and Informatics**Graduates must be competent to:**

- 5.1 Evaluate and apply contemporary and emerging information including clinical and practice management technology resources.
- 5.2 Evaluate and manage current models of oral health care management and delivery.
- 5.3 Apply principles of risk management, including informed consent and appropriate record keeping in patient care.
- 5.4 Demonstrate effective business, financial management, and human resource skills.
- 5.5 Apply quality assurance, assessment, and improvement concepts.
- 5.6 Comply with local, state, and federal regulations including OSHA and HIPAA.
- 5.7 Develop a catastrophe preparedness plan for the dental practice.

Competencies for the New General Dentist (*continued*)

6. Patient Care

A. Assessment, Diagnosis, and Treatment Planning

Graduates must be competent to:

- 6.1 Manage the oral health care of the infant, child, adolescent, and adult, as well as the unique needs of women, geriatric, and special needs patients.
- 6.2 Prevent, identify, and manage trauma, oral diseases, and other disorders.
- 6.3 Select, obtain, and interpret patient/medical data, including a thorough intra/extra oral examination, and use these findings to accurately assess and manage all patients.
- 6.4 Select, obtain, and interpret diagnostic images for the individual patient.
- 6.5 Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
- 6.6 Formulate a comprehensive diagnosis, treatment, and/or referral plan for the management of patients.

B. Establishment and Maintenance of Oral Health

Graduates must be competent to:

- 6.7 Utilize universal infection control guidelines for all clinical procedures.

- 6.8 Prevent, diagnose, and manage pain and anxiety in the dental patient.
- 6.9 Prevent, diagnose, and manage temporomandibular disorders.
- 6.10 Prevent, diagnose, and manage periodontal diseases.
- 6.11 Develop and implement strategies for the clinical assessment and management of caries.
- 6.12 Manage restorative procedures that preserve tooth structure, replace missing or defective tooth structure, maintain function, are esthetic, and promote soft and hard tissue health.
- 6.13 Diagnose and manage developmental or acquired occlusal abnormalities.
- 6.14 Manage the replacement of teeth for the partially or completely edentulous patient.
- 6.15 Diagnose, identify, and manage pulpal and periradicular diseases.
- 6.16 Diagnose and manage oral surgical treatment needs.
- 6.17 Prevent, recognize, and manage medical and dental emergencies.
- 6.18 Recognize and manage patient abuse and/or neglect.
- 6.19 Recognize and manage substance abuse.
- 6.20 Evaluate outcomes of comprehensive dental care.
- 6.21 Diagnose, identify, and manage oral mucosal and osseous diseases.

 Competencies for the New General Dentist (*continued*)

 APPENDIX
 Glossary of Terms

Competency: a complex behavior or ability essential for the general dentist to begin independent, unsupervised dental practice; it assumes that all behaviors and skills are performed with a degree of quality consistent with patient well-being and that the general dentist can self-evaluate treatment effectiveness.

Critical thinking: the process of assimilating and analyzing information; this encompasses an interest in finding new solutions, a curiosity with an ability to admit to a lack of understanding, a willingness to examine beliefs and assumptions and to search for evidence to support these beliefs and assumptions, and the ability to distinguish between fact and opinion.

Curriculum guidelines (content): the relevant and fundamental information that is taught for each category of foundation knowledge; these are to be used as curriculum development aids and should not be construed as recommendations for restrictive requirements.

Domain: a broad, critical category of activity for the general dentist.

Emerging technologies: current and future technologies used in patient care, including technologies for biomedical information storage and retrieval, clinical care information, and technologies for use at the point of care.

Evidence-based dentistry: an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence relating to the patient's oral and medical condition and history integrated with the dentist's clinical expertise and the patient's treatment needs and preferences.

Foundation knowledge and skills: the basic essential knowledge and skills linked to and necessary to support a given competency; these would serve to help guide curriculum in dental schools, assist educators in removing irrelevant, archaic information from current curricula, aid in including important new information, and help test construction committees develop examinations based upon generally accepted, contemporary information.

General dentist: the primary dental care provider for patients in all age groups who is responsible for the diagnosis, treatment, management, and overall coordination of services related to patients' oral health needs.

Health promotion: public health actions to protect or improve oral health and promote oral well-being through behavioral, educational, and enabling socioeconomic, legal, fiscal, environmental, and social measures; it involves the process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health; includes education of the public to prevent chronic oral disease.

Informatics: applications associated with information and technology used in health care delivery; the data and knowledge needed for problem-solving and decision making; and the administration and management of information and technology in support of patient care, education, and research.

Interprofessional health care: the delivery of health care by a variety of health care practitioners in a cooperative, collaborative, and integrative manner to ensure care is continuous and reliable.

Management: includes all actions performed by a health care provider that are designed to alter the course of a patient's condition; such actions may include providing education, advice, treatment by the general dentist, treatment by the general dentist after consultation with another health care professional, referral of a patient to another health care professional, and monitoring the treatment provided; it may also include providing no treatment or observation.

Patient-centered care: the ability to identify, respect, and care about patients' differences, values, preferences, and expressed needs; relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles, including a focus on population health.

Problem-solving: the process of answering a question or achieving a goal when the path or answer is not immediately obvious, using an acceptable heuristic or strategy such as the scientific method.

Special needs care: an approach to oral health management tailored to the individual needs of people with a variety of medical conditions or physical and mental limitations that require more than routine delivery of oral care; special care encompasses preventive, diagnostic, and treatment services.

DHAT Supervisor Meeting

Tuesday, September 12, 2017

8:30 AM to 3:00 PM

Alaska Dental Therapy Educational Program

4200 Lake Otis Parkway, Suite 204

Anchorage, AK 99508

Meeting Room:

Alaska Native Tribal Health Consortium

Diplomacy Building

Conference Room DIP455

4500 Diplomacy Dr.

Anchorage, AK 99508

8:30-9:30	Welcome & Tour of Alaska Dental Therapy Educational Program
9:30-9:45	Travel to Meeting Room
9:45-10:00	Recruitment of Students
10:00-11:00	DHAT Educational Program Curriculum Overview <ul style="list-style-type: none">-Academic Calendars-Syllabus-Motivational Interviewing-Student Presentations-Medical History-Caries and Periodontal Risk-Exam Checklist-Evaluation of Students<ul style="list-style-type: none">-Typodont Examples-Grading Criteria-Calibration of faculty-SOAPE Notes
11:00-11:15	Break
11:15-11:45	Community Projects
11:45-12:00	Clinical Protocols
12:00-1:00	Lunch Break
1:00-1:15	Mentorship of DHATs,
1:15-2:00	Scope of Practice, Types of Supervision, Legal Questions with Supervision, Dental Academic Review Committee (DARC), CHAP Certification Board Standards and Procedures, Required Documentation
2:00-2:30	Preceptorship: Orientation, Communication, Professionalism, Skills, Speed, Retention,
2:45-3:00	Career Portfolio
2:45-3:00	Questions

Alaska Dental Therapy Educational Program

2017-2018 Schedule

Anchorage

Summer Semester:

July 27 – August 18

Fall Semester:

August 21 – December 8

Labor Day: September 4

Thanksgiving Break: November 20 – 24

Spring Semester:

December 11 – April 27

Winter Break: December 18 – January 5

MLK Day: January 15

President's Day: February 19

Spring Break: March 12 -16

Summer Semester:

April 30 – August 17

Memorial Day: May 28

Transitional Ceremony: June 1

Summer Break: June 4 – July 6 (Tentative)

Alaska Dental Therapy Educational Program

2017-2018 Schedule

Bethel

Summer Semester:

July 10 – August 18

Fall Semester:

August 21 – December 8

Fall Break: October 2 -20

Thanksgiving Break: November 20 – 24

Spring Semester:

December 11 – April 27

Winter Break: December 18 – January 5

Spring Break: March 12 -23

Summer Semester:

April 30 – August 17

Graduation Ceremony: June 1

Alaska Dental Therapy Educational Program
Instructor Topic Calendar
2017-2018
Bethel, AK

<u>Semester 4:</u>	<u>Topic</u>	<u>Instructor</u>
July 10-14	Pre-session	Shoffstall-Cone
July 17-21	Response to Emergency	Shoffstall-Cone & Allen
July 24-28	Response to Emergency	Shoffstall-Cone & Allen
July 31-Aug 4	Dental Anatomy	Brusca
Aug 7-11	Caries Management/ Treatment Planning	Brusca
Aug 14-18	Dental Materials	Brusca
<u>Semester 5:</u>		
Aug 21-25	Community & Professionalism	Eberling
Aug 28-Sep 1	Community & Professionalism	Eberling
Sep 4-8	Community & Professionalism	Eberling
Sep 11-15	Clinic Only	Bolin (Tog -4 students)
Sep 18-22		YKHC Rotation (Nap – 3 students 21 st -26 th)
Sep 25-29		YKHC Rotation (Tog -4 students)
Oct 2-6	FALL BREAK	
Oct 9-13	FALL BREAK	
Oct 16-20	Literature Review	Bolin
Oct 23-27	Behavior Management	Bolin & Weinstein
Oct 30-Nov 3	Community & Professionalism	Eberling
Nov 6-10	Community & Professionalism	Eberling
Nov 13-17	Community & Professionalism	Eberling
Nov 20-24	THANKSGIVING BREAK	
Nov 27-Dec 1	Complex Restorations	Brusca
Dec 4-8	Extractions	Brusca & Allen
<u>Semester</u>		
Dec 11-15	Complex Restorations	Brusca & YKHC
Jan 8-12	Traumatic Dental Injury	Bolin
Jan 15-19	Traumatic Dental Injury	Bolin
Jan 22-26	Patients with Special Needs	Brusca
Jan 29- Feb 2	Patients with Special Needs	Brusca
Feb 5- 9	Community & Professionalism	Eberling
Feb 12-16	Community & Professionalism	Eberling
Feb 19-23	Community & Professionalism	Eberling
Feb 26- Mar 2	Village Travel/YKHC Rotations	
Mar 5-9	Village Travel/ YKHC Rotations	
Mar 12-16	SPRING BREAK	
Mar 19-23	SPRING BREAK	
Mar 26-30	Clinical Protocols	Bolin
Apr 2-6	Oral Pathology	Bolin
Apr 9-13	Clinic Only	Brusca
Apr 16-20	Pediatric Dentistry	Brusca
Apr 23-27	Pediatric Dentistry	Brusca & Roalofs
<u>Semester 7:</u>		
Apr 30-May 4	Community	Eberling
May 7-11	Community	Eberling
May 14-18	Community	Eberling
May 21-25	Wrap-up	Allen
May 28- June 1	Graduation Week	

ADTEP

Comprehensive/Periodic Exam Example

S – Pain Scale: 0. CC: “I brought my child in for an exam.” 8 year old female patient presents to the clinic with her mother. RMH. Pt has history of asthma, uses an inhaler occasionally. Medications: Albuterol Inhaler. Mother states that the family has bad teeth. She thinks her daughter has a couple of teeth that need to be pulled. Pt likes to be called “sister”.

O – Pt weight = 80 lbs.

Maximum Dose: 160 mg of 2% Lidocaine 1:100,000 epi. (4 carpules)

Oral cancer screening: No significant findings.

Periodontal findings: Generalized plaque, BOP, red, inflamed gingiva. Poor oral hygiene.

Hard tissue findings: class I occlusion. Enamel and dentinal radiolucencies, visibly cavitated teeth.

A – Dental caries as charted. High caries risk due to number of lesions and family history. Gingivitis. Low periodontal risk due to absence of pocketing.

****** if the periodontal diagnosis is periodontitis, you need to list location, duration, severity and specify periodontitis.**

P – PARQ. Comprehensive exam and 4 BWs completed. Motivational interviewing attempted with child and mother. Mother not ready at this time, but child chooses to try to brush her teeth at least once per day. 10% povidone iodine and 5% DuraShield fluoride varnish application. Patient is interested in what is going on and is curious and cooperative.

E - Written instructions given to parent about fluoride varnish application. Child given toothbrush and brushing instructions. Parent and child verbalize understanding.

NV – Prophylaxis, sealants and MI follow-up.

Treatment Plan:

1. Comprehensive Exam, 4 BWs, Motivational Interviewing, Fluoride Varnish
2. Toothbrush Prophylaxis, Teeth #3, 14–sealants, MI Follow-up
3. Tooth #19-MO, MI Follow-up
4. Tooth #30-O, MI Follow-up
5. Planned Treatment Complete

ADTEP

Limited Exam/Extraction example

S – 78 yo patient presents for a limited exam. CC: “My tooth really hurts”. Patient reports to the clinic due to pain. Pt points to area on the lower right side. Pt states that it hurts to hot and the pain is waking him up at night. Pain scale 8. The pain started about a week ago and has been getting worse. RMH. Pt has allergy to latex and is taking lisinopril for hypertension.

O – Pt. weight: 135 lbs.

Maximum Dose: 270 mg 2% lidocaine with 1:100,000 epi (7 carpules)
432 mg 4% articaine with 1:100,000 epi (6 carpules)

BP 120/80, P: 90, R: 20. Wt. 230 lbs. Tooth # 30 – MODB enamel gone with soft brownish white dentin exposed. Percussion sensitive, lingering response to cold, EPT=68. Teeth #29, 31 – percussion negative, normal response to cold, EPT = 40, 36. Radiographic findings: #30 with dentinal radiolucencies approaching pulp chamber, widening of PDL at apex.

A – Tooth #30 – MODB caries, irreversible pulpitis, symptomatic apical periodontitis.

*****Whenever doing extractions you need both a pulpal and apical diagnosis.**

P – PARQ. PA #30 taken. Options given:

1. No treatment
2. Root canal therapy #30
3. Extraction #30.

Patient requests extraction. Consent completed. LA: 2 carps (72mg) 2% lidocaine 1:100,000 (0.036 mg) epi. Wrong site, wrong procedure, and wrong person protocol followed. Dental assistant: Tom Jones. Tooth #30: elevated and extracted with forceps. Socket curetted and gauze placed. Simple extraction, no complications. Estimated blood loss 1 ml. Rx: Acetaminophen 325 mg. Disp: 24 tablets Sig: Take 2 tablets every 4 hours as needed.

E - POIGWO. Return to clinic as needed. Patient informed that he needs a comprehensive exam. PVU

Revised: April 17, 2017

ADTEP

Revisit for **Operative**

- S** – 9 yo presents for revisit for operative, patient reports some cold sensitivity when drinking pop and points to #5. Mom reports no changes in medical history. RMH. No significant findings or changes noted.
- O** – Wt. 66 lbs. #A: MO, #5 DO cavitations with soft brown dentin exposed. Radiolucency #A appears to approach pulp; no apparent periapical or furcal involvement noted
Dentinal radiolucency #5 appears to be halfway to pulp, periapex not visible on BW.
- #6 with pitted facial enamel and underlying dark shadowing
- #7: deep pit with small brown cavitation
- A** – Asymptomatic caries #A-MO, 6-F, 7-L; #5-DO caries with reversible pulpitis.
- P** – PARQ to parent and patient. LA: 3 carps (108mg) 2% lidocaine 1:100,000 (.027 mg) epi.
RDI, A-SSC: caries to mesial pulp horn; coronal portion of pulp removed, ferric sulfate, IRM, crown size 5, Ketac cement. #5 – DO: partial caries removal over pulp chamber, indirect pulp cap, Consepsis, Dycal, Vitrebond, Optibond FL, Tytin. #6 – F: etch, Optibond FL, Esthet-X shade C2. #7 – L: Fuji conditioner, Fuji IX. Occlusion and contacts checked.
- E** - Parent informed that child is still numb, and advised to watch to make sure that she is not biting her lip or cheek. Parent informed that a soft diet is recommended and no chewing hard things on R side since it takes 24 hours for amalgam to completely harden.
- NV** – PTC, 3 month recall for Povidone Iodine and fluoride application.

Community: _____

Age:

Total population:

Children under 5:

School aged children:

Schools and community programs:

History

Previous health programs:

Previous dental programs:

Water fluoridation?

Health Issues?

Economics:

Income sources:

Housing:

Family structures:

Food sources:

Social assistance programs:

Educational level

Community Support:

Dental Health Therapy Associate of Applied Science

Communications (9.5 credits)	SEM	GR/CR
COMM 131 Fund of Oral Comm (3)	_____	_____
ENGL 111 Intro to Academic Writing <i>or</i> BUS 109 Business English (3)	_____	_____
DHAT 130 Comm Oral Hlth Ed I (1)	_____	_____
DHAT 231 Comm Oral Hlth Ed II (2)	_____	_____
DHAT 232 Comm Oral Hlth Ed III (.5)	_____	_____

Math/Natural Science (7-8 credits)	SEM	GR/CR
MATH 105 Basic College Algebra <i>or</i> MATH 107 Functions for Calculus <i>or</i> MATH 116 Mathematics in Healthcare (3-4)	_____	_____
BIOL 100 Human Biology (4)	_____	_____

Human Relations (3.5 credits)	SEM	GR/CR
DHAT 140 Behavioral Sciences: Oral Health Education (1)	_____	_____
DHAT 151 Behavioral Sciences: Tobacco Addiction (1)	_____	_____
DHAT 221 Prof. DHAT Practice I (.5)	_____	_____
DHAT 241 Behavioral Sciences: Oral Hlth Education II (.5)	_____	_____
DHAT 222 Prof. DHAT Practice II (.5)	_____	_____

Major Specialty	SEM	GR/CR
DHAT 101 Intro to Dental Therapy I (3)	_____	_____
DHAT 102 Intro to Dental Therapy II (1.5)	_____	_____
DHAT 111 Dental Therapy Lab I (2)	_____	_____
DHAT 112 Dental Therapy Lab II (2)	_____	_____
DHAT 125A Operative Dental Therapy Techniques, Mod A (1.5)	_____	_____
DHAT 125B Operative Dental Therapy Techniques, Mod B (1.5)	_____	_____

Major Specialty (Cont.)	SEM	GR/CR
DHAT 135 Adv Diagnosis and Treatment Planning I (2)	_____	_____
DHAT 235 Advanced Diagnosis and Treatment Planning II (1)	_____	_____
DHAT 242 Comm Clinic Rotations I (3)	_____	_____
DHAT 243 Comm Clinic Rotations II (3)	_____	_____
DHAT 201A Advanced Dental Therapy Mod A (1)	_____	_____
DHAT 201B Advanced Dental Therapy, Mod B (1.5)	_____	_____
DHAT 201C Advanced Dental Therapy, Mod C (2)	_____	_____
DHAT 201D Advanced Dental Therapy Mod D (4)	_____	_____
DHAT 211A Advanced Dental Therapy Clinic, Mod A (2)	_____	_____
DHAT 211B Advanced Dental Therapy Clinic, Mod B (4.5)	_____	_____
DHAT 211C Advanced Dental Therapy Clinic, Mod C (4)	_____	_____
DHAT 211D Advanced Dental Therapy Clinic, Mod D (4)	_____	_____
DHAT 160 Infection Control (.5)	_____	_____
DHAT 161 Infection Control Lab I (1)	_____	_____
DHAT 262 Infection Control Lab II (.5)	_____	_____
DHAT 263 Infection Control Lab III (1)	_____	_____
DHAT 152 Anat, Phys, Path Neck/Head (2)	_____	_____
DHAT 153 Basic Restorative functions (2)	_____	_____
DHAT 154 Cariology/Minim Invasive Dentistry (1)	_____	_____
DHAT 155 Local Anesthesia (1)	_____	_____
DHAT 156 Hygiene & Periodontology (1)	_____	_____
DHAT 251 Pharmacology (.5)	_____	_____

TOTAL CREDITS REQUIRED FOR DEGREE = 71-72

Student _____
Date Prepared _____
Updated _____
Preparer _____

Dental Health Aide Therapy Certificate

Communications (4 credits)	SEM	GR/CR
COMM 131 Fund of Oral Comm (3)	_____	_____
DHAT 130 Comm Oral Hlth Ed I (1)	_____	_____

Math/Natural Science (4 credits)	SEM	GR/CR
BIOL 100 Human Biology (4)	_____	_____

Human Relations (2 credits)	SEM	GR/CR
DHAT 140 Behavioral Sciences: Oral Health Education (1)	_____	_____
DHAT 221 Prof. DHAT Practice I (.5)	_____	_____
DHAT 241 Behavioral Sciences: Oral Hlth Education II (.5)	_____	_____

Major Specialty (20 credits)	
DHAT 101 Intro to Dental Therapy I (3)	_____
DHAT 102 Intro to Dental Therapy II (1.5)	_____
DHAT 111 Dental Therapy Lab I (2)	_____
DHAT 112 Dental Therapy Lab II (2)	_____
DHAT 125A Operative Dental Therapy Techniques, Mod A (1.5)	_____
DHAT 135 Adv Diagnosis and Treatment Planning I (2)	_____
DHAT 160 Infection Control (.5)	_____
DHAT 161 Infection Control Lab I (1)	_____
DHAT 152 Anat, Phys, Path Neck/Head (2)	_____
DHAT 153 Basic Restorative functions (2)	_____
DHAT 154 Cariology/Minim Invasive Dentistry (1)	_____
DHAT 155 Local Anesthesia (1)	_____
DHAT 156 Hygiene & Periodontology (1)	_____

TOTAL CREDITS REQUIRED FOR Certificate = 30



Course Syllabus

Course Number DHAT 101

Course Title: Introduction to Dental Therapy I

Semester/Year: Summer / Year 1

Days/Time: M-F 8:30-4:30 as scheduled

of Credits: 3

Prerequisites: Acceptance in ADTEP

Instructor Name: Shoffstall-Cone, Williard, Van Pelt

Phone: 907-729-5600

Fax: 907-729-5610

Email: akadhat@anthc.org

Office Hours: M-F 8-5

Office Location: DHAT Educational Program

Catalog Course Description: This course introduces the Community Health Aide Program history, structure and Standards and Procedures. It provides an introduction to the theory and practice of dental therapy, public health dentistry, basic dental procedures, dental anatomy, dental assisting, infection control, dental radiology, dental problems, and referrals.

Required Texts:

- Modern Dental Assisting (MDA), Eleventh edition, Doni L. Bird and Debbie S. Robinson; Elsevier Saunders: 2015.
- Indian Health Service Dental Digital Imaging Study Guide, Royann Royer, Mary Beth Kinney, Erma Casuse, E. Marie Montin: 2014.
- Dental Health Aide Program iBook, Primary Oral Health Promotion and Disease Prevention Book I, Tom Taylor and Mary Beth Kinney: 2016.
- Dental Health Aide Program iBook, Primary Oral Health Promotion and Disease Prevention Book II, Tom Taylor and Mary Beth Kinney: 2016.
- Dental Health Aide Program iBook, Basic Dental Procedures, Tom Taylor and Mary Beth Kinney: 2016.
- Dental Health Aide Program iBook, Core Curriculum, Tom Taylor and Mary Beth Kinney: 2016.

Course Objectives:

- Describe the caries diseases process
- Describe the periodontal disease process
- Explain the theory of oral health promotion and disease prevention
- Discuss the effective use of and issues related to fluoride
- Describe the makeup of the dental health care team and workforce models
- List moisture control measures used in dentistry
- Compare matrix systems for restorative dentistry
- Proficiency in use of dental instruments and four handed instrument transfer
- Take impressions for study casts
- Demonstrate radiographic techniques to produce diagnostic images using safety and infection control practices
- Expose, process, mount, and save the various dental images used in general dental practice
- Assess image quality and use alternative imaging techniques
- Identify anatomical features and interpret common pathology on dental images

Learning Experiences:

- Lecture
- Lab
- Course Discussion
- Multi-media
- Clinical patient care
- Student Presentations
- Simulations
- Demonstration

ADTEP Competencies:

1. Assessment and Judgment
2. Preventive Care
3. Therapeutic Care
4. Pharmacological and Emergency Management
5. Professional and Community Responsibility

Evaluation:

Homework Assignments	20%
Class Participation	20%
Quizzes	40%
Checklists	20%

Grading System

Grade	Range
A	96-100
A-	90-95
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
RC-	All successfully remediated courses
I	Incomplete
F	70% or below

Students must attain an average of 70% as the final grade to pass this course.

Remediation Policy: Academic remediation is an opportunity for the student to develop and demonstrate required knowledge, skills, and/or competency of course material without having to repeat a failed course in its entirety. Student will be given an “Incomplete (I)” until the remediation is completed. Student will not be officially promoted until the remediation is completed. No grade higher than a “C-” will be made in the remediated course.

Attendance Policy: Students are expected to attend all classes and clinics. Attendance is taken at the start of each class session and factored into the participation component of the grade. There is no difference between excused and unexcused absences. They are considered on a case-by-case basis. Students must coordinate in a timely manner with instructors to complete any missed work. Repeated absences may jeopardize the student’s continued participation in the program.

Late Work Policy: All assignments are due on time. Late work will require remediation and will only be eligible for a maximum of 75% credit.

Honor Code/Academic Misconduct: Students are expected to follow the Honor Code. All forms of scholastic dishonesty are prohibited. Scholastic dishonesty includes, but is not limited to cheating, plagiarism, and collusion. Violations of the Honor Code may result in warning, suspension or expulsion. Incidents of scholastic dishonesty will be reviewed by the instructors, the ADTEP Student Progress Committee, and the Iisagvik College Dean of Academic Affairs.

Plagiarism Policy: Plagiarism means to take someone else’s words and/or ideas and make them look like they are your own. Another word for plagiarism is “cheating.” Students who are caught cheating or allowing others to cheat off their work will receive an “F” for the assignment and risk being expelled from the class with an overall failing grade.

Students with Special Needs: Iisagvik College is committed to providing equal opportunities to academically qualified students with disabilities. If you have a disability for which you wish to request accommodations, you are encouraged to contact the Dean of

Students and Institutional Development or the Registrar to discuss your need for reasonable accommodations. It is the student's responsibility to disclose disabilities, and you will be asked to provide the most recent documentation about any functional limitations so recommendations can be made to accommodate your needs. All disability information provided by you is kept strictly confidential. *If you have questions regarding reasonable disability accommodations, please contact the Student Success Center by calling 907-852-1766.*

Course Schedule

The course schedule and topics may vary to meet the needs of students. The changes will be provided to students.

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 1	iBook: Primary Oral Health Promotion and Disease Prevention I Chapters 1-4	<ul style="list-style-type: none"> • Overview of oral health promotion and disease • Introduction to Periodontal Disease • Introduction to Caries Disease Process • Fluoride 		
Session 2	iBook: Primary Oral Health Promotion and Disease Prevention II Chapters 1-4	<ul style="list-style-type: none"> • Motivational Interviewing • Oral Hygiene Instructions • Diet Counseling • Educational Tips 		
Session 3	iBook: Basic Dental Procedures Chapter 12 and 13	<ul style="list-style-type: none"> • Basic Infection Control • Clean/Sterile Techniques 	<ul style="list-style-type: none"> • Hand Hygiene • Personal Protective Equipment 	<ul style="list-style-type: none"> • Quiz #1 (material from sessions 1-2) • Checklists <ul style="list-style-type: none"> ○ Hand Hygiene ○ Personal Protective Equipment
Session 4	iBook: Core Curriculum Chapter 1 - 4	<ul style="list-style-type: none"> • The role of AK Health Aides • Scope of Work for Dental Health Aides • Medical Ethics • Legal Issues 	<ul style="list-style-type: none"> • Fluoride Application • Toothbrush Prophylaxis 	<ul style="list-style-type: none"> • Checklists <ul style="list-style-type: none"> ○ Fluoride Application ○ Toothbrush prophylaxis

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 5	iBook: Core Curriculum Chapter 5-6	<ul style="list-style-type: none"> • Consent for Treatment • State of AK Reporting Requirements 		Quiz #2 (material from sessions 3-4)
Session 6	iBook: Core Curriculum Chapter 7- 12	<ul style="list-style-type: none"> • Health and Disease • Infectious Disease Process • Standard Precautions • Introduction to Human Anatomy • Parts of the Tooth • Introduction to Pharmacology 		Quiz #3 (material from session 5)
Session 7	iBook: Core Curriculum Chapter 13 - 18	<ul style="list-style-type: none"> • History Taking • Abbreviation and Terminology • Patient Record Documentation • Clinic Management • Scheduling • Health Care System Access 		
Session 8	iBook: Basic Dental Procedures Chapter 1 - 8	<ul style="list-style-type: none"> • Features of the Face • Structures of the Oral Cavity • Parts of the Tooth • Permanent Tooth Identification • Primary Tooth Identification • Surfaces of the Teeth • Types of Dentition • Dental Anatomy Review 		Quiz #4 (material from session 6-7)

Sessions	Reading Assignments	Classroom Topics	Lab Topics	Evaluation
Session 9	iBook: Basic Dental Procedures Chapter 9 - 11	<ul style="list-style-type: none"> • Identification of Oral Problems • History Taking • Dental Charting 		
Session 10	<ul style="list-style-type: none"> • Modern Dental Assisting (MDA) Chapters 1-3 and 32-33 • Ibook: Core Curriculum Chapters 16-18 	<ul style="list-style-type: none"> • History of Dentistry • The Professional Dental Assistant • The Dental Healthcare Team • Clinic Management • Scheduling 		
Session 11	MDA Chapter 34	<ul style="list-style-type: none"> • Health Care System Access • Dental Instruments and Equipment 		Quiz #5 (material from sessions 8-10)
Session 12	iBook: Advanced Dental Procedure Chapters 7-8	<ul style="list-style-type: none"> • Dental Hand Instruments • Ergonomics 	Position of the provider, dental assistant, and patient in the operatory	
Session 13	CDC Infection Control Manual	<ul style="list-style-type: none"> • Safe Talk Training (will meet in COB Conference room 3) • Infection Control Process 		
Session 14	MDA Chapter 36	Moisture Control	<ul style="list-style-type: none"> • Placement of cotton rolls, dry angles, rubber dam • Passing instruments 	Quiz #6 (material from sessions 11-13)

Yuut Elitnaurviat Dental Training Clinic
 Medical Topic Calendar
 2017-2018

Semester 4:

7/21- Hypertension
 7/28- Atrial Fibrillation
 8/04- Spina Bifida
 8/11- HIV and AIDS
 8/18- Asthma

Semester 5:

8/25- Hemophilia
 9/01- Hepatitis B and C
 9/08- Hyperthyroidism
 9/15- Osteoarthritis
 9/22- No Presentations
 9/29- No Presentations
 10/6- No Presentations
 10/13- No Presentations
 10/20- Hypothyroidism
 10/27- Rheumatic Fever
 11/03- Inf. Endocarditis
 11/10- Cystic Fibrosis
 11/17- No Presentations
 12/01- Myocard. Infraction
 12/08- Diabetes Mellitus

Semester 6:

12/15- No Presentations
 1/12- High Cholesterol
 1/19- GERD
 1/26- Heart Murmur
 2/02- Osteoporosis
 2/09- Emphysema
 2/16- Shingles
 2/23- Stroke and TIAs
 3/02- No Presentations
 3/09- No Presentations
 3/16- No Presentations
 3/23- No Presentations
 3/30- Cerebral Palsy
 4/06- Epilepsy
 4/13- Depression
 4/20- Gonorrhea
 4/27- ADHD

Semester 7:

5/04- Angina
 5/11- Oral Lichen Planus
 5/18- No Presentations
 5/25- No Presentations
 6/01- Graduation Day

Yuut Elitnaurviat Dental Training Clinic
Drug of the Week Calendar
2017-2018

Semester 4:

7/21- Lisinopril
7/28- Atenolol
8/04- Hydrochlorothiazide
8/11- Zidovudine
8/18- Singulair

Semester 5:

8/25- Acetaminophen
9/01- Ibuprofen
9/08- Naproxen
9/15- Aspirin
9/22- No Presentations
9/29- No Presentations
10/6- No Presentations
10/13- No Presentations
10/20- Levothyroxine
10/27- Nystatin
11/03- Amoxicillin
11/10- Penicillin
11/17- No Presentations
12/01- Plavix
12/08- Metformin

Semester 6:

12/15- No Presentations
1/12- Lipitor
1/19- Nexium
1/26- Hydrocodone w/ Tyl.
2/02- Fosamax
2/09- Chlorohexidine
2/16- Valtrex
2/23- Warfarin
3/02- No Presentations
3/09- No Presentations
3/16- No Presentations
3/23- No Presentations
3/30- Tramadol
4/06- Dilantin
4/13- Sertraline
4/20- Doxycycline
4/27- Ritalin

Semester 7:

5/04- Nitroglycerin
5/11- Prednisone Oral
5/18- No Presentations
5/25- No Presentations
6/01- Conduatioo Day

Medical History Questionnaire: A DHAT Student Guide

The goal of this guide is to help students and practicing DHATs understand both the importance of the requested information on the medical history questionnaire used in the training clinic and how this information may affect treatment decisions.

Why obtain a medical history?

Obtaining a medical history provides an opportunity for the DHAT to:

- Gather information necessary for establishing a diagnosis of the patient's chief complaint.
- Monitor known medical conditions.
- Detect underlying systemic conditions the patient may/may not be aware of.
- Assess how the patient's systemic health may effect his/her oral health.
- Assess whether dental treatment might affect the systemic health of the patient.
- Provide a basis for determining if modifications to routine dental care are necessary.

Questions from the Medical History Form

1. What is the reason for your visit to the Dental Clinic?

Dental concerns

- Triage question: Is there a problem needing immediate attention?
- Patient's statement of why he/she is at the dental clinic is important.
- The reasons may help guide treatment decisions.
- The reasons must be addressed in the care notes.

2. Have you received medical care in the past two years?

If Yes, what for?

Follow-up questions to "Yes" responses

- Why did you receive medical care?
- When did you receive medical care?
- Are you still being treated or seen by a caregiver for it?

Medical concerns

- If still being treated for the condition, are special precautions needed?
- Does the patient take medication for this medical condition?
- Is this a chronic condition that should be monitored by a medical provider, but currently is not?
- Some medical conditions can return (recur), so the DHAT should be aware of the patient's previous condition so it can be more easily recognized if it recurs during the course of treatment.

Dental concerns

- How does this medical condition affect dental treatment, oral health, healing, or reactions to medication? For example:
 - Some medical conditions can cause xerostomia
 - Some medical conditions can affect bleeding and clotting
 - Some medical conditions have oral signs and symptoms
 - Some medical conditions can cause the body to metabolize medication differently
 - Drug abusers and alcoholics may have trouble getting numb
- If on medications, will that affect the patient's oral health or healing?
- Will the medication interact with medications we use (e.g., local anesthetics, antibiotics)? For example,
 - Some medications can cause xerostomia.
 - Some medications can affect bleeding and clotting.
 - Some medications produce oral signs and symptoms.
 - Some medications can interact with other medications a DHAT may want to use (some antibiotics, for example, can decrease the effectiveness of birth control pills).

**3. Are you taking or have you taken any medicine or drugs in the past 2 months?
If Yes, what?**

Follow-up questions

- What are the medications for?
- Are you still taking the medications?
- Write down the names and doses of all prescription and over-the-counter medications on your medication list.

Medical concerns

- This alerts the DHAT to a possible ongoing medical condition.

Dental concerns

- Medicines may have undesirable interactions with medications used in dentistry.
- Medicines may cause difficulties with healing.
- Medicines may alert DHAT to medical conditions that require consultation with the supervising dentist.

**4. Are you ALLERGIC to anything (Medicine, Drugs, LATEX, Food, Others)?
If yes, what?**

Follow-up questions

- What are you allergic to?
- Has your allergy been diagnosed by a doctor?
- Does anything you take cause itching, rash, swelling of hands, feet or eyes?
- Are you made sick by penicillin, aspirin, codeine or any other medication?

- What precautions do you take, if any, to avoid an allergic reaction?
- Write down the name of the drugs involved and the nature of the reaction(s) that developed.

Medical concerns

- An allergy (hypersensitivity) to one medicine may also mean hypersensitivity to medicines with similar characteristics (e.g., PenVK and the class of penicillins)
- A missed allergy can prove fatal if given in the dental environment.

Dental concerns

- Allergies exist to many medications and materials used in dentistry
 - Antibiotics
 - Latex rubber dams, gloves

5. Are you currently taking or have you ever taken a bisphosphonate medication such as Fosamax, Zometa, Actonel, Boniva, Aredia, Bonefos, Ostac, Skelid or Didronel?

Follow-up questions

- Are you currently taking medication for your bones thinning (osteoporosis)?
- What is the name of the drug, the route of administration and the dosage you are taking?
- Is your physician currently monitoring you for this medication?

Medical concerns

- This medication, to treat bone thinning (osteoporosis), can have serious side effects.

Dental concerns

- Bone destruction (osteonecrosis) of the jaw following dental surgery, such as extraction, is the most common problem a DHAT will encounter with a patient on this medication.
- The DHAT must consult with the supervising dentist before starting treatment.

6. Have you ever been hospitalized? If Yes, what for?

Follow-up questions

- When were you hospitalized?
- For what condition were you hospitalized?
- Where were you hospitalized?
- Do you still have the condition for which you were hospitalized?

Medical concerns

- This provides information about past and present medical conditions the patient might not think to bring up.

Dental concerns

- A recent hospitalization or an ongoing medical condition may affect dental treatment outcomes.
- Hospitalizations may alert DHAT to medical conditions that require them to consult with supervising dentist

7. Have you ever had any bleeding problems that needed medical treatment?

Follow-up questions

- What was the nature of your bleeding problem?
- How long ago did you first have your bleeding problem?
- What medical treatment was provided?
- Are you still being treated for the bleeding problem?

Medical concerns

- Bleeding and clotting disorders can be life threatening if not brought under control.

Dental concerns

- Dental procedures resulting in bleeding can have serious consequences for a patient with a bleeding disorder.
 - Administering local anesthesia
 - Extractions
 - Subgingival cleaning
- A history of bleeding problems requires consultation with the supervising dentist.

8. Do you have or have you ever had an irregular heart beat or heart palpitations?

Follow-up questions

- Describe what you feel in your body when your heart starts acting up.
- Do symptoms occur when you are not exercising or excited?
- Do symptoms seem to come when drinking things, such as coffee or caffeine?

Medical concerns

- These symptoms may or may not indicate cardiovascular disease, but must be taken seriously.

Dental concerns

- Undiagnosed heart disease can have serious consequences during stressful dental treatment.
- A history of irregular heart beat or heart palpitations requires consultation with the supervising dentist.

9. Have you ever had heart surgery to correct a murmur or defect in your heart?

Murmurs are extra heart sounds produced from turbulent blood flow sufficient to produce audible noise. They may occur from narrowing or leaking of valves, or the presence of abnormal passage through which blood flows in or near the heart.

Follow-up questions

- When did you have your heart surgery?
- Are you currently under a doctor's care for your heart condition?
- What physical limitations do you have because of problems with your heart?
- Can you walk up a flight of stairs? (This provides you an idea of how strong the patient's heart might be.)
- Is your heart condition congenital (from birth)?

Medical concerns

- This condition may have ongoing medical consequences

Dental concerns

- A history of heart surgery requires consultation with the supervising dentist.
- Antibiotic prophylaxis before dental treatment may be necessary.

**Procedural Considerations if
Antibiotic Prophylaxis Is Recommended**

Antibiotic prophylaxis is required for dental procedures that involve:

- Manipulation of gingival tissue
- Manipulation of periapical region of teeth
- Perforation of the oral mucosa

Antibiotic prophylaxis is NOT required for dental procedures that involve:

- No significant bleeding or tissue manipulation
- Routine anesthetic injections through non-infected tissues
- Taking dental radiographs
- Placing removable dentures (prosthodontic appliances)
- Shedding of deciduous teeth
- Bleeding from trauma to lips or oral mucosa

10. Have you ever had an infection in your heart that required hospitalization or IV antibiotics?Follow-up questions

- When did this infection occur?
- Is your heart permanently damaged because of it?
- Are you currently being treated for this infection or any medical problems that arose because of it?

Medical concerns

- Chronic medical conditions may have resulted from the heart infection.
- The patient may have suffered permanent heart damage.
- These patients are more likely to suffer repeat (recurrent) heart infections.

Dental concerns

- For any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.

11. Do you have artificial heart valves?Follow-up questions

- Are you currently taking anticoagulation (clot preventing) medication because of your artificial heart valve?
- Has your doctor told you to avoid dental treatment or take special precautions when going for treatment?

Medical concerns

- Patients with artificial heart valves have an increased risk for infectious endocarditis.

Dental concerns

- Patients with artificial heart valves may require prophylactic antibiotic coverage prior to dental treatment
- Patients with artificial heart valves may require adjustment of anticoagulation medication prior to dental treatment
- For any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.

12. Do you think you have been exposed to AIDS or HIV?

Acquired immune deficiency syndrome (AIDS) is a disease of the human immune system caused by the human immunodeficiency virus (HIV). The condition progressively reduces the effectiveness of the immune system and leaves individuals susceptible to opportunistic infections and tumors. HIV is transmitted through direct contact of a mucous membrane or the bloodstream with a bodily fluid containing HIV. Transmission can involve sexual contact, blood transfusion, contaminated hypodermic needles, exchange between mother and baby during pregnancy, childbirth, breastfeeding or other exposure to bodily fluids.

Follow-up questions

- Why do you think you have been exposed to AIDS or HIV?
- Have you been tested?

Medical concerns

- 10% of patient develop AIDS within 2-3 years of exposure to HIV
- Patients have an increased risk of infection
- Transmission of infection from patient to health care personnel is possible

Dental concerns

- HIV-infected patients may be susceptible to:

- Dentally induced infection
- Adverse drug effects/interactions
- Poor ability to tolerate stresses of dental care delivery
- Impaired control of bleeding (hemostasis)
- Xerostomia
- The DHAT must consult with the supervising dentist if he/she is uncertain of the patient's HIV/AIDS status.

13. Do you use alcohol or other drugs?

Follow-up questions

- What is your drug of choice?
- How much do you consume in a day? A week?
- Has your use had an effect on your life or others, such as job loss, relationship problems, accidents, arrests?

Medical concerns

- The medical, economic, and psychosocial problems are staggering and can impact almost every aspect of a patient's life.
- Patients are at risk for liver degeneration.
- Central and peripheral nervous system complications are common.
- Fetal alcohol spectrum disorder (FASD) in newborns is common among alcohol abusers.

Dental concerns

- Alcohol and illicit drugs often have strong interactions with some medications used in dentistry.
- Patients with chronic alcohol and drug problems often have difficulty achieving adequate pain control during dental treatment.
- Poor nutritional behaviors often lead to a high caries rate, periodontal disease, and prolonged healing time.
- Abusers often do not follow up with treatment recommendations.
- Intoxicated patients or caregivers cannot consent to treatment.

14. Do you use tobacco products? If so, how much?

Follow-up questions

- What is your tobacco of choice? (e.g., cigarette, chew, Iqmik)
- How frequently do you use?
- How long have you been using?
- Are you interested in quitting?

Medical concerns

- Patients who are heavy users are at high risk for heart disease, lung cancer, other cancers, stroke, peptic ulcers, bone fractures, pulmonary disorders.

Dental concerns

- Dental patients who are heavy users are at risk for medical conditions that may affect dental treatment and overall oral health.
- Heavy users are at high risk for oral cancer.

15. Have you ever had radiation or chemotherapy treatment?Follow-up questions

- How long ago did you have radiation or chemotherapy treatment?
- For what medical condition did you have this treatment?
- Are you currently being treated for this condition?

Medical concerns

- The need for this treatment is an indication of cancer treatment, which may be ongoing or recur.

Dental concerns

- Xerostomia
- Poor healing after extractions leading to significant loss of jaw bone (osteoradionecrosis)
- Radiation and chemotherapy treatment alert DHATs to medical conditions that require them to consult with supervising dentist

16. If domestic violence is a problem in your family or a friend's family, would you like to talk to someone about it?Follow-up questions

- Do you know who to contact for help?

Medical concerns

- High incidence among Alaska Natives
- Violence can lead to physical and emotional trauma

Dental concerns

- Dental trauma (e.g., broken teeth, jaw)
- The patient may not follow through with treatment recommendations
- DHATs are mandatory reporters

17. Do you have any difficulties understanding/learning verbal or written communication or require special assistance or devices to do so?

If yes, please describe:

Follow-up questions

- What language do you usually speak at home?
- Do you have difficulty hearing?
- Do you wish to have someone with you during dental appointments?

Medical concerns

- Medical recommendations and instructions may not be understood or followed

Dental concerns

- Patients with difficulty communicating may also have difficulty following through with treatment recommendations.
- Difficulties may exist obtaining consent for treatment. If the DHAT does not feel like the patient understands consult with supervising dentist prior to starting any treatment.

Hepatitis

Hepatitis is a viral infection that causes inflammation of the liver, which may lead to jaundice, poor appetite (anorexia), and bodily discomfort. Most forms of hepatitis are caused by 5 viruses, Hepatitis A, B, C, D, E. In most patients, clinical recovery is complete in 3-6 months. Three forms of Hepatitis B, C, and D, can be spread by contact with contaminated blood putting health care personnel at risk

Follow-up questions

- Is your hepatitis active or has it been cured?
- What type of hepatitis do you have?
- Are you currently taking medications for it?

Medical concerns

- Health care workers at risk for blood borne transmission of disease from Hepatitis B, Hepatitis C, and Hepatitis D
- Damage to liver can prolong drug metabolism
- Patients are at increased risk for infection, liver dysfunction.
- Liver damage can lead to bleeding problems.

Dental concerns

- Patients are at high risk during dental procedures:
 - Prolonged bleeding during treatment
 - Impaired drug metabolism, including local anesthetic
 - Could be slower or faster onset of medication effects
 - Could be slower or faster wearing off period for medication effects

Pacemaker

An artificial pacemaker is a medical device that uses electrical impulses, delivered by electrodes contacting the heart muscle, to regulate the beating of the heart. Its purpose is to maintain an adequate heart rate, either because the heart's natural pacemaker is not fast enough, or there is a block in the heart's electrical conduction system.

Follow-up questions

- Are you currently under the care of a physician for your pacemaker condition?

- Has your physician suggested you modify your visits to the dental office?

Medical concerns

- Pacemakers are used in a wide variety of cardiac conditions, from mild (syncope) to severe (heart failure).

Dental concerns

- Dental treatment modifications for patients with pacemakers are of little concern if patient is stabilized. However, for any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.
- Do not use an electric pulp tester on a patient with an artificial pacemaker.
- Piezoelectric scalers are safe to use in patients with pacemakers.

Rheumatic Fever

Rheumatic fever is an inflammatory disease that occurs following a bacterial infection, such as strep throat or scarlet fever. It can involve the heart, joints, skin, and brain. The illness typically develops two to three weeks after a streptococcal infection (e.g., strep throat). It commonly appears in children between ages 5-17.

Follow-up questions

- When did you have rheumatic fever?
- Have you been told that the rheumatic fever caused permanent heart damage?
- Are you currently being treated for a heart condition?

Medical concerns

- Rheumatic fever may lead to involvement of the mitral and other valves of the heart.
- Peak incidence of rheumatic fever is 5-15 years of age.

Dental concerns

- Because patients with a history of rheumatic fever are at increased risk for heart problems, the DHAT must first consult the supervising dentist before initiating dental treatment.

Chest Pains

Angina pectoris, commonly known as angina, is severe chest pain due to ischemia (a lack of blood and hence oxygen supply) of the heart muscle, generally due to obstruction or spasm of the coronary arteries (the heart's blood vessels). It is often relieved by rest or after administration of a vasodilator.

Follow-up questions

- Describe the sensation and intensity of your chest pains.
- Where are they located?
- When do the pains happen? During exercise? During resting?
- What do you do to reduce these pains when they come on?

Medical concerns

- Anatomical sources of chest pains are the following:
 - Cardiovascular
 - Respiratory
 - Gastrointestinal
 - Chest wall
- Angina patients are at increased risk for heart attacks.

Dental concerns

- Anxiety in the dental chair or inadequate pain control may bring on an attack of angina pectoris.
- For any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.

Heart Attack

A heart attack (myocardial infarction) is the interruption of blood supply to a part of the heart, causing heart cells to die. It most commonly occurs due to blockage of a coronary artery. The resulting ischemia (restriction in blood supply) and oxygen shortage can cause damage or death of heart muscle tissue.

Follow-up questions

- When was your last attack?
- What medications are you taking for your heart?
- Has your doctor cleared you for dental treatment?
- What physical activity limitations do you have as a result of your heart problems?

Medical concerns

- Other medical conditions may be present.
- Ongoing heart condition and follow-up medications.

Dental concerns

- The patient's cardiac status must be stable before undergoing elective dental treatment (at least six months after the last heart attack.)
- Cardiac drugs may cause oral changes.
- Cardiac drugs may have interactions with medications used in dentistry.
- For any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.

Heart SurgeryFollow-up questions

- What was the nature of your heart surgery?
- When was your heart surgery?
- Are you taking medications to maintain your heart?

- What physical activity limitations do you have as a result of your heart problems?
- Has your doctor cleared you for dental treatment?

Medical concerns

- Ongoing heart condition and follow-up medications

Dental concerns

- Heart medications may interfere with dental treatment.
- Patients may need to be put on prophylactic antibiotics before undergoing dental treatment.
- For any heart condition, past or present, the DHAT must consult with the supervising dentist before starting dental treatment.

High Blood Pressure

Follow-up questions

- Are you under the care of a physician for your high blood pressure (hypertension)?
- Have you been prescribed any high blood pressure medication?
- Are you currently taking high blood pressure medication?
- What other medications are you taking, both prescription and over-the-counter?

Medical concerns

- Less than half of people with elevated blood pressure are aware of it.
- Uncontrolled hypertension may lead to stroke, coronary heart disease, and renal failure.

Dental concerns

- Patients with uncontrolled hypertension are at risk for adverse events in dental chair such as stroke or prolonged bleeding after extractions.
- Blood pressure medications may impact dental care:
 - Systemic side effects are possible
 - Interactions with medications used during dental care are common
 - They can cause intraoral changes
 - Xerostomia
- Hypertensive patients should have their blood pressure monitored at each dental appointment.
- Consult with your dentist supervisor if the blood pressure reading is greater than 160/100.
- Do not provide treatment if BP is $\geq 180/110$. Instead, recommend the patient see his/ her primary care provider.

Stroke

A stroke (cerebrovascular accident) is an interruption of the blood supply to any part of the brain. It occurs because a blood vessel in the brain is blocked or burst open. Brain cells can die causing permanent damage if blood flow is stopped for longer than a few seconds.

Follow-up questions

- Do you have a physical disability because of your stroke?
- What medications are you taking to prevent another one?
- Have you been cleared for dental treatment?

Medical concerns

- Loss of blood to the brain may cause permanent damage and disability

Dental concerns

- Medications may interfere with dental treatment.
- Blood pressure should be monitored during dental appointments.
- DHATs must consult with the supervising dentist before starting dental treatment.

Anemia

Anemia is a condition in which the body does not have enough healthy red blood cells or less than the normal quantity of hemoglobin in the blood. Red blood cells provide oxygen to body tissues and organs. Starved of oxygen, the most common symptoms are feelings of weakness, fatigue, general malaise, and sometimes, poor concentration.

Follow-up questions

- Do you take an iron supplement for your anemia?
- Are you on blood thinners?
- Are you under a doctor's care for your anemia?
- Do you suffer from chronic fatigue?

Medical concerns

- Iron deficiency anemia may be caused by nutritional deficiency or excessive blood loss:
 - Gastritis from chronic aspirin or NSAIDs
 - Peptic ulcers, hemorrhoids, uterine bleeding
 - Menstrual blood loss

Dental concerns

- Oral manifestations of chronic anemia may be visible to the DHAT:
 - Glossitis with atrophy of papillae
 - Stomatitis
 - Angular cheilitis
 - Burning mouth
 - Oral candidiasis

- Patients with uncontrolled anemia should not be treated by the DHAT and must be referred to supervising dentist.

Diabetes mellitus

Much of the food we eat is turned into sugar in the blood for our bodies to use for energy. A hormone produced by the pancreas called insulin helps sugar in our blood get into the cells of our bodies. If your body doesn't make enough insulin or if the insulin doesn't work the way it should, blood sugar can't get into your cells and instead stays in your blood, raising your blood sugar level.

- Diabetes is a group of metabolic diseases in which a person has high blood sugar either because the body does not produce enough insulin, because cells do not respond to the insulin that is produced, or both.
- This high blood sugar produces classical symptoms:
 - Frequent urination
 - Increased thirst
 - Increased hunger
- Diabetes is chronic and cannot be cured
- Types of Diabetes
 - Type I diabetes: results from the body's failure to produce insulin, and presently requires the person to inject insulin. (Also called insulin-dependent DM and juvenile diabetes.)
 - Type II diabetes: results from insulin resistance, a condition in which cells fail to use insulin properly, sometimes combined with an absolute insulin deficiency. (Also called non-insulin-dependent DM and adult-onset DM)

Follow-up questions

- When were you diagnosed with diabetes?
- How frequently do you take your diabetes medication(s)?
- How frequently does your doctor check your diabetes?
- Is your diabetes under control?

Medical concerns

- Diabetes affects multiple organ systems
 - Eyes
 - Nerves
 - Kidneys
 - Blood vessels
- A high degree of morbidity and mortality exists among diabetic populations.

Dental concerns

- Uncontrolled diabetics are at increased risk for caries & periodontal disease due to xerostomia.
- DHATs should consult with their supervising dentist if there are any questions about how the patient is controlling his/her condition.

- Dental care by DHATs should be undertaken only on well-controlled diabetics. Good pain control is essential.
- Compromised post-operative healing
- Dental appointments should be scheduled around periods of peak insulin activity.

TB or Lung Disease

Follow-up questions

- Is your lung disease currently active?
- What physical limitations do you have as a result of it?
- What medications are you currently taking for it?

Medical concerns

- Lower airway respiratory disease may include acute/chronic bronchitis, pneumonia, asthma, emphysema, tuberculosis.
- Patients with chronic lung disease and respiratory compromise may be at high risk for other serious respiratory problems.

Dental concerns

- Stressful dental treatment may contribute to the underlying lung condition.
- Medications taken for lung disease may interfere with medications used in dentistry.
- DHATs should consult with the supervising dentist before beginning treatment.

Asthma

Asthma is an inflammatory disorder of the airways, which causes attacks of wheezing, shortness of breath, chest tightness, and coughing. It is caused by a combination of genetic and environment factors, such as allergens and irritants.

Follow-up questions

- How frequently do you have symptoms where it is difficult to breathe?
- When was your last asthma attack?
- Have you ever had an attack in the dental chair?
- Do you carry medication with you (e.g., inhaler)?

Medical concerns

- Asthma is not curable, but manageable with proper medications
- Many environmental factors can bring on an attack:
 - Exercise
 - Respiratory infection
 - Change in weather
 - Stress
 - Tobacco smoke

Dental concerns

- Patients are at increased risk for xerostomia from prolonged use of asthma medication.
- Stress during dental procedures that may bring on an attack. Patients should bring inhalers with them to every dental appointment.
- Good pain control is essential.
- DHATs should consult with the supervising dentist before beginning treatment.

Emphysema

Emphysema is a long-term, progressive disease of the lungs that primarily causes shortness of breath. Destruction of lung tissue around smaller sacs (alveoli) makes these air sacs unable to hold their functional shape upon exhalation. Emphysema is often caused by smoking or long-term exposure to air pollution.

Follow-up questions

- What medications are you currently taking for emphysema?
- What limitations does emphysema have on your daily activities?

Medical concerns

- Emphysema is not curable, and management focuses on maintaining quality of life and preventing flare-ups.

Dental concerns

- Drug interactions may occur between emphysema medications and medications used in dentistry.
- DHATs should consult with the supervising dentist before beginning treatment

Liver DiseaseFollow-up questions

- What medications are you taking for your liver disease?
- Have you been cleared for dental treatment?

Medical concerns

- Liver disease interferes with the ability of the body to metabolize medications, causing prolonged effects.
- The patient's liver may not metabolize toxins effectively.
- Liver disease can cause problems with blood clotting and bleeding.

Dental concerns

- Patient may have difficulty metabolizing medications, causing prolonged effects of the drugs.
- Patients may have a possible bleeding disorder.

- DHATs should consult with their supervising dentist before beginning dental treatment.

Kidney Disease

Follow-up questions

- Has your kidney disorder been diagnosed by a doctor?
- How are you being treated for your kidney disease?
- What medications are you currently taking for it?

Medical concerns

- Most kidney disease is caused by genetics, diabetes or hypertension.
- Patients have an increased susceptibility to infection.
- Some patients may need dialysis to “clean” the blood since the diseased kidneys can no longer work properly to remove wastes from the body.

Dental concerns

- Patients with uncontrolled renal disease may show oral signs of:
 - Ammonia-like taste and smell
 - Stomatitis
 - Gingivitis
 - Xerostomia
 - Inflamed parotid gland (parotitis)
- Patients with active renal disease should be sent to the supervising dentist for proper referral.

Artificial Joints

Follow-up questions

- How long ago was your surgery for joint replacement?
- Has your doctor put any restrictions on your seeking dental care?

Medical concerns

- Patients are at increased risk of infection in the short term after joint replacement.

Dental concerns

- Untreated dental infections may put artificial joints at risk for infection.
- Patients with total joint replacements may require prophylactic antibiotic coverage for dental treatment.
- DHATs should consult with the supervising dentist before beginning treatment.

Arthritis/ Rheumatism

Rheumatism is a non-specific term for medical problems affecting the joints and connective tissue. Most of the focus is on arthritis, inflammation of one or more joints, which results in pain, swelling, stiffness, and limited movement. There are many types of arthritis.

Follow-up questions

- What medications are you currently taking for your arthritis?
- How long have you taken your medications?
- What physical limitations do you have because of your arthritis?

Medical concerns

- Medications for arthritis may cause diarrhea, abdominal pain, allergic reactions, and all may affect kidney function.

Dental concerns

- Patients may be on long-term NSAIDs or aspirin.
- Patients with joint replacement may require antibiotic prophylaxis.
- Patients may have difficulty with performing daily oral hygiene. Modification may need to be made to devices such as tooth brush handles or floss holders. It is recommended that you ask patients how their arthritis affects their oral hygiene activities.
- Patients may have difficulty sitting or laying in the dental chair. The DHAT should check with the patient before repositioning the chair.

Ulcers

Ulcers (peptic ulcer disease) refers to painful sores in the lining of the stomach or first part of the small intestine (duodenum). It results from an imbalance between digestive fluids in the stomach and duodenum. Ulcers are caused by bacterial infection, long-term use of NSAIDs, and excess acid production. Most symptoms consist of burning pain in the middle or upper stomach between meals, bloating, heartburn, nausea or vomiting.

Follow-up questions

- Do you have frequent stomach pains?
- Are these pains relieved with antacids?
- Are you seeing a doctor for your stomach pains?

Medical concerns

- Hemorrhage, perforation, or obstruction of gastric or duodenal mucosa may be life threatening.
- Ulcers are common among chronic aspirin/NSAID (Tylenol and Ibuprofen) users
- This condition may result in iron deficiency anemia.

Dental concerns

- Use of aspirin and NSAIDs examples include Tylenol (Acetaminophen) and Motrin (Ibuprofen) to control dental pain may be contraindicated.
- Patients may have acid erosion on the lingual parts of their teeth due to vomiting or acid reflux (acid burbling up into the mouth from the stomach.)
- DHATs should consult with the supervising dentist before beginning treatment.

Mental or Nervous Disorders

Follow-up questions

- What medications and in what dosages are you taking for your disorder?
- How long have you taken these medications?

Medical concerns

- Medications (psychotropic drugs) used to treat mental disorders may have negative interactions with other medications.

Dental concerns

- Psychotropic drugs may cause xerostomia.
- Caution should be taken with administration of epinephrine for patients on some psychotropic medications.
- DHATs should consult with the supervising dentist with patients taking psychotropic drugs.

Pain in Jaw Joint

Follow-up questions

- Did you ever have an injury to your jaw?
- Does your jaw get locked open?
- Does your jaw pain affect eating or brushing your teeth?
- Are you receiving treatment for your jaw pain?

Medical concerns

- TMD may be reversible or degenerative

Dental concerns

- Limited jaw opening may make oral self care difficult.
- Limited jaw opening may make certain injection techniques impossible to employ.
- Jaw pain should be under control before performing elective dental treatment.
- Medications to treat TMD may interact with medications used in dental treatment.
- DHATs should consult with the supervising dentist about patients with pain in their jaws.

Epilepsy

Epilepsy is a brain disorder involving repeated, spontaneous seizures of any type. Seizures ("fits," convulsions) are episodes of disturbed brain function that cause changes in attention or behavior. They are caused by abnormally excited electrical signals in the brain.

Follow-up questions

- Are your seizures under control?
- When was your last seizure?
- How often do you have seizures?
- When you have seizures, what type are they?
- Do you get an aura prior to having a seizure
- What medications are you taking for your seizures?
- Did you take your medications today?

Medical concerns

- Seizures are recurrent.
- Consciousness may be lost (syncope), putting patient at harm in dangerous situations (driving, etc.)

Dental concerns

- Syncope may occur during postural changes.
- Stress in the dental chair may provoke a seizure even in patients with well-controlled epilepsy.
- Hypoglycemia and hyperventilation may also cause seizures in the dental environment.
- Medications to treat epilepsy can affect the gingival.

Sinus TroubleFollow-up questions

- How long have you had sinus trouble?
- Are you taking antibiotics, decongestants, or other medications?

Medical concerns

- Chronic sinusitis may lead to loss of quality of life.
- Sinus trouble may indicate the presence of allergy.

Dental concerns

- Sinus pain may mimic a toothache.
- The patient may be taking prescription or over-the-counter medications, which interact with medications used in dentistry.
- Oral dryness from mouth breathing may lead to possible gingivitis.

Thyroid ProblemsFollow-up questions

- Have you been diagnosed with a thyroid problem?
 - Underactive thyroid (hypothyroidism)
 - Overactive thyroid (hyperthyroidism)
- What medication, if any, are you taking to control the problem?

Medical concerns

- Hypothyroidism: cardiovascular disease, lethargy, prolonged bleeding, delayed wound healing
- Hyperthyroidism: cardiovascular disease, prolonged bleeding

Dental concerns

- Well controlled hyperthyroidism and hypothyroidism poses no major risks to patients undergoing dental treatment.
- Patients who are clinically hyperthyroid may have an exaggerated response to epinephrine in local anesthetics.
- DHAT should consult with the supervising dentist before starting dental treatment on patients who show symptoms of hyperthyroidism, such as sensitivity to heat, sweating easily, palpitations, increased nervousness, or tremor of the arms or legs.

Cancer/ Tumors

Cancer is the uncontrolled growth of abnormal cells in the body. Cancerous cells are also called malignant cells. Symptoms of cancer depend on the type and location of the cancer.

Follow-up questions

- Are you currently being treated for your cancer or tumor?
- In what part of the body is it located?

Medical concerns

- Long term prognosis varies based on the type of cancer and the individual.
- Overall immune system and organs can often be compromised.

Dental concerns

- Patient may have had radiation or chemotherapy causing xerostomia.
- Patients are at increased risk of opportunistic infection.
- DHATs should consult with the supervising dentist before beginning dental treatment.

Dietary Drugs (Phen-Fen)

Follow-up questions [note: *Phen-fen no longer available by prescription or over-the-counter*]

- What dietary drugs are you currently taking, either prescription and over-the-counter?
- How frequently do you take these medications?
- Are you self-medicating, or is this medicine prescribed by a doctor?

Medical concerns

- Dietary drugs may cause serious conditions, such as valvular heart disease and pulmonary hypertension.

Dental concerns

- Dietary drugs may cause hypertension.

Sexually Transmitted Diseases

Sexually transmitted diseases have important implications in oral health. Dental personnel can recognize disease and refer patients to seek appropriate treatment.

Follow-up questions

- Have you been tested for a STD?
- Is your STD active?

Medical concerns

- The patient may have been exposed to HIV/AIDS.
- The patient may transmit their disease to others through unprotected sex.

Dental concerns

- Oral mucous membranes may show many characteristic clinical signs of STD.
- Transmission of an STD may be caused by direct contact.

FEMALES – Are you:

Pregnant?	Y	N	Due:
Taking Birth Control?	Y	N	
Currently Nursing?	Y	N	

Follow-up questions

- If pregnant
 - When are you due to deliver?
 - Are you under the care of a physician?
- If taking birth control
 - What type of birth control do you practice?
- If currently nursing
 - Do you have any concerns about breast feeding while you are receiving dental care?

Dental concerns

- If pregnant
 - Patients at high risk for caries should have dental treatment completed before the baby is born.
 - Patients in the last trimester of pregnancy may find sitting in the dental chair uncomfortable.
 - Limit radiographs to only those necessary.
- If taking birth control
 - Some antibiotics can interfere with birth control pills (consult your dental drug reference.)

- If currently nursing
 - Medications used in dentistry can be transferred to the infant through breast milk.

Exam Checklist

Pt. Number: _____ Date: _____
 CC: _____
 Duration: _____ Pain Scale: _____
 CC: () cold () palpation () percussion () mobility I II III () abscess/drainage fistula
 EPT _____
 Dental History: _____
 Family History: _____
 Medical Alerts: _____
 Photographs Taken: _____

Vitals:

BP: _____
 Temp: _____
 Pulse: _____
 Resp: _____
 Weight: _____

Max Dosage –Local: _____

Oral Cancer Screening:

Location: _____
 Color: _____
 Texture: _____
 Size: _____
 Borders: _____
 Height/Depth of Lesion: _____
 Mobile/Fixed: _____
 Symptoms: _____
 Duration: _____

Follow-up Recommended:

PSR:

Gingiva

Color: _____
 Tissue appearance (stippled, bulbous, inflamed): _____
 Bleeding on Probing: _____
 Plaque: _____
 Calculus: _____
 Bone loss: _____
 Recession: _____
 Gingival Diagnosis: _____

Radiographic Findings

Caries: _____
 Bone loss: _____
 Root Canal Treatment: _____
 Impacted Teeth: _____
 Radiographic pathology: _____

Occlusion

Right	Molar	I	II	III	TMJ: _____
Left	Molar	I	II	III	

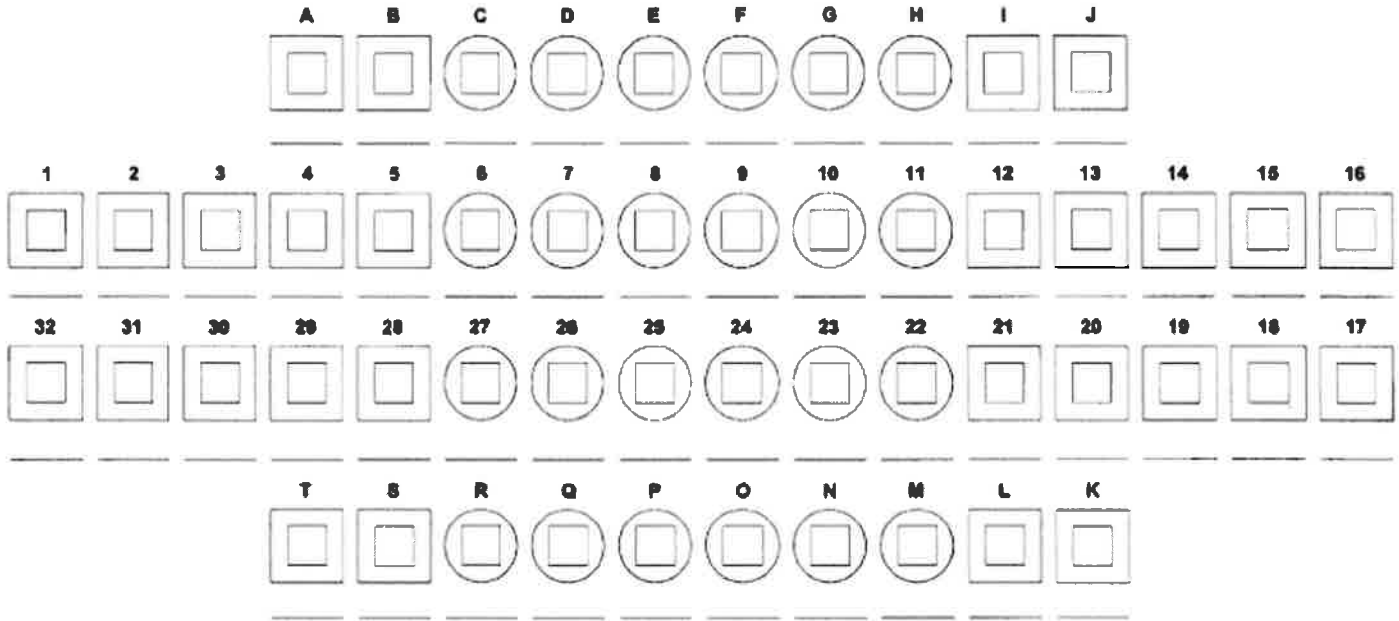
Crossbite: Posterior – left, right Anterior – left, right
 Overbite: _____ %
 Overjet: _____ mm

Orthodontic Referral: YES/NO

Teeth

Enamel Defects: _____

Mobility: _____



1.		17.	
2.		18.	
3.		19.	
4.	A.	20.	K.
5.	B.	21.	L.
6.	C.	22.	M.
7.	D.	23.	N.
8.	E.	24.	O.
9.	F.	25.	P.
10.	G.	26.	Q.
11.	H.	27.	R.
12.	I.	28.	S.
13.	J.	29.	T.
14.		30.	
15.		31.	
16.		32.	

CARIES RISK ASSESSMENT

CARIES RISK INDICATORS	LOW CARIES RISK	MODERATE CARIES RISK	HIGH CARIES RISK
Clinical conditions	<ul style="list-style-type: none"> • No carious teeth during past 24 mos. • No enamel demineralization • No visible plaque 	<ul style="list-style-type: none"> • Carious teeth during past 24 mos. • 1 area of enamel demineralization • Susceptible pits & fissures (< age 20) 	<ul style="list-style-type: none"> • Carious teeth in past 12 mos. • More than 1 area of enamel demineralization • Radiographic caries • Exposed root surfaces • Wearing dental or orthodontic appliances • Enamel hypoplasia • Xerostomia
Environmental characteristics	<ul style="list-style-type: none"> • Patient lives in community with fluoridated water • No consumption of simple sugars • Patient receives regular dental care 	<ul style="list-style-type: none"> • Patient lives in a community with no fluoridated water, but receives recommended fl_2 applications • Occasional (≤ 2 times per day) between-meal snacks of simple sugars • Eligible for Denali Kid Care • Patient receives irregular dental care 	<ul style="list-style-type: none"> • Patient lives in a community with no fluoridated water and receives no fl_2 applications • Frequent (≥ 3 times per day) between-meal snacks of simple sugars • Eligible for Medicaid • Patient receives irregular or no dental care • Active caries present in household members
General health conditions			<ul style="list-style-type: none"> • Special health care needs

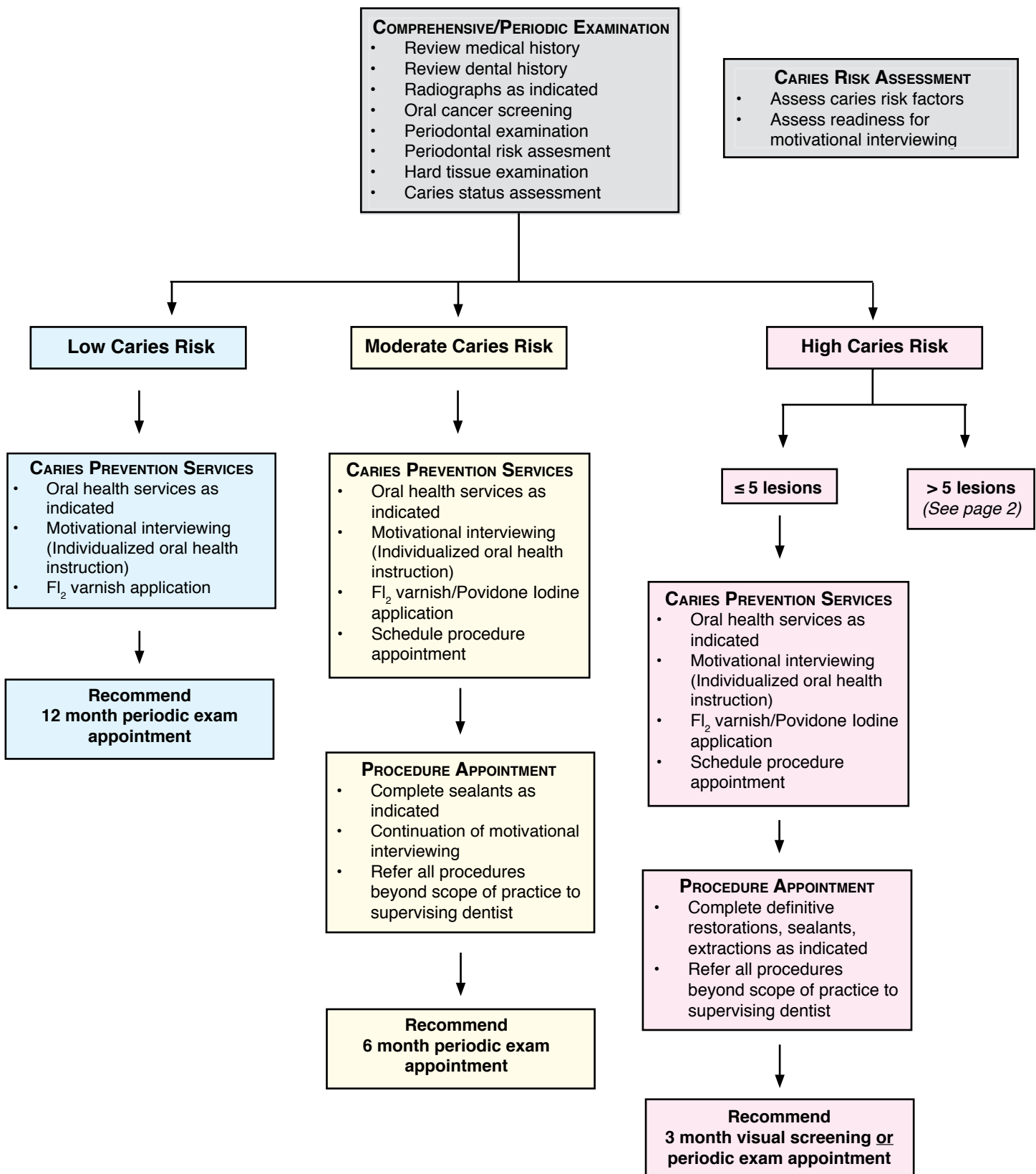
CARIES RISK CATEGORY

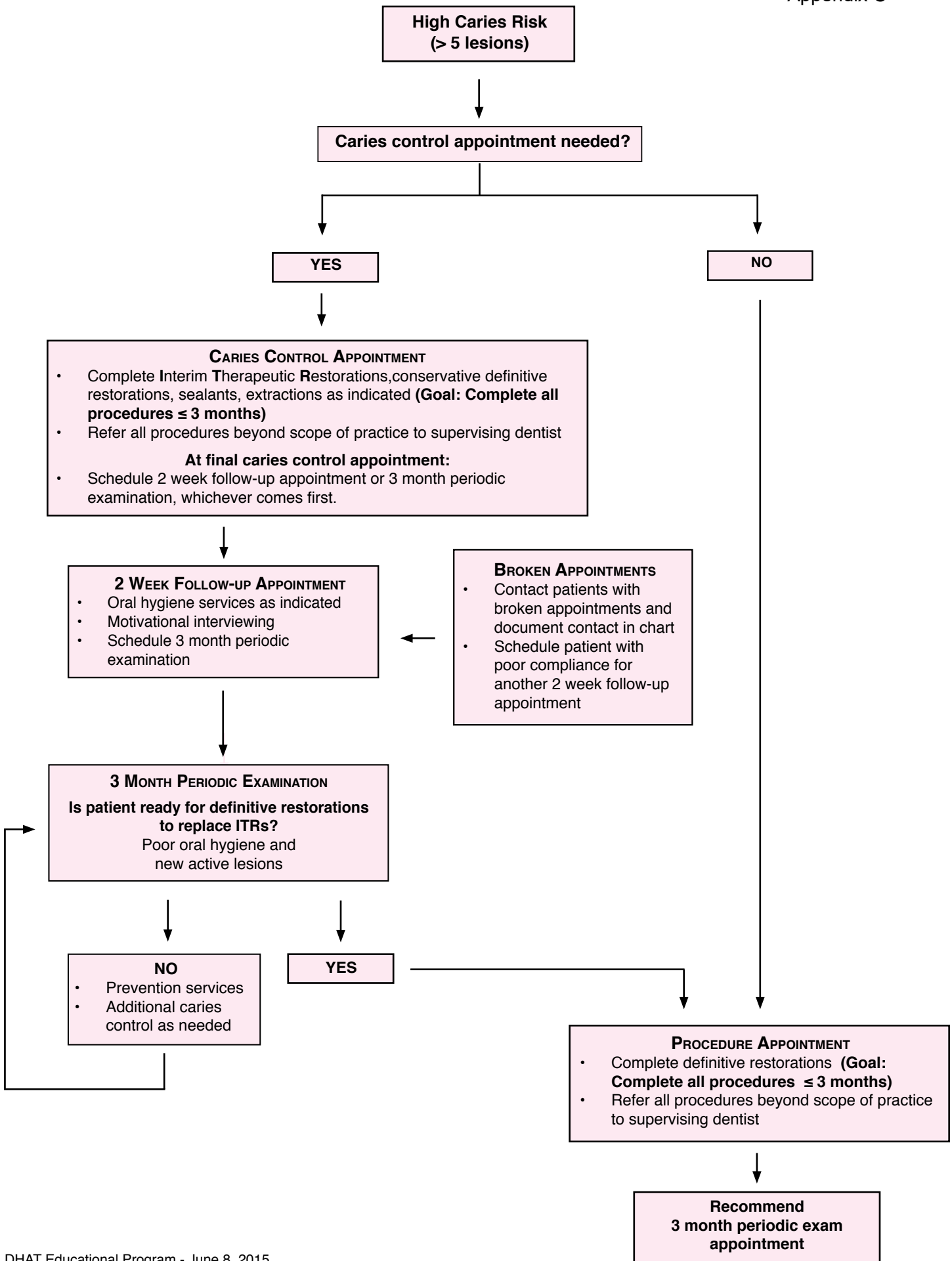
HIGH CARIES RISK: Presence of 1 or more risk indicators from the high risk category

MODERATE CARIES RISK: Presence of at least 1 moderate risk indicator; no high risk indicators

LOW CARIES RISK: Presence of no indicators from moderate risk or high risk categories

CARIES TREATMENT FLOW SHEET





PERIODONTAL RISK FLOW SHEET

LIMITED EXAMINATION

- If calculus inhibits complete examination, schedule for full mouth debridement

Full mouth debridement

COMPREHENSIVE/PERIODIC EXAMINATION

- Review medical history
- Review dental history
- Radiographs as indicated
- Oral cancer screening
- Periodontal examination
- Periodontal risk assesment
- Hard tissue examination
- Caries risk assessment

PERIODONTAL RISK ASSESSMENT

- Complete PSR (for mixed dentition, probe only fully erupted, permanent central incisors and first molars)
- Assess periodontal disease risk factors (see below)

Low Periodontal Risk

Moderate Periodontal Risk

High Periodontal Risk

PERIODONTAL PREVENTION SERVICES
PSR score of 0,1, or 2

- Motivational interviewing (Individualized OHI)
- Prophylaxis if indicated

PERIODONTAL PREVENTION SERVICES
PSR with 1 score of 3

- Motivational interviewing (Individualized OHI)
- Prophylaxis as indicated
- Schedule 2 week follow-up if needed for OHI, tissue evaluation, & PSR

HIGH PERIODONTAL RISK REFERRAL
PSR with ≥ 2 scores of 3 or 1 score of 4

- Motivational interviewing
- Refer to supervising dentist
- Consult with supervising dentist on recall interval & perio services

Recommend 12 month periodic exam appointment

Recommend 6 month periodic exam appointment

PERIODONTAL DIAGNOSIS

Disease:

- Gingivitis** Red, bleeding gums, sometimes enlarged, swollen or tender. Generally no attachment or bone loss.
- Periodontitis**

Type:

- Chronic** Usually slowly progressive disease with loss of gum attachment and bone
- Aggressive** Highly destructive, with rapid attachment loss and bone destruction, usually affecting patients under age 30

Location:

- Localized** < 30% of sites
- Generalized** > 30% of sites

Severity:

- Slight** 3-4mm pockets, up to 30% horizontal bone loss
- Moderate** 4-7mm pockets, 30 to 50% bone loss
- Severe** > 7mm probing depth, more than 50% bone loss

PSR

Code 0

- Colored band of probe completely visible (no pockets present)
- No bleeding on probing
- No calculus

Code 1

- Colored band of probe completely visible (no pockets present)
- Bleeding on probing
- No calculus

Code 2

- Colored band of probe completely visible (no pockets present)
- Calculus and/or defective margins

Code 3

- Colored band of probe only partly visible (pockets present)

Code 4

- Colored area of probe not visible (deep pockets present)

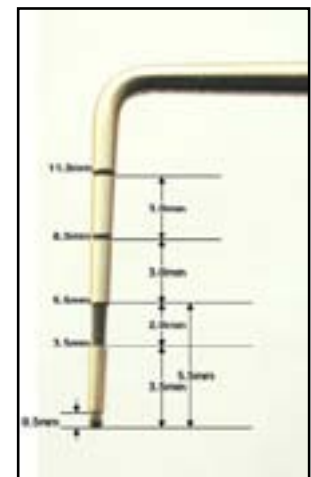
Code X

- 1 or no teeth remaining in the sextant

PERIODONTAL DISEASE RISK FACTORS

- Uncontrolled diabetes
- Tobacco use

Presence of these risk factors may increase periodontal risk or require consultation with supervising dentist to determine risk category.



<u>Tooth Preparation</u>		
Isolation	4 3 2 1	4 3 2 1
Preparation	4 3 2 1	4 3 2 1
Caries Removal	4 3 2 1	4 3 2 1
Cavity Check (bases, liners, bands, etc)	4 3 2 1	4 3 2 1
<u>Restoration</u>		
Final Restoration (finish, occlusion, contact, anatomy, margins, etc)	4 3 2 1	4 3 2 1
Restoration SSC	4 3 2 1	4 3 2 1
<u>Pulp Therapy</u>	4 3 2 1	4 3 2 1
<u>Extraction</u>	4 3 2 1	4 3 2 1
<u>Post-Operative Instructions</u>	4 3 2 1	4 3 2 1
<u>Management</u>		
Time Management	4 3 2 1	4 3 2 1
Student Interaction with Patient	4 3 2 1	4 3 2 1
Behavior Management (for normal patient)	4 3 2 1	4 3 2 1
Record Keeping (SOAPE, Tx planning, signatures, etc)	4 3 2 1	4 3 2 1
Professionalism	4 3 2 1	4 3 2 1
<u>Difficulty of the procedure</u>	Complex/Average Simple	Complex/Average Simple
<u>Difficulty of the patient</u>	Complex/Average Simple	Complex/Average Simple
<u>Independence Level</u>	4 3 2 1	4 3 2 1
<u>Dental Assisting</u>	4 3 2 1	4 3 2 1

4=Sourdough; 3=First Mate; 2=Greenhorn; 1=Clinically Unacceptable

Student

June 2017

Grading Criteria

Rating criteria for the Patient Encounter Evaluation Form (PEEF) June 2017			
	4 - Sourdough	3 - First Mate	2 - Greenhorn
Patient presentation	Present pertinent/significant medical/dental history, chief complaint, planned treatment and any proposed changes to treatment plan; verify clinical and radiographic findings	Did not include one item.	Did not include 2 items.
Comprehensive/Periodic Treatment Plan	Include all findings and information as documented on the Exam including risk assessments; and treatment planned is consistent with documented patient needs; and identify services outside scope of DHAT	Did not include 1 item.	Did not include 2 items.
Application of Treatment Plan	Previous chart entries reviewed, chief complaint is solicited; additional information solicited as needed; evidence-based dentistry is used to justify changes to the treatment plan/choice of materials	Did not include two items.	Did not include 3-4 items.
BW x-rays (set)	None of the following errors: overlapped contacts, cone cut, critical area missing, exposure error, image backwards, occlusal plane not level, and no retakes	2 or less errors; no retakes	3 errors; 1 retake
Other x-rays	No errors: cone cut, critical area missing, exposure error, image backwards, foreshortening, elongation, and no retakes	2 or less errors or less than 1 retake	3-4 errors or 2-3 retakes
Scaling (Ultrasonic or Hand)	All calculus and plaque removed and no tissue damaged	Calculus or plaque remains in 1 or more sextants with minimal tissue damaged	Calculus or plaque remains in 2 or more sextants with minimal tissue damaged
TB prophylaxis	All disclosing solution removed	Disclosing solution remains in 1 sextant	Disclosing solution remains in 2 or more sextants
Rubber Cup Polish	All extrinsic stain removed	Extrinsic stain remains in 1 sextant with minimal tissue damaged	Extrinsic stain remains in 2 or more sextants with minimal tissue damaged
Motivational Interviewing	Documented plans and goals for follow-up	Missing documented plans or goals for follow-up	No documented plans or goals for follow-up
Sealant	Cover susceptible pits and fissures; appropriate choice and thickness of material	Cover susceptible pits and fissures; poor choice of material or inappropriate thickness of material	Missing a susceptible pit or fissure
Anesthesia	Effective, dosage correctly calculated.	Required addition injections, dosage correctly calculated.	Greater than 2 attempts required to deliver adequate per procedure, dosage correctly calculated.
Isolation	Rubber dam used; dam is not torn and does not leak	Rubber dam used; dam is torn or leaks	No rubber dam used, cotton roll isolation adequate for procedure
			Isolation is not adequate for procedure
			1 - Clinically Unacceptable
			Did not include 3 or more items. Failed to do patient presentation or did not present medical alerts.
			Did not include 3 or more items.
			Did not include 5 or more items.
			4 or more errors and the instructor has to retake 1 or more BWXs
			5 or more errors or more than 3 retakes; instructor determines retake necessary
			Calculus or plaque remains in 3 or more sextants or significant tissue damaged
			Disclosing remains in 3 or more sextants
			Extrinsic stain remains in 3 or more sextants with significant tissue damaged
			Did not document motivation interviewing
			Two or more susceptible pit or fissure not covered or sealant pops off
			Instructor has to provide anesthesia or dosage incorrectly calculated
			Isolation is not adequate for procedure

Grading Criteria

	4	3	2	1 - Clinically Unacceptable
Preparation	No correction requested by the instructor based on the preclinical criteria	1-2 modifications suggested by the instructor	More than 2 corrections requested by the instructor; or any damage to the adjacent tooth requiring mechanical smoothing/polishing	Excessive and unnecessary tooth structure removed resulting in a restoration that is 25% larger than deemed necessary; or uncorrectable damage to the adjacent tooth; or requiring an addition restorative procedure
Caries Removal	All caries at marginal areas are removed	1-2 marginal areas not clear of decay	More than 3 marginal areas not clear of decay; or instructor must complete caries removal	Excessive unnecessary, unanticipated pulpal exposure
Cavity Check (base, liners, bands, /matrix, wedges, etc.)	Bases, liners, bands/matrix, or wedges are appropriately selected and properly placed; no correction needed	1-2 corrections in selection and placement of bases, liners, bands/matrix, or wedges	More than 2 corrections in selection and placement of bases, liners, bands/matrix, or wedges	Instructor has to select and place bases, liners, bands/matrix, or wedges
Restoration - final restoration (finish, occlusion, contacts, anatomy, margins, etc)	Surface of the restoration is smooth with no over or under filled; anatomical form is continuous with the existing contours, cusps, planes, grooves, and marginal ridges; interproximal contacts are smooth, in the occlusal 1/3 of the tooth; occlusion is restored with no lateral interferences; good selection with shade between restoration and adjacent tooth structure (resin)	Present with 2 or less deficiencies.	Present with 3 or more deficiencies. Required some help required from instructor to complete the restoration.	Restoration must be completed by the instructor or replaced at another visit.
Restoration SSC	Crown occlusal surface level with adjacent teeth; mesial and distal contact restored; margins 1.0 mm under the gingival sulcus; crown fits tight, with no gaps, and does not rock; margins are smooth and curved; all cement removed.	Present with 2 or less deficiencies	Present with 3 or more deficiencies. Some help required from the instructor to complete the procedure.	Crown must be re-done or done by instructor
Pulp Therapy	Effective; dosage correctly calculated.	Limited access to pulp chamber or incomplete removal of infective tissue; inappropriate material proposed or applied.	Instructor must complete procedure.	Irreversible damage to the tooth.

Grading Criteria

	4	3	2	1 - Clinically Unacceptable
Extraction	All required documents are complete and signed; appropriate armamentarium is set out in the unit; tooth is removed as possible with no damage to adjacent teeth or structures; airway is protected; Post-op instructions are provided verbally and in writing to patient; pain medication is dispensed appropriately; tissues are disposed of in accordance with policy; no assistance is required from instructor.	All required documents are complete and signed; appropriate armamentarium is set out in the unit; tooth is removed as atraumatically as possible with no damage to adjacent teeth or structures; airway is protected; Post-op instructions are provided verbally and in writing to patient; pain medication is dispensed appropriately; tissues are disposed of in accordance with policy; some assistance is required from instructor.	All required documents are complete and signed; appropriate armamentarium is set out in the unit; tooth is removed as atraumatically as possible with no damage to adjacent teeth or structures; airway is protected; Post-op instructions are provided verbally and in writing to patient; pain medication is dispensed appropriately; tissues are disposed of in accordance with policy; procedure is completed by instructor.	Documents are incomplete or not signed. Irreversible damage to adjacent teeth or structures
Post-Operative Instructions	Post-op instructions given for all procedures performed	Post-op instructions not given for 1 procedure performed	Post-op instructions not given for 2 or more procedures performed	No post-op instructions given
Time Management	Procedure(s) completed in the expected amount time. Additional procedure added when time allows.	Procedure(s) completed in the expected amount time.	Procedure(s) not completed in the expected amount time.	Significant overrun of the time in an excess of 20-30 minutes
Student Interaction with Patient	Student interacts with patient with appropriate language; sensitive to patient apprehension; student is culturally sensitive; student is able to elicit appropriate information; student gives positive feedback	1-2 lapses in student interaction with patient with appropriate language, sensitivity to apprehension, cultural issues; eliciting appropriate information or giving positive feedback	More than 2 lapses in student interaction with patient with appropriate language, sensitivity to apprehension, cultural issues; eliciting appropriate information or giving positive feedback	Patient leaves operatory without treatment due to interaction with student.
Behavior Management (for normal patient)	Able to manage the situation independently and provide treatment	Able to manage with initial assistance and provide treatment	Able to manage with continuous assistance and provide treatment	Unable to manage and provide treatment
Record Keeping (SOAPE, Tx Planning, Signatures, etc)	No corrections needed to SOAPE notes or codes.	1-3 corrections needed to SOAPE notes or codes.	4-6 corrections needed to SOAPE notes or codes.	More than 7 corrections needed to SOAPE notes or codes or corrections not made after initial request from instructor.
Professionalism	Adhere to professional behaviors in terms of punctuality, dress, willingness to work, interpersonal relationships and integrity	1-2 lapses in adhering to professional behaviors	3-4 lapses in adhering to professional behaviors	More than 4 lapses in adhering to professional behaviors

Grading Criteria

	4	3	2	1 - Clinically Unacceptable
Difficulty of the procedures	Complex	Average	Simple	
Difficulty of the patient Independence Level	Complex No intervention by the clinical instructor	Average One or two minor interventions by the instructor	Simple Three or more minor interventions by instructor	Major intervention by instructor
Dental Assisting	Communicate with assistant of planned procedures and changes to procedures; gives assistant clear and concise instructions; checks assistant's notes and charting as needed; maintains positive communication with assistant; checks setups prior to beginning procedure.; communicates behavioral plan prior to seating patient; introduces assistant to patient; treats assistant as co-professional; requests instruments rather than grabbing them in accordance with four-handed dentistry techniques.	1-2 lapses in communicating with assistant of planned procedures	3-5 lapses in communicating with assistant of planned procedures	More than 5 lapses in communicating with assistant of planned procedures

**Alaska Dental Therapy Educational Program
Oral Presentation Evaluation Form**

Name:

Date:

Presentation:

Criteria	4	3	2	1	Points
Attention to Audience/ Speaking Skills	Engaged audience and held their attention throughout with creative presentation slides/strategies, articulation, connecting with audience through regular and direct eye contact, enthusiasm, and focused presentation. Interacted with the audience through two way conversation and open ended questioning. Correct pronunciations of terms	Engaged audience and held their attention most of the time by using good presentation slides/strategies, remaining on topic, regular eye contact with audience, and presenting facts with enthusiasm. Correct pronunciations of terms	Little attempt to engage audience, monotone voice, irregular eye contact with audience. Presentation slides very plain. Fast speaking rate, incorrectly pronounces terms, little expression, mumbling	Did not attempt to engage audience. Incorrectly pronounces terms, speaks too softly, seems uninterested in material	
Organization	Development of topic is clear starting from introductory slide outlining the presentation and learning objectives. Used specific and appropriate examples. Transitions are smooth and logical. Presentation is easy to follow.	Sequence of information is logical, but not well explained. More clarity with transitions is needed. Presentation is easy to follow.	Content is loosely connected, transitions lack clarity and/or student jumps around.	Presentation is disorganized and hard to follow.	
Content	Exceptional use of examples from the literature that are appropriately cited. Material illuminates or tells the story of the topic; Strongly supported by evidence based dentistry and medicine.	Information relates to a topic; many relevant points, but they are somewhat unstructured; missing cites or inappropriately cited material; Supported by evidence based dentistry and/or medicine	Topic is clear, but supporting information is disconnected; Weak references to evidence based dentistry and/or medicine	Topic is unclear and information appears randomly chosen; Not supported by evidence based dentistry or medicine	
Content Knowledge	Student demonstrates conceptual and factual knowledge; is conversant on the topic; ; has no factual errors	Student understands factual knowledge, but is unable to easily assimilate the facts into conceptual understanding; 1-2 minor factual errors.	Student is uncomfortable with the information; is non conversant of the topic; 3 or more factual errors.	Student does not demonstrate understanding of facts or concepts; cannot answer questions about the subject. At least one major factual error.	
Visuals	Visuals are relevant and thought provoking. Text is easy to read and minimized where possible.	Visuals related to text, but do not add to the effectiveness of the presentation. Text is easy to read and minimized where possible.	Slides mostly text with minimal other visual elements. Text is obscured by poor contrast. Text is too wordy.	Slides are text only and/or the text cannot be read due to poor contrast with background. No visual elements outside of the text.	
Mechanics	Student's presentation has no spelling and/ or grammatical errors	Student's presentation has no more than two spelling and/ or grammatical errors	Student's presentation has three spelling and/ or grammatical errors	Student's presentation has four or more spelling and/ or grammatical errors	
Total					/24

Date: February 9, 2017

YUUT ELITNAURVIAT DENTAL TRAINING CLINIC
CLINICAL INSTRUCTOR EVALUATION OF STUDENT

EVALUATION OF STUDENT BY CLINICAL INSTRUCTOR

Clinical Instructor (Name): _____

Rotation Dates: _____

STUDENT NAME: _____

RATINGS: NI= Needs Improvement
 ME = Meets Expectations
 NA= Not Applicable

This form should be completed at the end of a rotation 2 weeks in length or longer. Any Needs Improvement will be discussed by the student progress committee to determine if remediation or probation is necessary.

COMMUNICATION SKILLS

General patient acceptance and rapport	ME	NI	NA
Ability to elicit complete histories	ME	NI	NA
Behavioral management of patients	ME	NI	NA
Patient education	ME	NI	NA
Case presentations to clinical instructor	ME	NI	NA
Overall Communication Skills	ME	NI	NA

* Suggestions for improvement: _____

KNOWLEDGE & LEARNING

Knows public health model of dental caries	ME	NI	NA
Know differential diagnosis and methods	ME	NI	NA
Knows therapy	ME	NI	NA
Knows complications of therapy	ME	NI	NA
Asks good questions and seeks knowledge	ME	NI	NA
Overall Academic Performance	ME	NI	NA

* Suggestions for improvement: _____

CLINICAL SKILLS

Asks appropriate questions of patients	ME	NI	NA
Diagnosis and Treatment Planning	ME	NI	NA
Prevention Services	ME	NI	NA
Operative Skills and Caries Management	ME	NI	NA
Surgical Skills and Anesthesia	ME	NI	NA
Patient Management and Efficiency	ME	NI	NA
Uses consultants appropriately	ME	NI	NA
Overall Clinical Competence	ME	NI	NA

* Suggestions for improvement: _____

RECORD KEEPING

Records in logical order – SOAPE	ME	NI	NA
Records encounters w/reasonable completeness	ME	NI	NA
Writes legibly	ME	NI	NA
Proper grammar and spelling	ME	NI	NA
Overall Record Keeping	ME	NI	NA

* Suggestions for improvement: _____

OVERALL EVALUATION (Please provide a brief overall evaluation of the student.)

Signature of Clinical Instructor: _____ Date: _____

Signature of Student: _____ Date: _____

Village:

Village Population:

DHAT:

Problem (Oral Health):

Objective: (measurable, usually a percentage reduction or improvement over baseline)

individuals impacted: directly:
Indirectly:

hours required:

Expected Health improvement:

Activities:

Permissions Required:

Resources:

Village:

Village Population:

Objective:

DHAT:

Evaluation:

Baseline:

Outcome:

Permissions required for evaluation of Baseline/Outcome measures:

Consulted with: _____ Date: _____

Activity	Evaluation	Successful?	Notes

Evaluation Timeline:

Clinical Protocol for Deep Caries Removal

Summary: The Alaska Dental Therapy Educational Program teaches appropriate diagnosis of a normal pulp or reversible pulpitis and recommends retention of deep caries encroaching on the pulp followed by a permanent seal with a glass ionomer cement, and permanent restoration. Minimally invasive dentistry facilitates the avoidance of pulpal exposure when possible.

The Problem

Traditional treatment for carious lesions consists of removal of the caries, including all de-mineralized dentin and unsupported enamel rods with extension to include pits and fissures. It includes a dictated outline form and an internal form that provides for mechanical retention of the restoration. These long-held guidelines often result in removal of sound tooth structure and, in the case of deep caries, poses a significant risk to direct pulp exposure.

Alaska Native children experience tooth decay rates 2.5 to 5 times higher than the national average, and at least one-third of children of all ages have missed time at school as a result of dental pain. Deep caries remains a significant problem for dentists and dental health aide therapists treating this underserved population. Because barriers to dental care for Alaska Natives remain high, direct pulp exposure often leads to dental pain and loss of teeth. Endodontic therapy by dental therapists is not yet an option, and root canal treatment may be available only by traveling to regional clinics where the nearest dentist is available.

The Literature

Evidence that caries development is arrested in sealed lesions has been gathering since the 1970s when Handelman and colleagues placed sealants on 60 teeth with carious lesions extending into the dentin and for two years sampled the teeth for bacterial culture. They found a substantial decrease in the number of cultivable microorganisms in sealed lesions – most occurring within two weeks after treatment, when compared with the unsealed control teeth.ⁱ

In 1998 Mertz-Fairhurst, et al, reported a 10-year clinical trial comparing teeth restored with sealed resin-based composites after partial caries removal (leaving a carious layer of soft dentin) versus sealed and unsealed amalgams after complete caries removal. Clinical and radiographic follow-up at six months, and at one, two, five and 10 years showed no differences between groups at any time of follow-up. They concluded that removal of infected tissue is not essential to arrest the cariogenic process.ⁱⁱ

A study to assess radiographic changes after incomplete carious dentin removal and tooth sealing found that after 14-18 months there was an increase of the radiographic opacity of radiolucent zones, suggesting mineral gain and an arrest of lesion progression. The

authors concluded that complete dentin caries removal appears not essential to control caries progression.ⁱⁱⁱ

In a 2006 systematic review of the literature, Ricketts, Kidd, and colleagues found four studies comparing complete and minimal caries removal. Partial (ultraconservative) caries removal in symptomless primary or permanent teeth reduced the risk of pulp exposure with no detriment to the patient in terms of pulpal symptoms. This suggests that partial caries removal is preferable to complete caries removal in the deep lesion.^{iv}

In the same review the authors cautioned that insufficient evidence exists to know whether it is necessary to re-enter and excavate further using the stepwise excavation technique. This clinical technique involves partial removal of the soft dentin caries at the first visit with restoration, and re-opening after a period of weeks or months. Two of the studies, however, did not involve re-entry, and there were no adverse outcomes.

Ricketts argues that success of ultraconservative caries removal is dependent upon the integrity of the restoration and its seal. With the evolution of new dental materials that enable long-term predictability of a stable seal, leaving infected dentin has become a viable clinical option. However, regular recall appointments remain essential to identify any lost restoration at an early stage.^v

Despite growing evidence that complete caries removal is unnecessary, clinicians as a whole have yet to embrace this new paradigm. A recent survey of dentists within a practice-based dental research network found that approximately 20 percent of a network of dentists favored partial caries removal techniques.^{vi}

In summary, Edwina Kidd, whose text, *Essentials of Dental Caries*^{vii}, is an essential textbook for students of cariology, has concluded that the evidence on leaving infected dentin:

Makes uncomfortable reading for those of us teaching operative dentistry. There is no clear evidence that it is deleterious to leave infected dentine, even if it is soft and wet, prior to sealing the cavity. Indeed, this cautious approach may be preferable to vigorous excavation because fewer pulps will be exposed and sealing the dentine from the oral environment encourages arrest of lesion progression.^{viii}

Clinical Protocol for Deep Caries Removal

Based upon results of the available clinical research, the following clinical protocol for deep caries removal is designed to lower the risk of direct pulp exposure:

- Consult with the clinical instructor prior to excavation of soft dentin in a tooth with deep caries present. The diagnosis of symptomatic or asymptomatic irreversible pulpitis is a contraindication to this technique.
- Remove all caries at the enamel-dentin junction, leaving any residual stain found in the remaining hard dentin tissue.

DHAT Portfolio
Table of Contents

Required Information for Supervisors

DHAT Scope of Practice

DHAT Supervision Definitions

Ilisagvik Diploma

Certificate of Dental Therapy Program Completion (Required)

BLS Certificate (Required)

Standing Orders (Required)

CHAP Certification Board Application Process

CHAP Certification Board Application Checklist

CHAP Certification Board Application

Continuing Education Record (Required)

Re-Certification Progress (Required)

DHAT Observation Log

DHAT Procedure Checklist

Recommended Additional Materials

Orientation Checklist

-Policy and Procedures

-Infection Control Management

Ordering Supplies

Referrals Management

Case Tracking

Village Travel Schedule

Productivity

Community Projects

Chart Reviews, Quality Assurance

Site Visit Reports

Required Documents must be available for review by the Community Health Aide Program
Certification Board upon request.

DHAT Scope of Practice

The DHAT Scope of Practice is determined by federal law and is outlined in the Community Health Aide Program Certification Board Standards and Procedures. List of the procedures that are within a DHATs scope of practice are below.

DHAT CRITICAL PROCEDURES
Diagnosis and Treatment Planning
Toothbrush Prophylaxis
Application of Topical Fluoride
Dental Charting
Extra Oral and Intra Oral Photographs
Dental Prophylaxis – scaling and polishing to remove calcareous deposits, accretions, and stains from the coronal or exposed surface of the tooth.
Sealant
Dental Radiograph – BWX (2 or 4)
Dental Radiograph – PA (anterior)
Dental Radiograph – PA (posterior)
ART – remove gross caries with hand instruments; mix/place and contour appropriate restorative material
Placement and finishing of Class I dental amalgam (simple)
Placement and finishing of Class II dental amalgam (simple)
Placement and finishing of Class V dental amalgam (simple)
Placement and finishing of Class I dental composite (simple)
Placement and finishing of Class III dental composite (simple)
Placement and finishing of Class V dental composite (simple)
Placement and finishing of cusp protected amalgam (complex)
Placement and finishing complex Class II dental amalgam
Placement and finishing of Class II dental composite (complex)
Placement and finishing of Class IV dental composite (complex)
Stainless Steel Crown
Pulpotomy on deciduous tooth
Extraction of primary tooth
Extraction of permanent tooth
Administration of local anesthetic

Extractions of Permanent Teeth

Excerpt from the CHAP CB Standard and Procedures – Amended Section 2.30.610 Dental Health Aide Therapist Supervision and Competencies

2.30.610 (a) Dental Supervision. Dental health aide therapist services may be performed under this section by a dental health aide therapist under the general supervision of a dentist provided the dental health aide therapist has met the requirements of this section. Pulpal therapy (not including pulpotomies on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment.

Dental Health Aide Therapist Standing Orders

In recognition of your completed education and demonstrated proficiency, as proscribed by the *Community Health Aide Program Certification Board- Standards and Procedures*, as amended, Section 2.30.600 [Dental Health Aide Therapist Training and Education Requirements], achieved by graduating from:

_____ on _____

and by completing a clinical preceptorship under the direct supervision of a dentist for a minimum of 3 months or 400 hours, whichever is longer, performing all competencies required of a Dental Health Aide Therapist as outlined in Section 2.30.610(b) (1), (2) and (3) independently and to the satisfaction of your preceptor dentist, and holding a current Dental Health Aide Therapist certificate number: _____

You are given these Standing Orders, in accordance with the attached individualized instructions, to provide the services, treatments, disease prevention, and education outlined in *the Community Health Aide Program Certification Board- Standards and Procedures*, as amended, Section 2.30.610 (b)(3) [Dental Health Aide Therapist Training Supervision and Competencies; Competencies], performed to the standards set forth in your training and preceptorship.

Should the relevant standards be expanded to include any additional procedures or services, you must be trained and proctored by a person authorized by the standards (usually a dentist) prior to providing those services.

ALWAYS report to your referral doctor (or dentist) any variation from the typical presentation. If you are unsure of your assessment, report prior to providing treatment. If you cannot reach your referring doctor, use your best judgement, along with the CHAM guidelines, until a referral doctor (or dentist) can be reached.

ALWAYS refer any conditions outside the scope of your training or standing orders.

I understand my individualized Standing Orders, and that they are limited by the above statements, and limited by the attached instructions. I understand these orders must be reviewed and re-signed by myself and my supervising dentist every 2 years and within 3 months if there is a change of my supervising dentist.

Dental Health Aide Therapist signature

Date signed

Collaborating Dentist signature

Date signed

Dental Health Aide Therapist Standing Orders

Individual instructions for: _____

Service	Instructions	CHAP-CB Standard
Topical fluoride application	Providing topical fluorides, including gels, foam, varnish and rinses.	2.30.110
Diet education	As it relates to oral health	2.30.110
OHI	Oral hygiene instructions	2.30.110
Taking medical and dental history	Problem- specific medical and dental history taking as it relates to oral health	2.30.210
Charting	Dental charting and patient record documentation	2.30.210
Sterilization	Instrument handling and sterilization procedures, maintain validation tests and logs	2.30.210
Photographs	Intraoral and extraoral	2.30.210
Sealants	Placement and maintenance using appropriate material, technique and occlusion	2.30.220
Prophy	<p>Toothbrush, hand scaling, ultrasonic or piezoelectric cleaning and rubber cup polishing of the coronal/ exposed surfaces of teeth</p> <p>Report prior to treatment if:</p> <ul style="list-style-type: none"> • If pocketing is greater than 4 mm • If subgingival calculus is clinically or radiographically evident • If teeth have more than class I mobility • If bone loss is more than 10% 	2.30.230
Radiographs	Panoramic, extraoral, and intraoral	2.30.240
ART	<p>Use of hand instruments for excavation of gross caries. Mixing, placing and contouring appropriate restorative material</p> <ul style="list-style-type: none"> • For teeth with asymptomatic decay or clearly reversible pulpitis and patient behavior or equipment availability indicates • Or as initial caries control as part of a sequenced treatment plan 	2.30.260
SSC	<p>Stainless Steel Crown prep, fit and placement</p> <ul style="list-style-type: none"> • Deciduous teeth • Permanent teeth 	2.30.550

(Continued on page 3)

Dental Health Aide Therapist Standing Orders

(Continued from Page2)

Service	Instructions	CHAP-CB Standard
Fillings	Excavate and place restorations using material appropriate for patient and the tooth, with appropriate bonding agents when indicated: <ul style="list-style-type: none"> • Composites(Resin, RMGI and GI) • Amalgams • Cusp protected amalgams 	2.30.610
Diagnosis and treatment of caries	Observations must be documented that support the assessment and a plan for treatment, not just restoration, must be written	2.30.610
Pulpotomies	On deciduous teeth	2.30.610
Uncomplicated extractions	With prior evaluation of the x-ray and consultation when appropriate, for proximity to the mandibular canal, proximity to the maxillary sinus, root fractures or dilacerations, multiple roots, a well-defined periodontal ligament space and enough clinical crown to luxate the tooth. <ul style="list-style-type: none"> • Primary teeth (NO report required) • Permanent teeth (ALWAYS Report) 	2.30.610
Emergency services	To alleviate pain and infection	2.30.610
Local anesthesia	For intraoral procedures	2.30.610
Refer for space maintenance	Recognize and refer conditions needing space maintenance	2.30.610
Maintain dental equipment	Maintain and repair user-serviceable parts to typical fixed and portable dental equipment	2.30.610
Community program development	Development and carrying out a community oral health education and disease prevention program	2.30.610

 Collaborating Dentist signature

 Date signed

 Collaborating Dentist printed name

COMMUNITY HEALTH AIDE PROGRAM CERTIFICATION BOARD
APPLICATION PROCESS OVERVIEW FOR DENTAL HEALTH AIDES

Office telephone number: 907-729-3624

Email address: chapcb@anthc.org

WEBSITE: www.akchap.org

The website maintains information regarding the CHAP program. CHAPCB application forms, *CHAPCB Standards and Procedures*, contact information, upcoming events and links to other health organizations are on the website.

CHAPCB Application process:

All applications for certification are received and screened through the CHAPCB office. The Board currently meets three times a year, January, June and October.

Applications are accepted no earlier than 3 months prior to a Board meeting date and 3 months before the health aide certification will expire to ensure dates and signatures on the application are current.

The deadline for accepting applications is one week prior to a Board meeting date. This is to have time to process, screen applications and create reports for the meeting. Applications are screened to ensure all lines are filled in; dates are dated after last required training component is completed and that supporting documents are attached. An application will not be forwarded to the Board for review which has any pending any items.

The Board accepts applications in an electronically scanned format (Adobe pdf) or by hard copy which can be the original, copy, or facsimile. Original documents with signatures are recommended to be maintained within the organization.

Applications can be processed without application process fees received. The CHAPCB office can bill the organization. A statement is generated for each organization annually and a statement is sent to each organization after each meeting with activity.

Formal action to approve/deny applications is completed during regular Board meetings.

CHAPCB certification records are kept in electronic and paper formats and are maintained in the CHAPCB office.

Term of Certificate (*CHAPCB Standards and Procedures, as amended*)

Sec. 2.50.010. Effective Date. The effective date is the date of issuance under section 2.50.020 [date of issuance].*

Sec. 2.50.020. Date of Issuance. The date of issuance of a certificate shall be the date the certificate is provisionally approved by the staff of the Board or final Board approval is granted, whichever is earlier.*

Sec. 2.50.100. Expiration. A certificate as a community health aide, community health practitioner, dental health aide, behavioral health aide, or behavioral health practitioner expires two years from the last day of the month in which the Board took final action to approve the certificate.*

**Community Health Aide Program Certification Board Standards and Procedures, as amended.*

TRANSITIONAL AND TEMPORARY CERTIFICATION:

The CHAPCB office can provide transitional/temporary certification between board meetings provided the application is complete (*CHAPCB Standards and Procedures*, Chapter 9. Sec. 10.10.015. and 10.10.020).

AUDITS

The Board considers the audit process as a way to maintain quality assurance to ensure that certified Health Aides meet or exceed the requirements of the *Community Health Aide Program Certification Board Standards and Procedures*, as amended. The Board will be performing random audits to assure this standard is maintained.

CHAPCB Database

The database is where all current and past information is stored for each CHA/P, BHA/P and DHA. The database is access restricted.

CERTIFICATES

The certificate has the name, title, the duration of the certification, and a certification number composed of three elements:

1. The year of certification;
2. A personal identification number assigned to the CHA/P, BHA/P or DHA throughout their career; and
3. The level of certification.

The certificate requires the signature of the:

1. CHAPCB Chair
2. Alaska Native Tribal Health Consortium CEO
3. Indian Health Service Alaska Area Director

RELEASE OF INFORMATION FOR CHA/PS, BHA/PS AND DHAS

The following information is provided if requested:

1. Employer
2. Term of Certification (Certified date and expiration date)
3. Level of certification
4. Active or Inactive Status
5. Certification Number

CORRESPONDENCE

Emails are sent to each organization of the Boards action shortly after a meeting. Notification letters are sent to each CHA/P, BHA/P and DHA of the Boards action.

Recertification tickler letters are sent 6 months and two months before certification expires.

Employers are sent copies of all correspondence.

Please notify the CHAPCB office when a CHA/P, BHA/P or DHA is no longer employed with your organization.

TRANSFER Between Organizations

Updated application signed by referral physician, or licensed clinician, or supervising dentist, supervisor and employee.

1. No application fee required if currently certified (unlapsed)
2. No CE Log required (if unlapsed)

Community Health Aide Program Certification Board Dental Health Aide Application Process Checklist

The Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides, and behavioral health aides and practitioners. The *Community Health Aide Program Standards and Procedures* outline the qualifications and competencies for each level of DHA practice. A certificate issued by the Board expires two years from the last day of the month in which the Board took final action to approve the certificate.

During the two-year certification period the DHA must keep their BLS certification current. The Board will be performing random audits to assure this standard is maintained. The Board considers the audit process as a way to maintain quality assurance to ensure that certified Health Aides meet or exceed the requirements of the *Community Health Aide Program Certification Board Standards and Procedures*, as amended. A copy of all materials submitted to the CHAPCB should be retained locally based on local policy.

Under the CHAPCB Standards and Procedures:

Sec. 2.10.020. Surrender of a Certificate. A person certified under articles 20 or 30 of these standards shall surrender the certificate to his or her employer or send the certificate to the Board if, at any time during the period in which it would otherwise be in effect, the person no longer meets any requirement of initial certification under section 2.10.010 except subsection 2.10.010(6).

Please refer to the *Community Health Aide Program Certification Board Standards and Procedures, as amended*, for continuing education requirements. CHAPCB Standards and Procedures, applications and other information can be accessed at the CHAP website: <http://www.akchap.org>. Go to the Library/Certification Board.

The Board accepts applications in an electronically scanned format (Adobe pdf) or by hard copy which can be the original, copy, or facsimile. The email address for the CHAPCB is: chapcb@anthc.org. Follow-up with original signatures is not required. You are encouraged to keep a copy of all original documents within your organization.

Initial Application

- Application for Dental Health Aide Certification, Form 08-02D (Revised 05/30/13).
- Have a current BLS certification.
- Each line number of application is completed.
- Each signature line of application is completed.
- Each signature line of application is dated after all training components were completed.
- \$500.00 application process fee required (fee may be submitted separately).

Renewal Application and Change in Level Application

- Application for Dental Health Aide Certification, Form 08-02D (Revised 05/30/13).
- An applicant who has not been employed as a dental health aide an average of at least 15 hours a week for at least six months of the previous 12 months prior to submission of the application must provide evidence satisfactory to the Board that he or she has or will be monitored in the performance of each required competence until her or she has demonstrated successful performance of each. (Sec. 2.50.200 (b))
- The Board, will, in its discretion, reinstate or renew a certificate that has lapsed if the applicant complies with the certificate renewal requirements under section 2.50.200 [requirements for renewal] of the CHAPCB Standards and Procedures, provided that the applicant must provide evidence satisfactory to the Board that the applicant has completed the continuing education requirements under Chapter 3 [continuing education] of the CHAPCB Standards and Procedures. (Sec.2.50.300)
- Applicant must have satisfactory completion of 24 contact hours of continuing education approved by the Board on varied or updated topics during the concluding two-year certification period.
- Attach DHA CE Log, Form 00-03D (Revised 05/30/2013) or the form your agency uses to collect this information. Make sure all dates, topics and sponsors are clearly stated on the form.
- Have a current BLS certification.
- Each line number of application is completed.
- Each signature line of application is completed.
- Each signature line of application is dated after all training components were completed.
- \$500.00 application process fee required (fee may be submitted separately).

Upgrade of Skill Set Under Current Level

- Application for Dental Health Aide Certification, Form 08-02D (Revised 05/30/13).
- Each line number of application is completed.
- Each signature line of application is completed.
- Each signature line of application is dated after all training components were completed.
- No application fee required for upgrades during the two year certification period.**

Temporary Certification

Sec. 10.10.020. Between Board Meetings. Under rules developed by the Board, staff assigned to the Board may issue temporary certifications between Board meetings provided the staff has fully evaluated the application and has determined that the staff would recommend approval of the application to the Board. Such temporary certification is effective only until formal action is taken by the Board on the application.

When requesting temporary certification, please inform Board staff by email or in writing.

For further information or questions please contact the CHAP Certification Board office at:

Community Health Aide Program Certification Board
Authorized by Alaska Area Native Health Service
Administered by
Alaska Native Tribal Health Consortium
4000 Ambassador Drive, 4th Floor
Anchorage, AK 99508
Phone: (907) 729-3624/3642
Fax: (907) 729-3629
Email: chapcb@anthc.org
Web: www.akchap.org

Community Health Aide Program Certification Board Application for Dental Health Aide Certification

Requirements

14. BLS Certification Expiration Date: _____

15. DHA Core Curriculum, See [CHAPCB 7.20.010]*

Date Completed: _____ and Location: _____

16. I am applying for:

Initial Certification

Renewal (every 2 years)

Change in Level

Upgrade of Skill Set Under Current Level

17. Village-Based Dental Practice (This training is required for all PDHA II and EFDHA I or II, if they are not practicing under direct/ indirect supervision at all times, as well as, all DHAH and DHAT applicants.)
See [CHAPCB 7.20.050]*

Date Completed: _____ and Location: _____

Applying for (check one):

LEVEL – PDHA I

	Training Location	Date Training Completed	Date Preceptorship Completed
<ul style="list-style-type: none"> • Primary Oral Health Promotion/Disease Prevention See [CHAPCB 7.20.020]* 			
<ul style="list-style-type: none"> • Basic Dental Procedures See [CHAPCB 7.20.030]* 			

LEVEL – PDHA II

<ul style="list-style-type: none"> • All PDHA I See [CHAPCB 2.30.100-110]* 			
<ul style="list-style-type: none"> • Advanced Dental Procedures See [CHAPCB 7.20.040]* 			NA

One or more of the following Skill Sets:

1. Sealants See [CHAPCB 2.30.220]*			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
3. Dental Radiology See [CHAPCB 2.30.240]*			
4. Atraumatic Restorative Treatment - must have completed 1-3. See [CHAPCB 2.30.260]*			
5. Dental Assistant Function See [CHAPCB 2.30.250]*			

*Community Health Aide Program Certification Board Standards and Procedures, as amended.

Continued on next page

Requirements continued:

	Training Location	Date Training Completed	Date Preceptorship Completed
<input type="checkbox"/> LEVEL – EFDHA I (Must be a Dental Assistant) Number 1 OR 2 required. Numbers 3, 4, 5, 6 optional.			
1. Basic Restorative Functions See [CHAPCB 7.20.200]*			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
Optional Skill Sets for EFDHA I:			
3. Sealants See [CHAPCB 2.30.220]*			
4. Dental Radiology See [CHAPCB 2.30.240]*			
5. Atraumatic Restorative Treatment - must have completed #2-4, #1 not required. See [CHAPCB 2.30.260]*			
6. Stainless Steel Crowns, primary teeth - must have completed #1. See [CHAPCB 2.30.550]*			
<input type="checkbox"/> LEVEL – EFDHA II (Must hold EFDHA I Basic Restorative Functions Certification) Number 1 required. Numbers 2, 3, 4, 5, 6 optional.			
1. Advanced Restorative Functions See [CHAPCB 7.20.210]*			
Optional Skill Sets for EFDHA II:			
2. Dental Prophylaxis See [CHAPCB 2.30.230]*			
3. Sealants See [CHAPCB 2.30.220]*			
4. Dental Radiology See [CHAPCB 2.30.240]*			
5. Atraumatic Restorative Treatment - must have completed #2-4. See [CHAPCB 2.30.260]*			
6. Stainless Steel Crowns, primary teeth See [CHAPCB 2.30.550]*			
<input type="checkbox"/> LEVEL – DHAH			
Graduate of an Accredited School of Dental Hygiene			NA
One or more of the following Skill Sets:			
• Local Anesthetic See [CHAPCB 7.20.400]*			NA
• Atraumatic Restorative Treatment See [CHAPCB 2.30.260]*			
<input type="checkbox"/> LEVEL – DHAT			
Graduate from Accredited School of Dental Therapy or a dental health aide therapist educational program. See [CHAPCB 2.30.600 (1) or (2) and 7.20.500]*			

18. For renewal of certification: Satisfactory performance under the direct supervision of a dentist, dental hygienist, or dental health aide therapist of a minimum of: (i) 80 hours, demonstrating competence in each procedure for which the dental health aide is certified, or (ii) 8 of each procedure for which the dental health aide is certified.
See [CHAPCB 3.10.050(a)(1)(B)]*

Date completed: _____

19. If a two year period has passed since the DHA applied for an initial or renewal certification, attach the DHA Continuing Education Log documenting 24 hours of CE to this application. (CE is 24 contact hours of continuing education approved by the Board on varied or updated topics.) See [CHAPCB 3.10.050 and 3.10.200]*

*Community Health Aide Program Certification Board Standards and Procedures, as amended.

**Community Health Aide Program Certification Board
Application for Dental Health Aide Certification**

Employer Verification

20. I verify that _____ (print name of applicant):

Please **check** each item on lines 21 through 23.

21. _____ The applicant has completed the training and education requirements and is competent to practice at the level of certification being sought. The information provided on Form 08-02D, Dental Health Aide Application, is accurate.

22. _____ The applicant is currently employed by the Indian Health Service or a tribe or tribal health program operating a community health aide program in Alaska under the ISDEAA [PL 93-638, 25 U.S.C. 450 et seq.].

23. _____ The application fee of \$500.00 is enclosed; **or**
_____ The application fee of \$500.00 will be sent separately.

NOTE: The application fee is only required for initial or renewal of certification.

Please make check payable to the Alaska Native Tribal Health Consortium – ATTN: CHAPCB

<p>24. _____ Supervisor Name (Please Print)</p>	<p>25. _____ Supervisor Title (i.e.: CHAP Director, Medical Director, Dental Chief, Chief Executive Officer or other person authorized to sign on behalf of the organization)</p>
<p>26. _____ Supervisor Signature</p>	<p>_____ Date</p>

Please **check** item 27.

27. _____ The applicant will only practice as a DHA under the supervision of a licensed dentist, who is familiar with the CHA/P program, the *Standards* and the CHAM and is employed by the federal government or employed by or under contract with a tribal health program operating a community health aide program in Alaska under the ISDEAA. This requirement does not preclude other dentists, and mid-level providers directing the day-to-day activities of a dental health aide under the direction of the dentist providing medical supervision.

<p>28. _____ Supervising Dentist Name (Please Print)</p>	<p>29. _____ Supervising Dentist Title</p>
<p>30. _____ Supervising Dentist Signature</p>	<p>_____ Date</p>

Dental Health Aide Therapist Observation Log

DHAT NAME: _____

ASSIGNED SITE: _____

SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:

SUPERVISOR(S) FOR RECERTIFICATION (NAME/ TITLE/ SIGNATURE):

Purpose:

The following is a list of procedures that the DHAT has been certified to perform and those procedures included in his/ her Scope of Practice. There is also an observation record to document a minimum of 80 hours of direct clinical observation of the DHAT performing these procedures. A certified DHAT should be able to perform these procedures independently, with clinical competency.

This list of critical procedures and the observation record were reviewed and deemed appropriate by the Dental Academic Review Committee for use when completing recertification requirements.

Directions to the Supervising Dentist:

Please provide an opportunity for the DHAT to perform all of the procedures on this list during the two-year recertification period. (You may simulate experiences if applicable and no appropriate patients are available.) Each procedure must be completed under the direct supervision of a dentist. The DHAT is expected to perform the procedures independently, and in compliance with the established standards.

For the DHAT Critical Procedures Document the supervising dentist should check, initial and date when the DHAT performs the procedure listed independently, with clinical competency.

The Observation Record should be completed by the supervising dentist to record the total number of hours the DHAT is observed under direct clinical supervision.

DHAT CRITICAL PROCEDURES	Reference Number	Clinical Competency Met (Place Checkmark)	Dentist Initials and Date
Toothbrush Prophylaxis			
Application of Topical Fluoride			
Dental Charting			
Extraoral Photographs			
Intraoral Photographs			
Dental Prophylaxis – scaling and polishing to remove calcareous deposits, accretions, and stains from the coronal or exposed surface of the tooth.			
Sealant			
Dental Radiograph – BWX (2 or 4)			
Dental Radiograph – PA (anterior)			
Dental Radiograph – PA (posterior)			
ART – remove gross caries with hand instruments; mix/place and contour appropriate restorative material			
Placement and finishing of Class I dental amalgam (simple)			
Placement and finishing of Class II dental amalgam (simple)			
Placement and finishing of Class V dental amalgam (simple)			
Placement and finishing of Class I dental composite (simple)			
Placement and finishing of Class III dental composite (simple)			
Placement and finishing of Class V dental composite (simple)			
Placement and finishing of cusp protected amalgam (complex)			
Placement and finishing complex Class II dental amalgam			
Placement and finishing of Class II dental composite (complex)			
Placement and finishing of Class IV dental composite (complex)			
Stainless Steel Crown			
Pulpotomy on deciduous tooth			
Extraction of primary tooth			
Extraction of permanent tooth			
Administration of local anesthetic			

*Complex includes caries near the pulp, subgingival caries, rotated teeth, patients that are behavior management challenges, etc.

SIGNATURE PAGE

I verify that I have completed the critical procedures independently, with clinical competency, and have met the minimum 80 hours of direct clinical observation requirement for recertification. I understand that providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a DHAT.

DHAT Name/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 80 hours of direct clinical observation requirement for recertification as a Dental Health Aide Therapist.

Supervising Dentist (Please Print Name)

Supervising Dentist Title

Supervising Dentist Signature

Date

DARC Recommended DHAT Recertification Checklist**DHAT NAME:** _____**ASSIGNED SITE:** _____**SITE(S) WHERE SUPERVISED FOR RECERTIFICATION:**
_____**SUPERVISORS FOR RECERTIFICATION (NAME/TITLE/SIGNATURE):**

_____**Purpose:**

This is a list of procedures that the DHAT has been certified to perform and those procedures included in his/her Scope of Practice. A certified DHAT should be able to perform these procedures independently, with clinical competency. This list of critical procedures was reviewed and deemed appropriate by the Dental Academic Review Committee.

Directions to the Supervising Dentist:

Please provide an opportunity for the DHAT to perform all of the procedures on this list during the two-year certification period. (You may simulate experiences if applicable and no appropriate patients are available.) Each procedure must be completed under the direct supervision of a dentist. The DHAT is expected to perform the procedures independently, and in compliance with the established standards.

Initial and date in YES column if the DHAT performs the procedure independently and according to the appropriate standard of practice.

Comments should be specific in nature to provide the DHAT with the best/most beneficial feedback.

Initial and date in NO column if the DHAT is not able to perform the procedure independently, or according to the standard of practice. Provide additional instruction to the DHAT as necessary. The DHAT may have as many opportunities as time allows during the two-year period to repeat the skill; however, the DHAT should not be allowed to perform the procedure unsupervised until he/she satisfactorily completes the procedure. If the skill is performed independently by the DHAT, to the standard, the supervising dentist should initial and date in the YES column in the retest section. If any skill remains a "NO", for the entire two-year period, the DHAT cannot be recertified. If additional space is required for comments or dates, please attach additional sheets. The health corporation employing the DHAT will be required to make plans for the completion of this checklist.

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Toothbrush Propy						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Application of Topical Fluoride						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Dental Charting						
Intra Oral Photo						
Intra Oral Photo						
Intra Oral Photo						
Intra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Extra Oral Photo						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						
Sealant						

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Prophylaxis – scaling and polishing coronal surfaces of the teeth						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – BWX (2 or 4)						
Dental Radiograph – PA (anterior)						
Dental Radiograph – PA (anterior)						
Dental Radiograph – PA (posterior)						
Dental Radiograph – PA (posterior)						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						
ART – remove gross caries with hand instruments; restore appropriately						

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class I						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class II						
Preparation of tooth, placement and finishing of amalgam for Class V						
Preparation of tooth, placement and finishing of amalgam for Class V						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class I						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class III						
Preparation of tooth, placement and finishing of composite for Class V						
Preparation of tooth, placement and finishing of composite for Class V						
Preparation of tooth, placement and finishing of cusp protected amalgam (complex)						
Preparation of tooth, placement and finishing of cusp protected amalgam (complex)						

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of amalgam Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class II (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						
Preparation of tooth, placement and finishing of composite for Class IV (complex)						

*Complex includes caries near the pulp, subgingival caries, rotated teeth, patients that are behavior management challenges, etc.

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Stainless Steel Crown						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Pulpotomy on deciduous tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of primary tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						
Extraction of permanent tooth						

DARC Recommended DHAT Recertification Checklist

PROCEDURE (Each procedure must be completed eight times for recertification unless otherwise noted.)	YES (Include the date and dentist initials)	NO (Include the date and dentist initials)	COMMENTS	RETEST (Include the retest date and dentist initials)		Reference Number
				YES	NO	
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						
Administration of local anesthetic						

DARC Recommended DHAT Recertification Checklist**SIGNATURE PAGE**

I verify that I have completed the critical procedures listed on this Recertification Checklist in a satisfactory manner. I understand that providing false information may result in disciplinary action by the Board and may result in the surrender of my certificate as a DHAT.

DHAT Name/Signature_____
Date

I verify that _____ (print name of applicant) has completed each of the critical procedures for recertification as a Dental Health Aide Therapist.

Supervising Dentist (Please Print Name)_____
Supervising Dentist Title_____
Supervising Dentist Signature_____
Date

PATIENT CONSENT TO TREATMENT BY A DENTAL HEALTH AIDE THERAPY STUDENT

Clinical services at the Alaska Dental Therapy Educational Program (ADTEP) in Anchorage and the ADTEP/Yuut Elitnaurviat Dental Training Clinic in Bethel are usually provided by dental therapy students. These students are in the process of earning certificates for training as Dental Health Aide Therapists.

I understand students will be providing clinical services for me today. I am aware this student has not yet completed all training for certification as a Dental Health Aide Therapist (DHAT). I understand that all services provided by the student will be under the supervision of a licensed dentist, dental hygienist, or certified DHAT who is at this clinic while the student is treating me.

I understand it is my right to stop a procedure at any time if I do not feel comfortable with the student, and I may ask for a second opinion from the supervising dental professional. I understand I have the right to be treated by a licensed dentist or dental hygienist. I understand that I may revoke or withdraw my consent to treatment by this student at any time.

I understand that all of my dental treatment needs and recommended treatment may not be able to be completed at the training site(s), and that I may need to seek services from other dental care providers.

I understand that dental health aide therapy students are performing most of my dental treatment and as a result ***I might have appointments longer in length and/or I may be required to return for several appointments to have my treatment completed.***

I give my permission/consent to be treated by dental health aide therapy students. I agree that I have had the chance to ask any questions I have about these arrangements.

Signature of Patient _____
Date

Print Patient Name: _____ Date of Birth: ____/____/____

Signature of Legal Guardian (if necessary) _____
Date

Signature of DHAT Student _____
Date

Signature of Supervising Dentist, Dental Hygienist, or DHAT _____
Date

DHAT Patient Presentation Scripts

(For presentation to instructor or supervising dentist)

Greeting:

Hello, Dr. _____ (name of dentist)

Demographics:

I have [Bill/ Jill/ Mr. Jones], a [x] year old [Male/Female] from _____ ...

- Patient name
- Patient age
- Patient gender
- Where the patient is from

Chief Complaint:

...complaining of [toothache / swelling / broken tooth/ etc] for [x] [days/weeks/months] in the [maxillary/mandibular] [right/left][anterior/posterior]. [Pain is [sharp/dull] and [does/does not] wake the patient up at night.]

- Chief complaint
- Duration of chief complaint
- Location of chief complaint
- What makes the chief complaint better or worse

Health History/Medications:

- Medical conditions [apparently healthy/hypertension/ seizure/diabetes/ etc.]
- List medications the patient is taking
- Vital signs

Radiographic findings:

- List radiographs taken and interpretations of what you see.

Clinical Observation:

- Describe the general condition of the dentition
- Describe the specific tooth, gingiva and any bleeding, swelling or drainages evident

Tests:

- Describe any test completed and the results [cold/percussion/mobility/EPT]

Assessment:

My assessment is _____ [apical and periapical diagnosis/ periodontal diagnosis]

Options:

Treatment options are _____.

Plan:

My plan is _____.

Education:

Patient education will be _____.

Dental Chart Audit Checklist

Period of Evaluation: _____

Provider: _____

Select a random 2% of patient encounters for the period and review those charts for completion of the following criteria. Make a mark in the appropriate column for each item that applies. If an item does not apply to that encounter, make no mark for that item.

Item	Completed	Not Completed
Medical history reviewed and updated		
X-rays diagnostic and appropriate for CC		
X-rays oriented properly		
All consent forms signed		
Extraction consent forms signed by provider, patient and witness		
Papoose consent obtained		
Treatment codes, tooth and surface complete		
SOAPE note complete		
Observation supports Assessment		
Treatment options documented		
PSR and treatment plan completed if 0150 coded		
Follow-up documented and appropriate		
Appropriate prevention methods discussed with patient		
Caries intervention therapy appropriate		
9990 coded when treatment completed		
Totals:		

Add the total number of marks in each column.

Total evaluated= total completed + total not completed = _____ + _____ = _____

Score = total completed / total evaluated = _____ / _____ = _____ %

**Community Health Aide Program Certification Board – Standards and Procedures
Amended June 30, 2016**

History: January 22, 2015, Section 2.20.500 was amended. June 18, 2008, Section 2.20.500(3) was amended to correct the title of the examination. November 26, 2002, Section 2.20.500(3) was amended.

Sec. 2.20.510. Community Health Practitioner Competencies. A community health practitioner must successfully demonstrate and maintain the ability to meet all of the requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], 2.20.310 [CHA III competencies], and 2.20.410 [CHA IV competencies].

Sec. 2.20.600. Certification by Credentials. The Board may waive one or more of the requirements of sections 2.20.100 [CHA I training & education requirements] through 2.20.510 [CHP competencies] for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.

History: November 26, 2002, Section 2.20.600 was amended.

Article 30. Standards for Dental Health Aides

History: November 26, 2002, Article 30 was added.

Sec. 2.30.010. Supervision of Dental Health Aides.¹

(a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of levels of supervision], provided that

- (1) the person providing the supervision must satisfy the criteria provided under section 2.10.010(a)(9) [initial qualifications; general requirements (supervision & day-to-day direction)];
- (2) the dental health aide must be supervised at whatever level of supervision is required for the specific care being provided;
- (3) a dentist or dental health aide therapist providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article, and
- (4) when a dental health aide therapist requires supervision the supervision must be provided by a dentist.

(b) Definitions of Levels of Supervision. For the purposes of this article:

- (1) “Direct supervision” means the dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide;
- (2) “General supervision” means the dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and
- (3) “Indirect supervision” means a dentist or dental health aide therapist is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.

¹The supervision (at whatever level is required) of a dental health aide who provides services for which a Medicaid claim will be made must be provided by a dentist.



DHAT Curriculum - Anchorage (Year 1)

Unit 1	Introduction to Dental Health Aide
Unit 2	Community Based Prevention Project
Unit 3	Dental Assisting
Unit 4	Dental Radiology
Unit 5	General Health Sciences
Unit 6	Professional Role Development
Unit 7	Oral Health Sciences
Unit 8	Basic Restorative Functions
Unit 9	Local Anesthetic - Part 1
Unit 10	Advanced Behavioral and Anxiety Control
Unit 11	Diagnosis and Treatment Planning
Unit 12	Cariology
Unit 13	Atraumatic Restorative Treatment
Unit 15	Restorative Dentistry
Unit 16	Dental Hygiene Treatment and Prevention
Unit 17	Special Topics
Clinic I	Preclinical Experience
Clinic II	Beginning Patient Encounters

DHAT Curriculum - Bethel (Year 2)

Clinical year: Students practice the full scope of DHAT procedures under the direct supervision of a dentist instructor. There are typically 2-3 patients scheduled per pair of students per day. Didactics are covered in the morning prior to clinic. Each student is responsible for developing and implementing a community dental disease prevention project. There are no set number of procedures to complete, the program is competency based. Students also experience dental care delivery during remote village travel with a dentist.

Didactic topics include:

- Local Anesthesia - Part 2
- Complex Amalgams
- Community Projects
- Complex Composites
- Dental Emergency - Alleviate Pain and Infection
- Introduction to Epidemiology
- Equipment Maintenance
- Dental Extractions
- Oral Pathology Review
- Introduction to Operating Room Dentistry
- Pediatric Dentistry
- Dental Disease Prevention
- Professional Role Development
- Telemedicine
- Dental Trauma - How to Address Injuries to Permanent Anterior Teeth
- Diagnosis and Treatment Planning

DENTAL HEALTH THERAPY

Vision

Alaska Native people receive culturally appropriate, excellent oral health care in the communities where they live.

Mission

Educate dental therapists to meet the oral health care needs of Alaskan Native people living in rural communities.

Overview

The Alaska Dental Therapy Educational Program is operated in partnership with the Alaska Native Tribal Health Consortium (ANTHC). This program supports mid-level health providers in the dental profession by offering academic credentials in addition to the certification. Those credentials facilitate the transition into higher level career pathways, such as a baccalaureate degree, or degrees in dental hygiene and dentistry.

Dental therapy students will complete the didactic (classroom) and preclinical phase in Anchorage. The clinical phase is completed in Bethel and includes travel to remote villages to provide oral health care. The course of study is equivalent to three academic years.

Upon graduation, Dental Health Aide Therapists are typically employed with a Tribal Health Organization and will provide clinical and educational services in rural communities throughout the state.

Admissions

Those interested in learning more about this training program are encouraged to contact the Program Chair, Dr. Mary Williard, at mary.williard@ilisagvik.edu.

Degree Outcomes:

- Competently and ethically provide the public with evidence-based dental therapy care using effective decision making within the scope of practice outlined in the CHAP CB Standards and Procedures document (see www.akchap.org/html.chapcb.html).
- Integrate Alaska Native/American Indian knowledge, values and culture into business practice.
- Communicate effectively with patients, peers, the public and other health professionals using verbal, non-verbal and written language
- Competently access, plan, implement and evaluate individual and community oral disease prevention and therapy programs.

- Apply critical thinking skills to investigate, interpret, and communicate issues involving the profession, the practice, the community, and the patient.

CERTIFICATE, DENTAL HEALTH AIDE

Course Requirements		Credits
Communication		(4)
DHAT 130	Community Oral Hlth Ed I	1
<i>Complete ONE of the following:</i>		
BUS 109	Business English	3
ENGL 111	Intro to Academic Writing	3
Math, Science, Technology		(7)
BIOL 100	Human Biology	4
MATH 116	Mathematics in Healthcare	3
Human Relations		(1)
DHAT 140	Behav. Sc: Oral Hlth Ed I	1
Major Specialty		(22)
DHAT 101	Intro to Dental Therapy I	3
DHAT 102	Intro to Dental Therapy II	1.5
DHAT 111	Dental Therapy Lab I	2
DHAT 112	Dental Therapy Lab II	2
DHAT 125A	Op. Dent.Therap.Tech. Mod A	1.5
DHAT 125B	Op. Dent.Therap.Tech. Mod B	1.5
DHAT 135	Adv. Diag. & Treatmt Plan. I	2
DHAT 151	Behav. Sc: Tobacco Addiction	1
DHAT 152	Anat, Phys, Path, Head&Neck	2
DHAT 153	Basic Restorative Functions	2
DHAT 154	Cariology/Min Invasive Dent.	1
DHAT 155	Local Anesthesia	1
DHAT 160	Infection Control	0.5
DHAT 161	Infection Control Lab I	1
Total Credits:		34



94 | COURSE DESCRIPTIONS

DENTAL HEALTH THERAPY**Introduction to Dental Therapy I**

DHAT 101	Summer	3 credits
----------	--------	-----------

This course introduces the Community Health Aide Program history, structure and Standards and Procedures. It provides an introduction to the theory and practice of dentistry therapy, public health dentistry, basic dental procedures, dental anatomy, dental assisting, infection control, dental radiology, dental problems, and referrals. **(Prerequisite: Admission to Dental Health Therapy program)**

Introduction to Dental Therapy II

DHAT 102	Spring	1.5 credits
----------	--------	-------------

This course builds on the knowledge and skills learned in Introduction to Dental Therapy I by delving deeper into the theory and practice of dentistry as a dental health aide. New concepts introduced in this course will be Pharmacology, Ethics, and equipment management. **(Prerequisite: DHAT 101).**

Dental Therapy, Lab I

DHAT 111	Fall	2 credits
----------	------	-----------

This is a preclinical skills building course. Introducing students to the artistic nature and fine motor skills needed to perform cavity preparations. Students sculpt clay models of teeth and begin working with dental hand pieces. Skills include: paying attention to detail, visualizing three dimensional relationships, hand-eye coordination and critical evaluation. **(Prerequisite: Admission to Dental Health Therapy program).**

Dental Therapy, Lab II

DHAT 112	Spring	2 credits
----------	--------	-----------

In this preclinical, hands-on course, students will simulate patient encounters and be required to pull from all areas of previous instruction. This course emphasizes critical thinking and appropriate self-assessment. This course prepares the student to see live patients in clinic during future aspects of the DHAT program. **(Prerequisite: DHAT 111).**

Operative Dental Therapy Techniques

DHAT 125	Fall, Spring	1.5-3 credits
----------	--------------	---------------

This course provides the theoretical background for the pre-clinical operative technique course in the primary and adult dentitions. Students receive instruction on a range of skills needed prior to beginning work on patient simulators (mannequins).

The material will be presented in lecture, laboratory, web-based, and self-study format. **(Prerequisite: DHAT 153).**

Module A (1.5cr) Classification of basic cavity preparation design.
(Prerequisite: DHAT 153)

Module B (1.5cr) Classification of complex cavity preparation design
(Prerequisite: DHAT 125A)

Community Oral Health Education I

DHAT 130	Spring	1 credit
----------	--------	----------

This course is designed to help students learn how to communicate effectively and culturally appropriately with individuals in group settings in predominately rural, Native communities. Students will learn a series of practical methods shown helpful with a wide range of serious health-related problems, from addictive behaviors to the need for exercise and dietary change. **(Prerequisite: DHAT 101).**

Advanced Diagnosis and Treatment Planning I

DHAT 135	Spring	1.5 credits
----------	--------	-------------

This course prepares students to collect and analyze oral and general health information, including clinical and psychological data, in order to develop a comprehensive dental treatment plan prioritized on urgency and risk assessment, and tailored to the individual needs of the patient. **(Prerequisite: DHAT 154).**

Behavioral Sciences: Oral Health Education I

DHAT 140	Spring	1 credit
----------	--------	----------

This course introduces the art and science of preventing dental disease. The student will learn how to provide targeted instruction on aspects of public health dentistry and working with individual patients and target populations. Subtopics covered in this course are Nutrition, Patient Education, Motivational Interview Technique, and Managing Fearful/Avoidant Patients. **(Prerequisite: DHAT 154).**

Behavioral Sciences: Tobacco Addiction

DHAT 151	Fall	1 credit
----------	------	----------

This course introduces the student to working with patients around tobacco use and teaches quit support techniques. This course was developed by the Mayo Clinic. Topics explored include: Biology and Pharmacology of Nicotine Dependence, Counseling Theory and Practice, Treatment Strategies, Intake,

Assessment and Treatment Planning. (**Prerequisite: Admission to Dental Health Therapy program**).

Anatomy, Physiology, Pathology of the Head and Neck		
DHAT 152	Fall	2 credits

This course introduces the anatomy of the head and neck with special emphasis on intraoral tissues, bones, and muscles. The student will explore how these structures interact together and what happens when pathological processes develop. (**Prerequisite: BIOL 100**).

Basic Restorative Functions		
DHAT 153	Fall	2 credits

This course provides the theoretical and practical components for placing amalgam and composite restorations in pre-prepared teeth in the primary and permanent dentitions. Students learn practical skills on patient simulators (typodonts). They learn to perform a range of restorative functions in preparation for seeing their first clinical patients. (**Prerequisite: DHAT 101**).

Cariology and Minimally Invasive Dentistry		
DHAT 154	Fall	1 credit

This course introduces the dental caries (cavity) process and emphasizes the concepts of minimally invasive dentistry and evidence based operative dentistry. This course will also introduce the student to Atraumatic Restorative Technique, Interim Therapeutic Restorations and caries control procedures. (**Prerequisite: DHAT 101**).

Local Anesthesia		
DHAT 155	Spring	1 credit

In this course students will demonstrate a working knowledge of local anesthetic agents, the armamentarium to administer the agents, and complications associated with administration of the agents. Students will demonstrate competency in providing clinical local anesthesia. (**Prerequisite: BIOL 100**).

Hygiene and Periodontology		
DHAT 156	Summer	1 credit

This course provides an introduction and clinical application of the theory of hygiene practice and the management of diseases of the gingiva (gums) and other supporting structures of the teeth. This

intensive course was developed by the Indian Health Service to train dental assistants to provide supervised dental cleanings. (**Prerequisite: DHAT 101**).

Infection Control		
DHAT 160	Summer	0.5 credit

This course introduces infection control principles necessary for dental auxiliaries to operate safely within a dental office and to prevent the spread of microbial diseases. (**Prerequisite: Admission to Dental Health Therapy degree program**).

Infection Control, Lab I		
DHAT 161	Spring	1 credit

This course applies the infection control principles and skills learned in the didactic course Infection Control to maintaining an appropriate infection control program in a working dental clinic setting. Student will be closely monitored to ensure adherence to clinical protocols. This hands-on course does not have fixed, scheduled hours, but takes place during the semester as students are assigned specific duties in the clinic sterilization area and as students are cleaning the clinic as required by clinical protocols. Students will spend a minimum of 40 hours working on various assigned tasks. (**Prerequisite: DHAT 160**).

Advanced Dental Therapy		
DHAT 201	Fa, Sp, Su	1-5.5 credits

This course is designed to provide an overview of all topics learned in the first year of the DHAT program with an emphasis on critical thinking and amalgamating the knowledge into direct care scenarios. New topics covered will be dental surgery (extractions), operating room dentistry, and urgent care dentistry. The course will be delivered in the following four modules. (**Prerequisite: DHAT 102**).

- Module A (1 cr)** Application of dental therapy theory.
(Prerequisite: DHAT 102).
- Module B (1.5cr)** Findings of oral cavity and head/neck region
(Prerequisite: DHAT 201A)
- Module C (2 cr)** Abnormal findings of oral cavity and head/neck region
(Prerequisite: DHAT 201B)
- Module D (1 cr)** Evaluation and consultation for traumatic injuries
(Prerequisite: DHAT 201C)

96 | COURSE DESCRIPTIONS

Advanced Dental Therapy Clinic		
DHAT 211	Fa, Sp, Su	2-14.5 credits

This course gives students, under the supervisor of a faculty dentist, the opportunity to gain professional dental therapy experience in the training clinic, where they provide clinical care within the DHAT scope of practice. This clinical experience continues throughout the four modules and credits are allocated as follows: (**Prerequisite: Successful completion of Year 1 of Dental Health Therapy program**).

- Module A (2 cr)** Application of dental therapy scope of practice in a clinical setting
(**Prerequisite: Successful completion of Year 1 of Dental Health Therapy program**)
- Module B (4.5cr)** Application of diagnostic and treatment plan skills
(**Prerequisite: DHAT 211A**)
- Module C (4 cr)** Application of clinical skills of crowns for primary teeth
(**Prerequisite: DHAT 211B**)
- Module D (4 cr)** Application of competence in dental therapy skills and knowledge
(**Prerequisite: DHAT 211C**)

Professional DHAT Practice I		
DHAT 221	Fall	0.5 credit

This course is an introduction to professional roles. Students develop skills to enable them to begin to think and behave as professionals. Students are introduced to professional ethics and the laws that govern healthcare practice. (**Prerequisites: DHAT 101; DHAT 102**).

Professional DHAT Practice II		
DHAT 222	Summer	0.5 credit

This course is a continuation of introducing students to professional roles. Students develop skills to enable them to begin to think and behave as professionals. The student is introduced to professional ethics and the laws that govern healthcare practice. (**Prerequisite: DHAT 221**).

Community Oral Health Education II		
DHAT 231	Fall	2 credits

This course is designed to increase the depth of knowledge and cultural competency of students in skills and concepts learned in Community Conversations and Disease Prevention I regarding communicating effectively with individuals in group

settings in the community. Students will apply a series of practical methods shown helpful with a wide range of serious health-related problems, from addictive behaviors to the need for exercise and dietary change. (**Prerequisite: DHAT 130**).

Community Oral Health Education III		
DHAT 232	Summer	0.5 credit

This course is designed to increase the depth of knowledge and cultural competency of students in skills and concepts learned in Community Conversations and Disease Prevention I regarding communicating effectively with individuals in group settings in the community. Students will apply a series of practical methods shown helpful with a wide range of serious health-related problems, from addictive behaviors to the need for exercise and dietary change. (**Prerequisite: DHAT 130**).

Advanced Diagnosis & Treatment Planning II		
DHAT 235	Summer	1 credit

In this course students present clinical cases, medical conditions and pharmacological agents to their classmates followed by a quiz on pertinent information. The presentations provide a rich amount of information, which will enhance the students' diagnostic and treatment planning skills. (**Prerequisite: DHAT 135**).

Behavioral Sciences: Oral Health Education II		
DHAT 241	Fall	0.5 credit

This course explores things learned in Behavior Sciences I DHAT 141 and begins the process of actively using this knowledge and skills in working with patients and populations. Subtopics covered in this course are Nutrition, Patient Education, Motivational Interview Technique, and Managing Fearful/Avoidant Patients. (**Prerequisite: DHAT 141**).

Community Clinical Rotations I		
DHAT 242	Fall	3 credits

At the end of this course the student, in the presence of a faculty dentist, will have gained professional experience away from the training clinic implementing and evaluating community prevention projects and providing clinical care in a community practice setting. This course is run as week-long modules in remote Alaska Native villages in the first semester of the second year as scheduled. (**Prerequisite: DHAT 211A**).

A.A.S. Dental Health Therapy –Curriculum (71 credit hours)

YEAR 1							
Summer Semester (6.0)		Fall Semester (13.5)		Spring Semester (14)			
Intro to Dental Therapy I (101)	3	Human Biology (100)	4	Adv Diag & Treatment Plan I (135)			2
Mathematics in Healthcare (MATH 194)	3	Anat/Phys/Path of Head/Neck (152)	2	Comm Oral Health Education I (130)			1
		Basic Restorative Function (153)	2	Operative Dental Therapy, Mod B (125B)			1.5
		Behavioral Sc: Tobacco Addiction (151)	1	Local Anesthesia (155)			1
		Cariology/ Min. Invasive Dentistry (154)	1	Behavioral Sc: Oral Hlth Education I (140)			1
		Operative Dental Ther Tech, Mod A (125A)	1.5	Intro to Dental Therapy II (102)			1.5
		Dental Therapy Lab I (111)	2	Dental Therapy Lab II (112)			2
		Infection Control (160)	0.5	Infection Control Lab I (161)			1
				Intro to Academic Writing (ENGL 111)			3
YEAR 2							
Summer Semester (6)		Fall Semester (12)		Spring Semester (13)		Summer Semester (6)	
Pharmacology (251)	0.5	Prof. DHAT Practice I (221)	0.5	Fund of Oral Communications (COMM 131)	3	Adv Dental Therapy Clinic, Mod D (201D)	1
Adv. Diag. & Treatment Plan II (235)	1	Adv Dental Therapy, Mod B (201B)	1.5	Adv Dental Therapy, Mod C (201C)	2	Adv Dental Therapy, Mod D (211D)	4
Hygiene/Periodontology for DT (156)	1	Adv Dental Therapy Clinic, Mod B (211B)	4.5	Adv Dental Therapy Clinic, Mod C (211C)	4	Comm Oral Health Education III (232)	0.5
Infection Control Lab II (262)	0.5	Comm Clinical Rotations I (242)	3	Infection Control Lab III (263)	1	Prof. DHAT Practice II (222)	0.5
Adv Dental Therapy, Mod A (201A)	1	Behavioral Sc: Oral Health Education II (241)	0.5	Community Clinical Rotations II (243)	3		
Adv Dent Therapy Clinic, Mod A (211A)	2	Comm Oral Health Education II (231)	2				



Instructors

Louise Achey, PhD **Instructor**

Teacher, pharmacist and firefighter, Dr. Louise Achey has been involved in health and fitness for the past 3 decades. She completed her Doctor of Pharmacy from Idaho State University in 1994. She has practiced pharmacy in hospitals, nursing homes and community pharmacies for the past 32 years, the last ten teaching safe and effective drug therapy to new doctors, physician assistants, pharmacy and dental therapist students. After joining a local rural volunteer fire department in 1990, she served 14 years, first as a firefighter and Emergency Medical Technician, then for 7 years as Fire Captain, responsible for all firefighter training. Determined to improve her physical fitness despite all the demands on her time, Louise has researched, learned and tested many approaches to physical fitness and health. A passionate teacher, Dr. Achey has won 4 awards for teaching excellence with the University of Washington MEDEX Northwest Physician Assistant training program and has taught in Washington State University's College of Pharmacy and Pacific Northwest University of Health Sciences College of Osteopathic Medicine.

Robert Allen, DDS **Clinical Instructor**

As an Indian Health Service dental officer Dr. Allen served as the Dental Director of the Yukon Kuskokwim Health Corporation Dental Clinic for many years and continues to work part-time as a staff dentist there. He also serves as a dental examiner on the Western Regional Examining Board. He makes yearly trips to Vietnam with colleagues to provide outreach dental care to underserved communities. Dr. Allen is an avid amateur photographer. Also in his free time he has played and managed Dr. Bob's softball team since 1983. He and his wife have lived in Bethel for more than 30 years and raised five children.

Kenneth Anthony Bolin, DDS, MPH **Clinical Instructor**

Dr. Bolin is an Associate Professor and Graduate Program Director in the Department of Public Health Sciences at Baylor College of Dentistry in Dallas. He teaches both pre-doctoral and post-doctoral students in dental public health and preventive dentistry. As medical director of the Sammons Cancer Center dental clinic, he treats cancer patients and medically compromised patients with dental needs in an outpatient hospital affiliated oncology clinic. After graduating from the University of Texas Health Science Center in San Antonio with a DDS degree in 1981, he completed a fellowship program in Dental Oncology at the University of Texas MD Anderson Cancer Center in 1992 and obtained his Master of Public Health degree from the UT School of Public Health-Houston in 1994. Dr. Bolin received his certificate in Dental Public Health in May 2003 from TAMHSC Baylor College of Dentistry and became board certified by the American Board of Dental Public Health in 2005.

Anthony Brusca, DDS **Clinical Instructor**

Dr. Brusca graduated from the University of Michigan School of Dentistry in Ann Arbor, Michigan. He began working in the Public Health Service at the Northern Navajo Medical Center in Shiprock, NM. He also worked at San Carlos Indian Hospital in San Carlos, Arizona. Since then he has contracted with Bristol Bay Area Health



Corporation's Dental Department and the Yukon Kuskokwim Health Corporation's Dental Department, in Bethel. He joined the Dental Health Aide training program at its beginnings and has provided didactic and clinical training for the first and second year students ever since. He takes the second year students on village travel where they gain necessary experience to treat patients in small villages in rural Alaska.

Denise Coslett, MPAS PA-C **Instructor**

Denise Coslett graduated from Kings College Physician Assistant Program. She has lived in the Anchorage area for the last 6 years and currently practices at the Alaska Native Medical Center Emergency Department. Five years ago, she became a part time faculty member with the University of Washington MEDEX Northwest Physician Assistant Training Program, Anchorage site. Shortly after joining MEDEX, she was introduced to the Alaska Dental Health Aide Therapist (DHAT) Educational Program. In her work at the hospital, she became familiar with the dental needs of Alaska and the limitations concerning access to care. In learning about the DHAT Educational Program, she was excited to take a position to help expand access to dental care in the villages. For the last few years Denise has helped teach the General Science course in the didactic year of the DHAT program and is grateful to be a part of this program and proud of the difference it makes in access to healthcare!

Suzanne Eberling, DMD, PhD **Clinical Instructor**

A graduate of Tufts University School of Dental Medicine, Dr. Eberling received her PhD in Epidemiology at the University of North Carolina, School of Public Health & School of Dentistry, with a dental emphasis. Her dissertation addressed the effects of treatment of dental caries in the primary dentition on permanent dentition caries status in Native Americans. Among her other completed projects Dr. Eberling co-authored the IHS "Caries Diagnosis, Risk Assessment and Management, a Practical Guide" modular training series. She spent her career as a dental officer with the Public Health Service, most of it with the Indian Health Service in Arizona, New Mexico and Alaska. In addition to teaching in the DENTEX program, she currently works part time for the State of Virginia as a dental epidemiologist and contracts for similar work projects for the State of Alaska. In her spare time, she breeds and shows Rhodesian Ridgebacks. Her husband Max Martin is a commercial salmon fisherman in Alaska's Bristol Bay District.

Ron Nagle, DDS **Instructor**

Dr. Nagle received his dental degree from Emory University in 1987. He began working for the US Public Health Services later that year. He worked with dental nurses in the Western Pacific region, which led to his interest in bringing this type of mid-level dental provider to Alaska to help with the severe shortages of dentists and to increase access in rural Alaska. He retired from the US Public Health Service and his role as the Dental Health Aide Program Director in 2010, but continues to teach in the Program.

Katherine Rafferty, PhD **Instructor**

Dr. Katherine Rafferty's educational journey has provided her with many exceptional opportunities and experiences. The highlights include a stint in the Midwest (Indiana University for undergraduate), a "New York experience" at NYU, work at the American Museum of Natural History and the Smithsonian Institution, and finally



a Ph.D. in Anatomy from Johns Hopkins University in Baltimore. In 1997, she found herself at home in Seattle, taking a job at the University of Washington. She teaches in the dental and medical schools and does research in craniofacial biology. She and her husband Karl have a daughter in grade school and enjoy camping, hiking, boating and skiing and together.

Sarah Shoffstall-Cone, DDS, MPH **DHAT Clinical Program Director**

Dr. Shoffstall-Cone is a 2005 graduate of the Ohio State University College of Dentistry. During dental school she was a student extern at the Yukon Kuskokwim Health Corporation Dental Department and after graduation took a dental staff position there. Dr. Shoffstall-Cone joined the Dental Health Aide Therapist training program in January 2009 and currently serves as the clinical program director for both the Anchorage and Bethel training sites. Dr. Shoffstall-Cone grew up in rural Ohio where she was active in school and track and field sports. In college she became an All-American shot putter. In May 2009 she married bush pilot, Randy Cone. Randy and Sarah have two children.

Kira Vader MA, MHS, PA-C **Instructor**

Kira Vader's love of medicine began at a young age. She grew up on Whidbey Island and joined the local volunteer fire department at the age of 16. As soon as she turned 18, she became an EMT and worked in EMS throughout college and graduate school. Knowing that she wanted to practice medicine at a higher level of care, Kira Vader attended the PA program and has worked clinically since. She loves the study of physiology and is continually amazed by the beauty and complexity of the human body. Seeing students enthralled by the inner workings of the body reminds her to never lose sight of what an amazing, intricate and sometimes delicate thing the human body is. She is a second generation PA and, like her mother, she believes that quality health care is a basic human right. In addition to teaching and her clinical responsibilities, she volunteers at a free clinic in her community.

Philip Weinstein, PhD **Instructor**

Dr. Philip Weinstein is a Professor of Oral Health Sciences and Adjunct Professor of Pediatric Dentistry and Psychology at the University of Washington.

His current research interest includes motivational interviewing with pregnant women and motivational techniques to prevent caries in young children. His research and clinical experiences have resulted in a book, *Motivate Your Dental Patients*. Dr. Weinstein provides continuing education courses on this topic and trains Alaska dental therapist students in these techniques, as well as management of fear and pain in young patients. Dr. Weinstein's personal interests include fishing and woodcarving.

Mary Williard, DDS **Director, Dental Health Aide Therapist Training Program**

Dr. Williard graduated from The Ohio State University College of Dentistry in 1994 and completed a 2 year General Practice Residency at the Carolinas' Medical Center in Charlotte, North Carolina in 1996. She has worked in American Indian/ Alaska Native dental programs since 1996, including having experience supervising DHATs working in remote villages



Course Syllabus

Course Number DHAT 125A

Course Title: Operative Dental Therapy Techniques

Semester/Year: Fall / Year 1

Days/Time: M-F 8:30- 4:30 as scheduled

of Credits: 1.5

Prerequisites: Basic Restorative Function

Instructor Name: Giraldeli, Delgado

Phone: 907-729-5600

Fax: 907-729-5610

Email: akadhat@anthc.org

Office Hours: M-F 8-5

Office Location: DHAT Educational Program



Catalog Course Description:

This course provides the theoretical background for the pre-clinical operative technique course in the primary and adult dentitions. Students receive instruction on a range of skills needed prior to beginning work on patient simulators (mannequins). The material will be presented in lecture, laboratory, web-based, and self-study format.

Module A:

Module B:

Required Texts:

- Sturdevant's Art and Science of Operative Dentistry, 6th Edition, Heymann, Swift, Ritter, Elsevier.

Course Objectives:

- List the classifications of cavity preparation design
- Understand the principles of cavity design in the primary and permanent dentition
- Understand the principles of cavity design for the preformed stainless steel crown procedure
- Understand the principles of pulp protection for lesions in the primary and permanent dentitions
- Describe the management and treatment options available for carious lesions in the primary and permanent dentitions
- Describe the principles and techniques for assessing pulp vitality and management of pulp exposure

Grade Distribution/Basis:

Homework Assignments	25%
Quizzes	30%

Attendance Policy: Students are expected to attend all classes and clinics. Attendance is taken at the start of each class session and factored into the participation component of the grade. Absences (there is no distinguish between excused and unexcused) are considered on a case-by-case basis, and students must coordinate with instructors to complete any missed work due to an absence in a timely manner. Repeated absences may jeopardize the student's continued participation in the program.

Late Work Policy: All assignments are due on time. Late work will require remediation and will only be eligible for a maximum of 75% credit.

Plagiarism Policy:

Plagiarism means to take someone else's words and/or ideas and make them look like they are your own. Another word for plagiarism is "cheating." Students who are caught cheating or allowing others to cheat off their work will receive an "F" for the assignment and risk being expelled from the class with an overall failing grade.

Students with Special Needs

Iļisaġvik College is committed to providing equal opportunities to academically qualified students with disabilities. If you have a disability for which you wish to request accommodations, you are encouraged to contact the Dean of Students and Institutional Development or the Registrar to discuss your need for reasonable accommodations. It is the student's responsibility to disclose disabilities, and you will be asked to provide the most recent documentation about any functional limitations so recommendations can be made to accommodate your needs. All disability information provided by you is kept strictly confidential.

If you have questions regarding reasonable disability accommodations, please contact the Student Success Center by calling 852-1766.

Course Schedule

Date (All day class)	Activity	Test and Quizzes
11-28-16	Intro to Operative dentistry	
11-29-16	Class 1 prep/ lab	Quiz
11-30-16	Class 5 prep/ lab	
12-1-16	Lab	
12-2-16	Class 5 comp	
12-5-16	Lab	Quiz
12-6-16	Lab	
12-7-16	Restorative materials/ lab	
12-8-16	Restorative materials/ lab	
12-9-16	Lab	Quiz
2-6-16	Class 2/ lab	
2-7-16	Lab	
2-8-16	Class 3/ lab	
2-9-16	Lab	
2-10-16	Class 4/ lab	
2-13-16	Lab	Quiz
2-14-16	Cusp protected amalgams	
2-15-16	Lab	
2-16-16	Lab	
2-17-16	Lab	Final



Course Syllabus

Course Number DHAT 211A

Course Title: Advanced Dental Therapy Clinic

Semester/Year: Fall/ Year 2

Days/Time: M-F 10:00-5:00 as scheduled

of Credits: 2

Prerequisites: Successful completion of Year 1 of DHAT program

Instructor Name: Brusca, Shoffstall, Eberling, Bolin, Allen

Phone: 907-729-5600

Fax: 907-729-5610

Email: akadhat@anthc.org

Office Hours: M-F 8-5

Office Location: Yuut Elitnaurviat Dental Training Clinic



Catalog Course Description:

This course gives students, in the presence of a faculty dentist, the opportunity to gain professional experience in the training clinic, where they provide clinical care in the DHAT scope of practice. This clinical experience continues throughout the second year of the program and credits are allocated as follows: (Prerequisite: Successful completion of Year 1 of DHAT program).

Mod A

Mod B

Mod C

Mod D

Course Objectives:

- [Understand and competently provide the dental therapy scope of care across all stages of patient life](#)
- [Apply dental therapy skills in a clinical site, including cavity preparations and restorations, preventive services and extractions of primary and permanent teeth](#)
- [Competence in providing urgent and emergent palliative treatment of dental pain and infection](#)
- [Demonstration of fabrication and placement of single-tooth temporary crowns](#)
- [Demonstration of preparation and placement of preformed crowns on primary teeth](#)
- [Competence in performing indirect and direct pulp capping on permanent teeth, and indirect pulp capping on primary teeth](#)
- [Demonstrate skill of suture removal, minor adjustments and repairs on removable prosthesis, removal of space maintainers,](#)
- Apply prevention program practice to real life situations

- Increase speed of clinical practice
- Improved diagnostic skills
- Improved confidence in skills and knowledge base

Grade Distribution/Basis:

Case presentation	30%
Clinical performance	30%
Management	30%
Independence level	10%

Attendance Policy: Students are expected to attend all classes and clinics. Attendance is taken at the start of each class session and factored into the participation component of the grade. Absences (there is no distinction between excused and unexcused) are considered on a case-by-case basis, and students must coordinate with instructors to complete any missed work due to an absence in a timely manner. Repeated absences may jeopardize the student's continued participation in the program.

Late Work Policy: All assignments are due on time. Late work will require remediation and will only be eligible for a maximum of 75% credit.

Plagiarism Policy:

Plagiarism means to take someone else's words and/or ideas and make them look like they are your own. Another word for plagiarism is "cheating." Students who are caught cheating or allowing others to cheat off their work will receive an "F" for the assignment and risk being expelled from the class with an overall failing grade.

Students with Special Needs

Iļisaġvik College is committed to providing equal opportunities to academically qualified students with disabilities. If you have a disability for which you wish to request accommodations, you are encouraged to contact the Dean of Students and Institutional Development or the Registrar to discuss your need for reasonable accommodations. It is the student's responsibility to disclose disabilities, and you will be asked to provide the most recent documentation about any functional limitations so recommendations can be made to accommodate your needs. All disability information provided by you is kept strictly confidential.

If you have questions regarding reasonable disability accommodations, please contact the Student Success Center by calling 852-1766.

Course Schedule:

This course runs each week of the session and involves the students providing direct patient care. Students either serve as the provider or assistant during the below time frames. For credit purposes, only 50% of the allocated time is counted based on average patient “no-shows.”

Week	Patient Encounters
Monday	10 AM, 1 PM, 3 PM
Tuesday	10 AM, 1 PM, 3 PM
Wednesday	10 AM, 1 PM, 3 PM
Thursday	10 AM, 1 PM, 3 PM
Friday	10 AM, 1 PM, 3 PM

Excerpts from the Community Health Aide Program Certification Board
related to Dental Health Aide Therapists

Complete document is available under "Alaska Community Health Aide Program"
URL: <http://www.akchap.org/html/chapcb.html>

**Community
Health Aide
Program
Certification
Board**
*Standards and
Procedures*

Chapter 1. General Provisions

Article 10. Authority and Scope

History: June 18, 2008, the Title of Article 10 Chapter 1 was amended.

Sec. 1.10.010. Authority. The Community Health Aide Program Certification Board is established under the authority of the Act of November 2, 1921 (25 U.S.C. § 13, popularly known as the Snyder Act) pursuant to 25 U.S.C. § 16161 (Section 119 of Pub. L. 94-437), the Indian Health Care Improvement Act, as amended, including the permanent reauthorization and amendments in Section 10221 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, which incorporated by reference, as amended by Section 10221, S. 1790 as reported by the Senate Committee on Indian Affairs in December 2009 and directives and circulars of the United States Department of Health and Human Services, Public Health Service, Indian Health Service, and Alaska Area Native Health Service.

History: January 13, 2011, Section 1.10.010 was amended. November 26, 2002, Section 1.10.010 was amended.

Sec. 1.10.020. Scope. The Community Health Aide Program Certification Board sets standards for the community health aide program and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. Each of these individuals is subject to specific requirements and engages in a specific scope of practice set forth in these *Standards*. For historical reasons, these various health aides are often referred to generically as “community health aides.”

History: June 18, 2008, Section 1.10.020 was added.

Article 20. Definitions

Sec. 1.20.010. Definitions. In these *Standards and Procedures*

- (1) “ART” means atraumatic restorative treatment;
- (2) “Atraumatic restorative treatment” means a maximally preventive and minimally invasive approach to stop further progression of dental caries. It involves the removal of soft, completely demineralized carious tooth tissues with hand instruments, and is followed by restoration of the cavity with an adhesive dental material that simultaneously seals the remaining tooth structure that remains at risk;
- (3) “Behavioral health aide” means a behavioral health aide I, II, and III, except when the level is specified;
- (4) “Behavioral health professional” means a person who
 - (A) has at least a master’s degree in psychology, social work, counseling, marriage and family therapy, substance abuse or addiction, nursing with a psychiatric mental health specialty, or a related field; and
 - (B) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps; clinical oversight; qualifications];
- (5) “BHA” means behavioral health aide;
- (6) “BHAM” means the Behavioral Health Aide Manual, or its successor if approved by this Board;

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (7) “BHA/P” means behavioral health aide or behavioral health practitioner; “BHP”
2 means behavioral health practitioner;
- 3 (8) “BLS” means Basic Life Support certification, which must include certification in
4 cardiopulmonary resuscitation (“CPR”) techniques based upon training equivalent to that required for
5 completion of a CPR course certified by the American Heart Association or American Red Cross;
- 6 (9) “Board” means the Community Health Aide Program Certification Board;
- 7 (10) “CHAM” means the *Alaska Community Health Aide/Practitioner Manual*, 2006
8 Edition, as revised, or its successor if approved by this Board;
- 9 (11) “CHA/P” means community health aide or community health practitioner;
- 10 (12) “CHA/P Curriculum” means the *Community Health Aide Basic Training Curriculum*,
11 1993, revised as of May, 1997, unless other revisions are adopted in which case “CHA/P Curriculum” will
12 incorporate those revisions;
- 13 (13) “CHP” means community health practitioner;
- 14 (14) “Community health aide” means a community health aide I, II, III, and IV, except
15 when the level is specified;
- 16 (15) “Contact hour” means no less than 50 minutes of instructional or clinical time,
17 provided that
- 18 (A) a course, seminar, or workshop offered or approved by an organization from
19 which educational or continuing education requirements may be obtained will be accepted for the number
20 of continuing education credits designated by the organization offering it; and
- 21 (B) academic credit will be converted to contact hours, as follows:
22 (i) one semester academic credit equals 15 contact hours;
23 (ii) one quarter academic credit equals 10 contact hours;
- 24 (16) “Dental health aide” means primary dental health aides I and II, dental health aide
25 hygienists, expanded function dental health aides I and II and dental health aide therapists, except as used
26 in Article 30 of Chapter 2 regarding requirements for special classes of dental health aides;
- 27 (17) “Dental hygienist” means a person licensed as a dental hygienist in Alaska under AS
28 08.32.010 or a dental hygienist in the employ of the federal government in the discharge of official duties
29 who is a dental hygienist licensed in one of the states or territories of the United States;
- 30 (18) “Dentist” means a person licensed as a dentist in Alaska or a dentist in the employ of
31 the federal government in the discharge of official duties who is licensed in one of the states or territories
32 of the United States;
- 33 (19) “DHA” means dental health aide;
- 34 (20) “DHA Advanced Dental Procedures” means the curriculum set forth in section
35 7.20.040 [DHA advanced dental procedures];
- 36 (21) “DHA Core Curriculum” means the curriculum set forth in section 7.20.010 [DHA
37 core curriculum]; and
- 38 (22) [*Repealed October 3, 2006*]
- 39 (23) “DHA Curriculum” means a curriculum for training dental health aides approved by
40 the Board pursuant to Article 20 [DHA curricula] of Chapter 7 [certification of DHA training and
41 curriculum];
- 42 (24) “DHAH” means dental health aide hygienist;
- 43 (25) “DHAT” means dental health aide therapist;
- 44 (26) “EFDHA” means expanded function dental health aide;
- 45 (27) “eLearning” means formal instruction where students and instructors are separated by
46 geography, time or both for the majority of the instructional period;
- 47 (28) “EMT” means Emergency Medical Technician;
- 48 (29) “ETT” means Emergency Trauma Technician;
- 49 (30) “ISDEAA” means the Indian Self-Determination and Education Assistance Act, Pub.
50 L. 93-638, as amended, 25 U.S.C. § 450 et seq.;
- 51 (31) “Licensed behavioral health clinician” means a person who

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (A) (i) is a medical doctor who has completed a postgraduate residency or is
2 Board certified in psychiatry;
- 3 (ii) is a registered nurse who has completed a master’s degree with a
4 psychiatric mental health specialty; or
- 5 (iii) has completed either a doctorate or master’s degree in psychology, social
6 work, counseling, marriage and family therapy, substance abuse or addiction, or a related field;
- 7 (B) under which the person is authorized to diagnose disorders contained within the
8 *Diagnostic and Statistical Manual of Mental Disorders*; and
- 9 (C) is fully or provisionally licensed in the State of Alaska or is in the employ of the
10 federal government and is fully or provisionally licensed in one of the states or territories of the United
11 States; and
- 12 (D) satisfies the requirements of section 2.40.010(a)(2) [supervision of BHA/Ps;
13 clinical oversight; qualifications];
- 14 (32) “PDHA” means primary dental health aide;
- 15 (33) “Satisfactory performance” means the community health aide, community health
16 practitioner, or dental health aide, behavioral health aide, or behavioral health practitioner can do the skill
17 using the CHAM or other materials for reference without other assistance. “Satisfactory performance” is
18 measured by having the community health aide or practitioner, or dental health aide, or behavioral health
19 aide or practitioner demonstrate the skill with sufficient expertise to meet the standard of care in a daily
20 work situation; and
- 21 (34) “Session” means a course offered by a CHA/P Training Center providing a curriculum
22 approved by the Board.

23
24 **History:** January 17, 2014, Section 1.20.010(4)(A) and (6) were amended. October 29, 2013, Section
25 1.20.010 was amended by adding (28). June 18, 2008, Section 1.20.010 was amended by adding new
26 subsections (3)-(6), (12)-(14), and (28), renumbering all others and amending renumbered subsections
27 (1), (15), (16), (17), and (30). October 3, 2006, Section 1.20.010(5) was amended, (22) was repealed,
28 and (23) was added. October 8, 2003, Section 1.20.010(10) was amended. November 26, 2002, Section
29 1.20.010 was amended by adding new subsections (1)-(3), (8)-(16) and 19; amending subsections (5),
30 (7), (20) and (22); and renumbering all subsections.

Article 30. Designation and Citation

31
32
33
34 **Sec. 1.30.010. Designation and Citation.** The Standards and Procedures of the Board may be
35 cited as “CB” followed by the number of the chapter, article, and section, separated by periods. For
36 example, this chapter may be cited as “CB 1” or “chapter 1”; this article may be cited as “CB 1.30” or
37 “article 30 of this chapter”; this section may be cited as “CB 1.30.010” or “section 1.30.010”. Except as
38 otherwise indicated by the context, citations in accordance with this section include amendments and
39 reenactments of the provisions cited.

Article 40. Findings

40
41
42
43 **History:** November 26, 2002, Article 40 was added.

44
45 **Sec. 1.40.010. Findings.** The Community Health Aide Program Certification Board makes the
46 following findings.

- 47
48 (1) The community health aide program was established to provide for training of health
49 aides and practitioners and to maintain a system in which the health aides can relate to other health
50 professionals while providing health care, health promotion and disease prevention services in rural
51 Alaska.
- 52 (2) The community health aide program was authorized by Congress to promote the

Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015

1 achievement of the health status objectives in the Indian Health Care Improvement Act in rural Alaska.
2 These objectives are broad in scope and address virtually every aspect of health care, access, delivery, and
3 status. Specialized training (medical, dental and behavioral health) and certification furthers those
4 objectives by creating opportunities for community health aides to focus their training and practice on
5 particular health issues and delivery strategies. Regardless of the specific title everyone certified under the
6 community health aide program has the same basic responsibility: to improve health status among Alaska
7 Natives living in rural Alaska.

8 (3) The need for the community health aide has not diminished – most villages in Alaska
9 still have no health provider in the community other than a community health aide or community health
10 practitioner. Although the infant mortality rate has diminished over the past 20 years, diabetes mellitus
11 has increased by 110%, compared to 23% for the United States all races; the unintentional injury death
12 rate of Alaska Natives is 4.5 times the rate for the United States; health status of rural Alaska Natives is
13 closely related to low socio-economic status and 24% of Alaska Natives live below the poverty level
14 compared to 13.1% for United States all races.

15 (4) The community health aide program has become a model for efficient and high quality
16 health care delivery in rural Alaska providing approximately 300,000 patient encounters per year and
17 responding to emergencies twenty-four hours a day, seven days a week.

18 (5) The existing community health aide program is over-taxed with persistently high rates
19 of turnover among community health aides and practitioners.

20 (6) The curriculum for training community health aides and practitioners and the *CHAM*
21 have always included dental care, however other demands on community health aides and practitioners
22 have resulted largely in only emergency dental services to relieve immediate pain being available.

23 (7) Only 29% of Alaska Native children and even fewer adults have had access to dental
24 care resulting in epidemic caries among children and loss of teeth among adults and elders.

25 (8) The Alaska Area Native Health Service, the Department of Health and Human
26 Services, and tribal health organizations recognize the strong connection between dental health and
27 physical health, including that caries is an infectious and contagious disease, which can result in pain,
28 infection and diminishment of nutritional and digestive health.

29 (9) Shortages in the number of dentists nationally and in Alaska have resulted in high
30 turnover among rural dentists (about 30%) and nearly a quarter of the dental positions in rural Alaska
31 being unfilled resulting in available dental care in rural Alaska to being limited principally to only
32 emergency services.

33 (10) This Board and the Alaska Area Native Health Service, together with Alaska tribal
34 health organizations, have agreed that improvements in dental health among Alaska Natives requires
35 health providers dedicated to dental preventive and acute care and that specialized training under the
36 community health aide program of community health aides, who will be called dental health aides and
37 who will limit their practice to dental care, is required to improve dental health status in rural Alaska.

38 (11) Approximately 58 percent of the Alaska Native population lives in small communities
39 that have limited or no direct access to behavioral health services (Alaska Native Tribal Health
40 Consortium, *2004 Rural Behavioral Health Needs Assessment Final Report*, p. 4).

41 (12) Staff turnover is a barrier to maintaining access to behavioral health services in
42 villages (id., at p. 5).

43 (13) Despite improvements in the rate of deaths among Alaska Natives from many other
44 causes, in the period 1980 to 1998, the rate of alcohol-related deaths increased (Alaska Area Native
45 Health Service and Alaska Native Tribal Health Consortium, *Alaska Native Mortality 1980-1998*, June
46 2001, p. 4).

47 (14) In the period 1996-1998, three of the five leading causes of Alaska Native deaths were
48 related to behavioral health conditions; unintentional injuries for which the age-adjusted death rate of
49 Alaska Natives was 101.5 compared to 30.1 U.S. all races, alcohol-related for which the age-adjusted
50 death rate was 54.2 compared to 6.1, and suicide for which the same rate was 44.5 compared to 10.4 (id.,
51 at p. 7).

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (15) The Fetal Alcohol Syndrome “prevalence rate among Alaska Natives (4.8) is three and
2 a half times that for All Alaskans (1.4) and at least seven times the high end of the national rate of .1 to
3 .7” (Alaska Native Tribal Health Consortium, *Alaska Natives: Key Facts, August 2002*, p. 6).

4 (16) “The suicide attempt rate for Alaska Native males, ages 15-19, is 5.6 times (1565) that
5 of Alaska males, ages 15-19 (275)...and for Alaska Native females, ages 15-19, is four times (3627) that
6 of Alaska females, ages 15-19 (886)” (id., p. 5).

7 (17) “Alaska Native children represent 49 percent of the custody children sent to out-of-
8 state placements....” (Alaska Department of Health and Social Services, Division of Behavioral Health,
9 *Bring the Kids Home Annual Report*, December 2005). This constitutes a rate more than two times higher
10 than their representation in the general population;

11 (18) The Healthy People 2020 objectives, broadly and deeply address behavioral health
12 issues including injury and violence prevention, mental health, quality of life and well-being, social
13 determinants of health, substance abuse and tobacco, along with behavioral health considerations for each
14 stage of life.

15 (19) This Board and the Alaska Area Native Health Service, together with Alaska tribal
16 health organizations, have agreed that improvements in behavioral health among Alaska Natives requires
17 village-based health providers dedicated to behavioral health prevention and treatment and that
18 specialized training under the community health aide program of community health aides, who will be
19 called behavioral health aides and practitioners and who will limit their practice to behavioral health, is
20 required to improve behavioral health status in rural Alaska.

21
22 **History:** October 17, 2014, Section 1.40.010 was amended for renumbering of paragraphs (16)-(20) to
23 (15)-(19). October 12, 2011, Section 1.40.010 paragraphs (2) and (19) were amended. June 18, 2008, in
24 Section 1.40.010 the introduction and paragraphs (2) and (5) were amended and paragraphs (11)-(20)
25 were added. January 13, 2011, Section 1.40.010 paragraph (2) was amended.

26
27
28 **Chapter 2.**
29 **Certification of Community Health Aides, Community Health Practitioners,**
30 **Dental Health Aides,**
31 **Behavioral Health Aides and Behavioral Health Practitioners**

32
33 **History:** June 18, 2008, the Title of Chapter 2 was amended. November 26, 2002, the Title of Chapter 2
34 was amended.

35
36 **Article 10. Initial Qualifications**

37
38 **Sec. 2.10.010. Initial Qualifications.**

39
40 (a) **General Requirements.** The Board shall issue a community health aide, community health
41 practitioner, dental health aide, behavioral health aide, or behavioral health practitioner certificate to a
42 person who

- 43 (1) applies on forms provided by the Board;
44 (2) pays the application fees required;
45 (3) furnishes evidence satisfactory to the Board that the person has not engaged in conduct
46 that is a ground for imposing disciplinary sanctions under Chapter 4; and
47 (4) [*Repealed October 23, 1998*]
48 (5) furnishes evidence satisfactory to the Board that the person has completed the training
49 and education requirements for the highest level of certification being sought, as follows:

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (A) for a community health aide or practitioner the requirements are those under
2 section 2.20.100 [CHA I training & education requirements], 2.20.200 [CHA II training & education
3 requirements], 2.20.300 [CHA III training & education requirements], 2.20.400 [CHA IV training &
4 education requirements] or 2.20.500 [CHP training & education requirements];

5 (B) for a dental health aide the requirements are those under section 2.30.100
6 [PDHA I training & education requirements], 2.30.200 [PDHA II training & education requirements],
7 2.30.220(c) [training, education & preceptorship], 2.30.230(c) [dental prophylaxis requirements; training
8 & education] and (d) [preceptorship], 2.30.240(c) [dental radiology requirements; training, education &
9 preceptorship], 2.30.250(c) [dental assistant function requirements; training, education & preceptorship],
10 2.30.260(c) [ART requirements; training & education] and (d) [preceptorship], 2.30.300 [DHAH training
11 & education requirements], 2.30.400 [EFDHA I supervision, training and education
12 requirements], 2.30.500 [EFDHA II training & education requirements], 2.30.550(c) [stainless steel
13 crown placement requirements; training & education] and (d) [preceptorship] and 2.30.600 [DHAT
14 training & education requirements];

15 (C) for a behavioral health aide or practitioner the requirements are those under
16 sections 2.40.100 [BHA I training, practicum, and experience requirements], 2.40.200 [BHA II training,
17 practicum, and experience requirements], 2.40.300 [BHA III training, practicum, and experience
18 requirements] or 2.40.400 [BHP training, practicum, and experience requirements];

19 (6) furnishes evidence satisfactory to the Board that at the time of consideration of the
20 application the person is employed by the Indian Health Service or a tribe or tribal health program
21 operating a community health aide program in Alaska under the ISDEAA;

22 (7) furnishes evidence satisfactory to the Board that the person will practice as a
23 community health aide, community health practitioner, dental health aide, or behavioral health aide or
24 practitioner only when employed by the Indian Health Service or a tribe or tribal health program
25 operating a community health aide program in Alaska under the ISDEAA;

26 (8) furnishes evidence satisfactory to the Board that the person will practice as a
27 community health aide, community health practitioner, dental health aide, behavioral health aide, or
28 behavioral health practitioner only within the scope of practice, certifications granted to the person as
29 specified in subparagraphs (A), (B) and (C) of this paragraph, except as required to satisfy the conditions
30 for achieving the next level of certification or when practice would be permitted under section
31 4.10.010(i)(2) [grounds for discipline; (unprofessional conduct; duties & responsibilities)];

32 (A) for a community health aide or community health practitioner the scopes of
33 practice are defined in sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies],
34 2.20.310 [CHA III competencies], 2.20.410 [CHA IV competencies] and 2.20.510 [CHP competencies],

35 (B) for a dental health aide the scopes of practice are defined in sections 2.30.110(b)
36 [PDHA I competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d)
37 [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies],
38 2.30.240(d) [dental radiology requirements; competencies], 2.30.250(d) [dental assistant function
39 requirements; competencies], 2.30.260(e) [ART requirements; competencies], 2.30.310(b) [DHAH
40 supervision & competencies; competencies], 2.30.410(b) [EFDHA I supervision & competencies;
41 competencies], 2.30.510(b) [EFDHA II supervision & competencies; competencies], 2.30.550(e)
42 [stainless steel crown placement requirements; competencies], and 2.30.610(b) [DHAT supervision &
43 competencies; competencies]; and

44 (C) for a behavioral health aide or behavioral health practitioner the scopes of
45 practice are defined in sections 2.40.500(b) [BHA/P knowledge, skills, & scope of practice; scope of
46 practice];

47 (9) furnishes evidence satisfactory to the Board that

48 (A) the person will practice only under supervision and day-to-day direction of
49 individuals who are:

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

History: January 22, 2015, Section 2.20.500 was amended. June 18, 2008, Section 2.20.500(3) was amended to correct the title of the examination. November 26, 2002, Section 2.20.500(3) was amended.

Sec. 2.20.510. Community Health Practitioner Competencies. A community health practitioner must successfully demonstrate and maintain the ability to meet all of the requirements of sections 2.20.110 [CHA I competencies], 2.20.210 [CHA II competencies], 2.20.310 [CHA III competencies], and 2.20.410 [CHA IV competencies].

Sec. 2.20.600. Certification by Credentials. The Board may waive one or more of the requirements of sections 2.20.100 [CHA I training & education requirements] through 2.20.510 [CHP competencies] for a person who provides evidence satisfactory to the Board that the person has health care training, education and experience at least equivalent in scope, quality, and difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her practice to the scope of practice of a community health aide or community health practitioner operating under the community health aide program.

History: November 26, 2002, Section 2.20.600 was amended.

Article 30. Standards for Dental Health Aides

History: November 26, 2002, Article 30 was added.

Sec. 2.30.010. Supervision of Dental Health Aides.¹

(a) Generally. The supervision of a dental health aide may be general, indirect or direct, as defined in section 2.30.010(b) [supervision of DHAs; definitions of levels of supervision], provided that

(1) the person providing the supervision must satisfy the criteria provided under section 2.10.010(a)(9) [initial qualifications; general requirements (supervision & day-to-day direction)];

(2) the dental health aide must be supervised at whatever level of supervision is required for the specific care being provided;

(3) a dentist or dental health aide therapist providing supervision may impose a higher level of supervision on the dental health aide than that provided in this article, and

(4) when a dental health aide therapist requires supervision the supervision must be provided by a dentist.

(b) Definitions of Levels of Supervision. For the purposes of this article:

(1) “Direct supervision” means the dentist or dental health aide therapist in the dental office, personally diagnoses the condition to be treated, personally authorizes the procedure, and before dismissal of the patient evaluates the performance of the dental health aide;

(2) “General supervision” means the dentist or dental health aide therapist has authorized the procedures and they are being carried out in accordance with standing orders issued to a specific dental health aide; and

(3) “Indirect supervision” means a dentist or dental health aide therapist is in the facility, authorizes the procedures, and remains in the dental facility while the procedures are being performed by the dental health aide.

¹The supervision (at whatever level is required) of a dental health aide who provides services for which a Medicaid claim will be made must be provided by a dentist.

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 **(c) Village-Based Practice.** Any dental health aide practicing under general supervision, except
2 a primary dental health aide I, must have successfully completed a Board approved village-based dental
3 practice course that satisfies the requirements of section 7.20.050 [village- based dental practice].
4

5 **History:** June 18, 2008, Section 2.30.010(a)(2) was amended to correct a citation. October 3, 2006, Section
6 2.30.010 was amended by adding a footnote to the section title and Section 2.30.010(a) was amended.
7 October 8, 2003, Section 2.30.010(a) was amended.
8

9 **Sec. 2.30.020. Scope of Practice Prior to Certification as a Dental Health Aide.**

10 **(a) Minimum Requirements.** A person who satisfies the requirements of subsection
11 2.30.020(b) [scope of practice prior to certification as a DHA; employment] may perform services of a
12 certified dental health aide prior to being certified under this article to the extent the services are
13 performed
14

- 15 (1) as part of training required for certification;
16 (2) as part of a required preceptorship under sections 2.30.100(b) [PDHA I training &
17 education requirements; preceptorship], 2.30.220(c)(1)(B) [sealant requirements; training, education &
18 preceptorship; (sealants during training)] or (c)(2) [sealant requirements; training, education &
19 preceptorship; (preceptorship)], 2.30.230(d) [dental prophylaxis requirements; preceptorship];
20 2.30.240(c)(1)(D) [dental radiology requirements; training, education & preceptorship; (radiographs
21 during training)] or (c)(2) [dental radiology requirements; training, education & preceptorship; (minimum
22 number radiographs)], 2.30.250(c) [dental assistant function requirements; training, education &
23 preceptorship], 2.30.260(d) [ART requirements; preceptorship], 2.30.400(b) [EFDHA I supervision,
24 training and education requirements; preceptorship], 2.30.500(b) [EFDHA II training & education
25 requirements; preceptorship], 2.30.550(d) [stainless steel crown placement requirements; preceptorship],
26 2.30.600(3) [DHAT training & education requirements; (preceptorship)]; or
27 (3) while an application for certification is pending before the Board after successful
28 completion of all required training and preceptorship.
29

30 **(b) Employment.** To be eligible to perform services under subsection 2.30.020(a) [scope of
31 practice prior to certification as a DHA; minimum requirements], the person must be employed or
32 sponsored by the Indian Health Service or a tribe or tribal program operating a community health aide
33 program in Alaska under the ISDEAA.
34

35 **History:** October 30, 2014, Section 2.30.020(a)(2) was amended. January 31, 2008, Section 2.30.020(b)
36 was amended. October 3, 2006, Section 2.30.020(a) and (b) were amended.
37

38 **Sec. 2.30.030. Multiple Certification.** Under this article a person may be certified under more
39 than one section.
40

41 **Sec. 2.30.050. Certification by Credentials.** The Board may waive one or more of the
42 requirements of sections or 2.30.100 [PDHA I training & education requirements] through 2.30.610
43 [DHAT supervision & competencies] for a person who provides evidence satisfactory to the Board that
44 the person has health care training, education and experience at least equivalent in scope, quality, and
45 difficulty to those imposed under these sections, provided the applicant demonstrates to the satisfaction of
46 the Board that the applicant is adequately familiar with the CHA/P program and will limit his or her
47 practice to the scope of practice of dental health aide under these *Standards*.
48

49 **Sec. 2.30.100. Primary Dental Health Aide I Training and Education Requirements.** A
50 person meets the training and education requirements to be a certified primary dental health aide I upon
51 successful completion of the requirements set forth in subsections (a) [training] and (b) [preceptorship] of
52 this section.

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

(a) Training.

(1) (A) A Pre-session or Session I training course provided by a CHA/P Training Center, provided that a Pre-session training course must address at a minimum all of the topics identified in section 7.20.010 [DHA core curriculum]; or

(B) a Board approved DHA core curriculum course that satisfies the requirements of section 7.20.010 [DHA core curriculum];

(2) a Board approved primary oral health promotion and disease prevention course that satisfies the requirements of section 7.20.020 [primary oral health promotion & disease prevention];

(3) a Board approved basic dental procedure course that satisfies the requirements of section 7.20.030 [basic dental procedures]; and

(4) Basic Life Support certification.

(b) Preceptorship. A dental health aide must after completion of the requirements in subsection (a) of this section, under the direct supervision of a dentist, dental health aide therapist or dental hygienist, satisfactorily complete a preceptorship, which must include satisfactory performance in the

(1) delivery of a minimum of 20 fluoride treatments, which must include a minimum of 5 varnish, 5 rinse and 5 foam or gel treatments;

(2) delivery of a minimum of 40 oral hygiene sessions of which

(A) a minimum of 10 must be with children under 6 years of age;

(B) a minimum of 10 must be with patients between ages 6 and 14; and

(C) a minimum of 10 must be with patients over age 14;

(3) delivery of a minimum of 20 diet education sessions, including a minimum of:

(A) 10 provided to the primary caregiver of children under age 6; and

(B) 5 provided to an adult regarding the adult's own diet; and

(4) an additional 40 hours of relevant work experience.

(c) Waiver. A person who has equivalent education, training or experience may be deemed by the Board to meet the requirements in subsections (a)(2) [PDHA I training & education requirements; (oral health promotion disease prevention course)] and (3) [PDHA I training & education requirements; (basic dental procedure course)] and (b) [PDHA I training & education requirements; preceptorship] of this section.

Sec. 2.30.110. Primary Dental Health Aide I Supervision and Competencies.

(a) Dental Supervision. A certified primary dental health aide I may provide services under the general supervision of a dentist or dental health aide therapist.

(b) Competencies. A certified primary dental health aide I must successfully demonstrate and maintain

(1) an understanding of:

(A) basic dental anatomy;

(B) caries disease process;

(C) periodontal disease process;

(D) infection control;

(E) health care system access, including access to Medicaid and other third-party

resources;

(F) scheduling;

(G) theory of prevention;

(H) fluoride as a drug and related issues;

(2) competency in the following subjects:

(A) fluoride treatments, including gels, foams, varnish and mouth rinse;

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (B) diet education;
 2 (C) oral hygiene instruction;
 3 (D) identification of potential dental problems and appropriate referrals;
 4 (E) those provided for under sections 2.20.110(b)(1), (3) through (12), (14) and (15)
 5 [CHA I competencies; (competencies)];
 6 (F) dental health aide's general scope of work;
 7 (G) basic life support;
 8 (3) satisfactory performance of the following skills:
 9 (A) use of CHAM;
 10 (B) general medical history taking;
 11 (C) patient education including:
 12 (i) oral hygiene instruction;
 13 (ii) diet education;
 14 (iii) explanation of prevention strategies, including fluoride and sealants;
 15 (D) tooth brush prophylaxis;
 16 (E) providing topical fluorides, including gels, foam, varnish and rinses;
 17 (F) clean/sterile techniques;
 18 (G) universal precautions; and
 19 (H) hand washing.
 20

21 **Sec. 2.30.150. [RESERVED]**

22
 23 **History:** October 8, 2003, Section 2.30.150 was deleted and the section number reserved.
 24

25 **Sec. 2.30.160. [RESERVED]**

26
 27 **History:** October 8, 2003, Section 2.30.160 was deleted and the section number reserved.
 28

29 **Sec. 2.30.200. Primary Dental Health Aide II Training and Education Requirements.** A
 30 person meets the training and education requirements to be a certified primary dental health aide II upon
 31 successful completion of

- 32 (a) (1) (A) all requirements under sections 2.30.100 [PDHA I training & education
 33 requirements] through 2.30.110 [PDHA I supervision & competencies];
 34 (B) a Board approved DHA Advanced Dental Procedures training session that
 35 satisfies the requirements of section 7.20.040 [DHA advanced dental procedures]; and
 36 (C) one or more certifications under 2.30.220 [sealant requirements], 2.30.230
 37 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental assistant
 38 function requirements] or 2.30.260 [ART requirements]; or
 39 (2) the requirements of section 2.30.300(b)(1) and (2) [DHAH training & education
 40 requirements; (education options)]; and
 41 (b) a Board approved DHA village-based dental practice course that satisfies the requirements
 42 of section 7.20.050 [village-based dental practice].
 43

44 **History:** October 30, 2014, Section 2.30.200(a)(1)(C) was amended. October 8, 2003, Section 2.30.200 was
 45 amended.
 46

47 **Sec. 2.30.210. Primary Dental Health Aide II Supervision and Competencies.**

48
 49 (a) **Dental Supervision.** A certified primary dental health aide II may provide the services
 50 under paragraph (b)(2) [competencies; (satisfactory performance)] under the general supervision of a
 51 dentist or dental health aide therapist.

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 **(b) Competencies.** In addition to meeting the requirements of section 2.30.110 [PDHA I
2 supervision & competencies], a certified dental health aide II must successfully demonstrate and maintain
3 (1) (A) an understanding and knowledge of dental anatomy;
4 (B) an understanding and knowledge of caries and the periodontal disease process;
5 (C) identification and knowledge of dental instruments and equipment;
6 (D) an understanding telemedicine technology;
7 (E) dental charting;
8 (F) problem-specific medical and dental history taking;
9 (G) basic knowledge of relationship between medical conditions and oral health;
10 (H) basic management of dental emergencies;
11 (I) proper handling and sterilization of instruments;
12 (J) disinfection of the operatory; and
13 (2) satisfactory performance of the following skills:
14 (A) problem-specific medical and dental history taking;
15 (B) recognition of medical and dental conditions that may require direct dental
16 supervision or services;
17 (C) recognition of relationship between medical conditions and oral health;
18 (D) dental charting and patient record documentation;
19 (E) instrument handling and sterilization procedures;
20 (F) intra- and extra-oral photographs, if equipment is available;
21 (3) meeting the requirements of one or more of the following sections:
22 (A) 2.30.220 [sealant requirements];
23 (B) 2.30.230 [dental prophylaxis requirements];
24 (C) 2.30.240 [dental radiology requirements];
25 (D) 2.30.250 [dental assistant function requirements]; or
26 (E) 2.30.260 [ART requirements].
27

28 **History:** October 30, 2014, Section 2.30.210(b)(3) was amended. June 8, 2010, Section
29 2.30.210(b)(1)(2) was amended. October 8, 2003, the title to Section 2.30.210 and subsections (a) and
30 (b) were amended.
31

32 **Sec. 2.30.220. Sealant Requirements.**
33

34 **(a) Prerequisites.** A dental health aide may be certified under this section to perform sealants
35 under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide
36 satisfies the requirements of sections:

- 37 (1) 2.30.200 [PDHA II training & education] and 2.30.210 [PDHA II supervision &
38 competencies];
39 (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410
40 [EFDHA I supervision & competencies]; or
41 (3) 2.30.500 [EFDHA II training & education] and 2.30.510 [EFDHA II supervision &
42 competencies].
43

44 **(b) Dental Supervision.**

- 45 (1) The sealant procedure must have been ordered by a dentist prior to the sealant
46 procedure.
47 (2) Sealants may be performed under this section by a dental health aide under the general
48 supervision of a dentist provided the dental health aide has met the requirements of this section, including
49 successful completion of the requirements of section 2.30.200(b) [PDHA II training & education
50 requirements; (village-based dental practice course)].

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (3) An expanded function dental health aide I or II who has not completed the requirements
2 of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice
3 course)] may perform sealants under this section only under the direct or indirect supervision of a dentist.
4

5 (c) **Training, Education and Preceptorship.** The dental health aide must have satisfactorily
6 completed

7 (1) (A) a course in sealants
8 (i) approved by the Board that satisfies the requirements of section 7.20.100
9 [sealants];

10 (ii) offered by an accredited school of higher education; or
11 (iii) offered by IHS; and
12 (B) under the direct supervision of a dentist, dental health aide therapist, licensed
13 dental hygienist, or dental health aide hygienist satisfactory performance of a minimum of 25 sealant
14 procedures including:

15 (i) a minimum of 10 on molars;
16 (ii) a minimum of 5 on children under 7 years of age; and
17 (iii) a minimum of 10 on second molars; or
18 (2) under the direct supervision of a dentist, dental health aide therapist or licensed dental
19 hygienist or dental health aide hygienist, satisfactory performance of a minimum of 50 sealant procedures
20 including:

21 (A) a minimum of 20 on molars;
22 (B) a minimum of 10 on children under 7 years of age; and
23 (C) a minimum of 10 on second molars.
24

25 (d) **Competencies.** In addition to meeting all other requirements of this section, the dental health
26 aide must understand and successfully demonstrate and maintain the following competencies and skills:

27 (1) understanding and following dental orders;
28 (2) reviewing medical history and identifying contraindications for sealant treatment;
29 (3) explaining sealant procedure and responding to questions from patient regarding
30 sealants;
31 (4) proper patient and provider safety procedures;
32 (A) proper use and safety procedures related to curing light;
33 (B) proper use of etchant material;
34 (5) isolating and drying teeth to be sealed;
35 (6) identifying and correcting occlusal discrepancies caused by excess sealant; and
36 (7) ensuring retention of the sealant.
37

38 **History:** October 8, 2003, Section 2.30.220(a) was amended.
39

40 **Sec. 2.30.230. Dental Prophylaxis Requirements.**
41

42 (a) **Prerequisites.** A dental health aide may be certified under this section to perform dental
43 prophylaxis under the conditions set forth in subsections (b) through (d) of this section provided the dental
44 health aide satisfies the requirements of sections:

45 (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II
46 supervision & competencies];
47 (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410
48 [EFDHA I supervision & competencies]; or
49 (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II
50 supervision and competencies].

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

(b) Dental Supervision.

(1) The dental prophylaxis procedure must have been ordered by a dentist or dental health aide therapist prior to the performance of the procedure.

(2) Dental prophylaxis performed under this section must be carried out under the direct or indirect supervision of a dentist or dental health aide therapist unless the dental health aide has successfully completed the requirements of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice course)].

(c) Training and Education. The dental health aide must have satisfactorily completed one of the following:

(1) a Board approved course in dental prophylaxis that satisfies the requirements of section 7.20.110 [dental prophylaxis];

(2) a course in dental prophylaxis offered by an accredited school of higher education; or

(3) a course in dental prophylaxis offered or approved by IHS, including “Clinical Periodontics for the Dental Assistant.”

(d) Preceptorship. A dental health aide must, after completion of the requirements in subsection (c) of this section, under the direct supervision of a dentist, dental health aide therapist, licensed dental hygienist or dental health aide hygienist, satisfactorily complete a preceptorship during which the dental health aide satisfactorily performs a minimum of 40 dental prophylaxis of which

(1) a minimum of 10 must be performed on children under 8 years of age; and

(2) a minimum of 10 must be performed on adults with supra-gingival calculus.

(e) Competencies. In addition to meeting all other requirements of this section, the dental health aide must understand and successfully demonstrate and maintain the following competencies and skills:

(1) understanding and following dental orders;

(2) reviewing medical history and identifying contraindications for performing prophylaxis;

(3) understanding when the patient should be referred to a dentist prior to carrying out prophylaxis;

(4) explaining prophylaxis procedure and respond to questions from patient regarding prophylaxis;

(5) proper patient and provider safety procedures;

(A) proper use of dental instruments for safety of patient and provider;

(B) proper use of ultrasonic or piezoelectric scalers;

(6) scaling and polishing to remove plaque, calculus, and stains from the coronal or exposed surface of the tooth; and

(7) consistent with direct orders from the dentist after a dental examination, sulcular irrigation.

History: October 30, 2014, Section 2.30.230(e)(6) was amended. January 11, 2012, Section 2.30.230(d) was amended. June 8, 2010, Section 2.30.230(e) was amended. October 8, 2003, Section 2.30.230(a) was amended.

Sec. 2.30.240. Dental Radiology Requirements.

(a) Prerequisites. A dental health aide may be certified under this section to perform dental radiology under the conditions set forth in subsections (b) through (d) of this section provided the dental health aide satisfies the requirements of sections:

(1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II supervision & competencies];

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (2) 2.30.400 [EFDHA I supervision, training & education requirements] and 2.30.410
2 [EFDHA I supervision & competencies]; or
3 (3) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA II
4 supervision & competencies].
5

6 **(b) Dental Supervision.** Dental radiology may be performed under this section by a dental
7 health aide under the general supervision of a dentist or dental health aide therapist provided the dental
8 health aide has met the requirements of all of the requirements of this section.
9

10 **(c) Training, Education and Preceptorship.** The dental health aide must have satisfactorily
11 completed one of the following:

12 (1) (A) a Board approved course in dental radiology that satisfies the requirements of
13 section 7.20.120 [dental radiology];

14 (B) a course in dental radiology offered by an accredited school of higher education;

15 (C) a course in dental radiology offered or approved by IHS, including “Basic
16 Radiology for Dental Staff”; or

17 (D) satisfactory performance in exposing and developing a minimum of 75 dental
18 radiographs under the direct supervision of a dentist, dental health aide therapist, dental health aide
19 hygienist, or dental hygienist including:

20 (i) a minimum of 10 sets of bitewing radiographs, provided that a minimum
21 of 5 sets of the bitewings must be on children under 7 years of age, and

22 (ii) a minimum of 20 periapicals and 3 occulsals.

23 (2) If in the course under (1)(A) through (C) the dental health aide did not satisfactorily
24 expose radiographs on at least 10 patients, then after the completion of the course, the dental health aide
25 must complete, under direct supervision of a dentist, dental health aide therapist, dental health aide
26 hygienist, or dental hygienist enough additional radiographs to have satisfactorily completed exposures on
27 no less than 10 patients.
28

29 **(d) Competencies.** In addition to meeting all other requirements of this section, a dental health
30 aide may only perform dental radiology, if the dental health aide successfully demonstrates and maintains

31 (1) an understanding of

32 (A) components of an x-ray machine,

33 (B) kilovoltage (kVp),

34 (C) density and contrast,

35 (D) milliamperage (mA),

36 (E) exposure time,

37 (F) film type,

38 (G) automatic processing equipment,

39 (H) darkroom lighting, and

40 (I) purpose of film mounts;

41 (2) competency in the following:

42 (A) radiological protection,

43 (B) radiographic quality,

44 (C) radiographic technique,

45 (D) processing technique,

46 (E) presentation of radiographs,

47 (F) radiographic infection control,

48 (G) special radiograph techniques,

49 (H) maintenance of processor equipment, and

50 (I) mounting and labeling of radiographs;

51 (3) satisfactory performance of the following skills:

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (A) radiological protection of operator and patient;
 2 (B) use and storage of the lead apron and thyroid collar;
 3 (C) review medical history and identify contraindications for performing x-rays;
 4 (D) dosimeter (film badge) and radiology reports;
 5 (E) recognition and correction of
 6 (i) distortion,
 7 (ii) overlap,
 8 (iii) cone-cutting, and
 9 (iv) automatic processing problems;
 10 (F) use of film holding devices;
 11 (G) positioning and exposing intra-oral radiographs;
 12 (H) troubleshooting
 13 (i) technique errors, and
 14 (ii) processing errors;
 15 (I) film handling during processing,
 16 (J) film labeling,
 17 (K) use of landmarks to mount film,
 18 (L) use of daylight loader, and
 19 (M) basic knowledge of digital radiography.
 20

21 **(e) Radiology Recertification.** No less often than once every two years, the dental health aide
 22 must expose a minimum of 20 radiographs under the direct supervision of a dentist or dental health aide
 23 therapist and those radiographs must be reviewed by a dentist and determined to have been performed
 24 satisfactorily.
 25

26 **History:** May 15, 2014, Section 2.30.240(c)(1)(D) and (2) were amended. June 8, 2010, Section
 27 2.30.240(d)(3) was amended. October 8, 2003, Section 2.30.240(a) was amended.
 28

29 **Sec. 2.30.250. Dental Assistant Function Requirements.**
 30

31 **(a) Prerequisites.** A dental health aide may be certified under this section to perform the
 32 functions of a dental assistant under the conditions set forth in subsections (b) through (c) of this section
 33 provided the dental health aide satisfies the requirements of:

34 (1) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II
 35 supervision & competencies].
 36

37 **(b) Dental Supervision.** A dental health aide certified under this article who satisfies the
 38 requirements of this section may perform the functions of a dental assistant only under the direct or
 39 indirect supervision of a

- 40 (1) dentist;
 41 (2) dental health aide therapist;
 42 (3) licensed dental hygienist;
 43 (4) dental health aide hygienist; or
 44 (5) primary dental health aide II or expanded function dental health aide I or II who is
 45 performing procedures under the general supervision of a dentist.
 46

47 **(c) Training, Education and Preceptorship.** In addition to performing functions as provided
 48 for the level of certification achieved by the dental health aide, a dental health aide may perform the
 49 functions of a dental assistant, if the dental health aide has successfully completed one of the following:

- 50 (1) an accredited dental assisting program;

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (2) a Board approved dental assisting program that satisfies the requirements of section
2 7.20.130 [dental assisting]; or

3 (3) a program provided by a dentist who directly supervised the person carrying out a
4 sufficient number of patient encounters for the person to develop satisfactory skills, as determined by the
5 supervising dentist, in each of the functions identified in 2.30.250(d) [dental assistant function
6 requirements; competencies].
7

8 **(d) Competencies.** In addition to meeting all other requirements of this section, the dental health
9 aide must understand and successfully demonstrate and maintain the ability to satisfactorily perform the
10 following functions:

- 11 (1) applying topical anesthetic agents;
- 12 (2) placing and removing rubber dams;
- 13 (3) basic knowledge of dental materials, instruments, and procedures; and
- 14 (4) four-handed instrument transfer.

15
16 **History:** October 30, 2014, Section 2.30.250 was amended. June 8, 2010, Section 2.30.250(c) was amended.
17 October 8, 2003, Section 2.30.250(a)(5) was amended.
18

19 **Sec. 2.30.260. Atraumatic Restorative Treatment (ART) Requirements.**

20
21 **(a) Prerequisites.** A dental health aide may be certified under this section to perform atraumatic
22 restorative treatment (ART) under the conditions set forth in subsections (b) through (d) of this section
23 provided the dental health aide satisfies the requirements of sections:

- 24 (1) (A) 2.30.200 [PDHA II training & education requirements] and 2.30.210 [PDHA II
25 supervision & competencies];
- 26 (B) 2.30.300 [DHAH training & education requirements] and 2.30.310 [DHAH
27 supervision & competencies];
- 28 (C) 2.30.400 [EFDHA I supervision, training & education requirements] and
29 2.30.410 [EFDHA I supervision & competencies]; or
- 30 (D) 2.30.500 [EFDHA II training & education requirements] and 2.30.510 [EFDHA
31 II supervision & competencies], and (2) 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis
32 requirements], and 2.30.240 [dental radiology requirements] and 2.30.240 [dental radiology
33 requirements].
34

35 **(b) Dental Supervision.**

36 (1) The dental health aide may perform ART only after consultation with a dentist or dental
37 health aide therapist (exception is the dental health aide hygienist who must be supervised by a dentist)
38 who has reviewed appropriate dental records regarding the patient, which may include radiographs and
39 intra-oral photographs.

40 (2) ART may be performed under this section by a dental health aide under the general
41 supervision of a dentist or dental health aide therapist (exception is the dental health aide hygienist who
42 must be supervised by a dentist) provided the dental health aide has met the requirements of all of the
43 requirements of this section, including successful completion of the requirements of section 2.30.200(b)
44 [PDHA II training & education requirements; (village-based dental practice course)].

45 (3) An expanded function dental health aide I or II who has not completed the requirements
46 of section 2.30.200(b) [PDHA II training & education requirements; (village-based dental practice
47 course)] may perform ART under this section only under the direct or indirect supervision of a dentist or
48 dental health aide therapist.
49

50 **(c) Training and Education.** The dental health aide must have satisfactorily completed one of
51 the following:

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (1) a Board approved course in ART that satisfies the requirements of section 7.20.140
2 [ART];
3 (2) a course in ART offered by an accredited school of higher education; or
4 (3) a course in ART offered or approved by IHS, including the course “Early Childhood
5 Caries (ECC) and Midlevel Providers: an Expanded Role for Hygienists and Therapists.”
6

7 **(d) Preceptorship.** A dental health aide must, after completion of the requirements in
8 subsection (c) of this section, under the direct supervision of a dentist, satisfactorily complete a
9 preceptorship during which the dental health aide satisfactorily performs ART on

- 10 (1) a minimum of 10 patients of whom a minimum of 5 must be children under 4 years of
11 age; and
12 (2) a minimum of 50 teeth.
13

14 **(e) Competencies.** In addition to meeting all other requirements of this section, a dental health
15 aide may only perform ART, if the dental health aide successfully demonstrates and maintains:

- 16 (1) an understanding and following dental orders;
17 (2) reviewing medical history and identifying contraindications for performing ART;
18 (3) identify cases appropriate for ART;
19 (4) understanding when the patient should be referred to a dentist;
20 (5) explaining ART procedure and responding to questions from patient regarding ART;
21 (6) proper patient and provider safety procedures, including proper use dental instruments;
22 (7) isolating the tooth/teeth;
23 (8) removing gross caries with hand instruments;
24 (9) mixing, placing and contouring appropriate restorative material; and
25 (10) recognizing potential and actual procedural complications and consulting appropriately
26 with the dentist.
27

28 **History:** October 30, 2013, Section 2.30.260(b)(1) and (2) were amended. June 8, 2010, Section
29 2.30.260(e)(3) was amended. October 8, 2003, Section 2.30.260(a) was amended.
30

31 **Sec. 2.30.300. Dental Health Aide Hygienist Training, Education, and Licensure**
32 **Requirements.**

33 A person meets the training and education requirements to be a certified dental health aide hygienist upon
34 successful completion of

- 35 (a) all requirements under sections 2.30.100(a)(1) [PDHA I training & education requirements;
36 training (presession)] and (4) [PDHA I training & education requirements; training; (BLS)];
37 (b) (1) an accredited school of dental hygiene; or
38 (2) a dental hygiene training and education program approved by the Board; and
39 (c) if not covered in the training under (b)(1) or (2) of this section or if the training has not been
40 kept up-to-date through practice or continuing education, a course in local anesthetic that is
41 (1) approved by the Board that satisfies the requirements of section 7.20.400 [local
42 anesthetic administration];
43 (2) offered by an accredited school of higher education; or
44 (3) offered or approved by IHS; and
45 (d) is licensed as a dental hygienist in Alaska under AS 08.32.10 or a dental hygienist in the
46 employ of the federal government in the discharge of official duties who is a dental hygienist licensed in
47 one of the states or territories of the United States.
48

49 **History:** May 15, 2014, Section 2.30.300 was amended.

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

Sec. 2.30.310. Dental Health Aide Hygienist Supervision and Competencies.

(a) Dental Supervision.

(1) Dental hygiene services may be performed under this section by a dental health aide hygienist under the general supervision of a dentist provided the dental health aide hygienist has met the requirements of all of the requirements of this section.

(2) a dental health aide hygienist may perform services identified in section 2.30.260 [ART requirements] under general supervision of a dentist upon successful completion of all of the requirements of the applicable section and requirements of section 2.30.200 (b) [PDHA II training and education requirements].

(b) Competencies. In addition to demonstrating the competencies identified in section 2.30.110(b) [PDHA I supervision & competencies; competencies], 2.30.210(b) [PDHA II supervision & competencies; competencies], 2.30.220(d) [sealant requirements; competencies], 2.30.230(e) [dental prophylaxis requirements; competencies], 2.30.240(d) [dental radiology requirements; competencies], and after satisfying the requirements of 2.30.300 [DHAH training & education requirements], a certified dental health aide hygienist must successfully demonstrate and maintain satisfactory performance of the following skills:

(1) removing calculus deposits, accretions and stains from the surfaces of teeth by scaling and polishing techniques;

(2) non-surgical periodontal therapy;

(3) placing sulcular medicinal or therapeutic materials;

(4) periodontal probing; and

(5) administration of local anesthetics and identification and responding to the side effects of local anesthetics.

History: October 12, 2011, Section 2.30.310(a) and (b) were amended. October 14, 2004, Section 2.30.310(a) was amended. October 8, 2003, Section 2.30.310(b) was amended.

Sec. 2.30.400. Expanded Function Dental Health Aide I Supervision, Training and Education Requirements.

(a) Training and Education. A person meets the training and education requirements to be a certified expanded function dental health aide I upon successful completion of

(1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & education requirements; (pre-session) & (BLS)];

(2) (A) (i) a Board approved course in basic restorative functions that satisfies the requirements of section 7.20.200 [basic restorative functions];

(ii) a course in basic restorative functions offered by an accredited school of higher education; or

(iii) a course in basic restorative functions offered or approved by IHS, including “Restorative Functions – Basic”; or

(B) training that meets the requirements under section 2.30.230 [dental prophylaxis requirements]; and

(3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA I preceptorship] of this section.

(b) Preceptorship.

An expanded function dental health aide I who has satisfied the requirements of

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (1) subsection (a)(2)(A) [EFDHA I training & education; (basic restorative functions
2 course)] must, after completion of the other requirements in subsection (a) [EFDHA I training and
3 education] of this section, satisfactorily complete a preceptorship, which must

4 (A) be under the direct supervision of a dentist;

5 (B) continue after completion of the training under subsection (a)(2) for a minimum
6 of six months or 800 hours, whichever is longer; and

7 (C) include satisfactory performance in the dental health aide's clinical setting under
8 direct supervision of a dentist of a minimum of 50 restorations of which a minimum of 5 must be in each
9 classification of amalgam class I, class II, and class V and composite class I, class III and class V; or

10 (2) subsection (a)(2)(B) [EFDHA I training and education (dental prophylaxis course)]
11 must, after the completion of the other requirements in subsection (a) [EFDHA I training and education]
12 of this section, satisfactorily complete a preceptorship as required under section 2.30.230 [dental
13 prophylaxis requirements].

14
15 **History:** October 12, 2011, Section 2.30.400(a)(b) were amended. October 8, 2003, Section 2.30.400(a)(2)
16 and (b) were amended.

17
18 **Sec. 2.30.410. Expanded Function Dental Health Aide I Supervision and Competencies.**

19 **(a) Dental Supervision.**

20
21 (1) An expanded function dental health aide I may perform the functions identified for a
22 dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and
23 2.30.410(b) [EFDHA I supervision & competencies; competencies] only under the direct or indirect
24 supervision of a dentist or dental health aide therapist.

25 (2) An expanded function dental health aide I may perform the services identified in
26 section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of
27 a dentist or dental health aide therapist upon successful completion of all the requirements of the
28 applicable section.

29 (3) An expanded function dental health aide I may perform the services identified in
30 section 2.30.410 (b)(1) [EFDHA I supervision & competencies] under general supervision of a dentist or
31 dental health aide therapist upon completion of the requirements of section 2.30.200(b) [PDHA II training
32 & education requirements; (village-based dental practice course)].

33 (4) An expanded function dental health aide I may perform services as provided for under
34 sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental
35 radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist or
36 dental health aide therapist, upon successful completion of all of the requirements of the applicable
37 section and the requirements of section 2.30.200(b) [PDHA II training & education requirements;
38 (village-based dental practice course)].

39
40 **(b) Competencies.** In addition to satisfying the requirements of 2.30.400 [EFDHA I training &
41 education requirements], a certified expanded function dental health aide must successfully demonstrate
42 and maintain the following:

- 43 (1) (A) an understanding of::
44 (i) basic dental anatomy;
45 (ii) caries disease process;
46 (iii) periodontal disease process;
47 (iv) infection control;
48 (v) health care system access, including access to Medicaid and other third-
49 party resources;
50 (vi) scheduling;
51 (vii) theory of prevention;

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

- 1 (viii) fluoride as a drug and related issues;
 2 (ix) dental charting and patient record documentation;
 3 (B) competency in the following subjects:
 4 (i) topical fluoride treatment(s);
 5 (ii) oral hygiene instruction;
 6 (iii) identification of potential dental problems and appropriate referrals;
 7 (iv) recognition of medical and dental conditions that may require direct
 8 dental supervision or services;
 9 (v) those provided for under sections 2.20.110(b)(1), (3) through (12), and
 10 (14) [CHA I competencies; (competencies)];
 11 (vi) dental health aide's general scope of work;
 12 (vii) basic life support and basic management of dental emergencies;
 13 (C) satisfactory performance of the following skills:
 14 (i) use of CHAM;
 15 (ii) general medical history taking;
 16 (iii) patient education including the explanation of prevention strategies,
 17 including fluoride and sealants;
 18 (iv) toothbrush prophylaxis;
 19 (v) clean/sterile techniques;
 20 (I) proper handling and sterilization of instruments;
 21 (II) disinfection of the operatory;
 22 (vi) universal precautions; and
 23 (vii) hand washing;
 24 (viii) basic knowledge of dental materials, instruments and procedures;
 25 (ix) our-handed instrument transfer;
 26 (x) applying topical anesthetic agents;
 27 (xi) placing and removing rubber dams;
 28 (2) (A) for an expanded function dental health aide I who has satisfied the requirements
 29 of section 2.30.400(a)(2)(A) [EFDHA I training & education requirements; training & education; (basic
 30 restorative functions course)] and (b) [EFDHA I training & education requirements; preceptorship]:
 31 (i) (I) advanced understanding of tooth morphology, structure and function;
 32 and
 33 (II) an ability to discriminate between acceptable and unacceptable
 34 restoration; and
 35 (ii) competency in and satisfactory performance of the following skills:
 36 (I) placement and finishing of Class I, II and V dental amalgams
 37 (simple fillings) after preparation by the dentist or dental health aide therapist; and
 38 (II) dental composite placement Class I, III and V (simple fillings)
 39 after preparation by a dentist or dental health aide therapist; and
 40 (III) provide appropriate post-procedure instructions; and
 41 (B) for an expanded function dental health aide I who has satisfied the requirements
 42 of section 2.30.400(a)(2)(B) [EFDHA I training & education requirements; training and education;
 43 (prophylaxis training)], the requirements of section 2.30.230(e) [dental prophylaxis requirements;
 44 competencies].
 45

History: October 12, 2011, Section 2.30.410 was amended. June 18, 2008, Section 2.30.410(b)(2)(ii)(III) was amended by adding punctuation at the end. In the Standards amended January 31, 2005, Section 2.30.410(a)(1) a cross-citation was corrected. October 8, 2003, Section 2.30.410(b)(1)(B) and (b)(2) were amended.

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 Sec. 2.30.500. Expanded Function Dental Health Aide II Training and Education
2 Requirements.

3

4 (a) Training and Education. A person meets the training and education requirements to be a
5 certified expanded function dental health aide II upon successful completion of
6 (1) all requirements under sections 2.30.100(a)(1) and (a)(4) [PDHA I training & education
7 requirements; training; (pre-session) & (BLS)], and 2.30.400(a)(2)(A), (a)(3), and (b) [EFDHA I training
8 & education requirements; training & education; (PDHA I requirements), (basic restorative functions), &
9 (preceptorship)], and 2.30.410 [EFDHA I supervision & competencies];
10 (2) (A) a Board approved course in advanced restorative functions that satisfies the
11 requirements of section 7.20.210 [advanced restorative functions];
12 (B) a course in advanced restorative functions offered by an accredited school of
13 higher education; or
14 (C) a course in advanced restorative functions offered or approved by IHS, including
15 “Restorative Functions – Advanced”; and
16 (3) a preceptorship that satisfies the requirements in subsection (b) [EFDHA II
17 preceptorship] of this section.
18

19 (b) Preceptorship. An expanded function dental health aide II must after completion of the
20 requirements in subsection (a) [EFDHA II training & education] of this section, satisfactorily complete a
21 preceptorship, which must
22 (1) be under the direct supervision of a dentist;
23 (2) continue after completion of the training under subsection (a)(2) [EFDHA II training &
24 education; (advanced restorative functions course)] for a minimum of six months or 800 hours whichever
25 is longer; and
26 (3) include satisfactory performance in the dental health aide's clinical setting under direct
27 supervision of a dentist of a minimum of 50 complex restorations.
28

29 History: October 12, 2011, Section 2.30.500(a)(1) was amended. October 7, 2009, Section 2.30.500(a)(1)
30 was amended. October 8, 2003, Section 2.30.500(a)(1) was amended.
31

32 Sec. 2.30.510. Expanded Function Dental Health Aide Supervision and Competencies.

33

34 (a) Dental Supervision.

35 (1) An expanded function dental health aide II may perform the functions identified for a
36 dental assistant under sections 2.30.250(c) [dental assistant function requirements; competencies] and
37 2.30.510(b) [EFDHA II supervision & competencies; competencies] only under the direct or indirect
38 supervision of a dentist or dental health aide therapist.
39 (2) An expanded function dental health aide II may perform the services identified in
40 section 2.30.550 [stainless steel crown placement requirements] under the direct or indirect supervision of
41 a dentist or dental health aide therapist upon successful completion of all of the requirements of the
42 applicable section.
43 (3) An expanded function dental health aide II may perform the services identified in
44 section 2.30.410 (b)(1) [EFDHA I supervision & competencies; competencies under general supervision
45 of a dentist or dental health aide therapist upon completion of the requirements of section 2.30.200(b)
46 [PDHA II training & education requirements; (village-based dental practice course)].
47 (4) An expanded function dental health aide II may perform services as provided for under
48 sections 2.30.220 [sealant requirements], 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental
49 radiology requirements], and 2.30.260 [ART requirements] under the general supervision of a dentist or
50 dental health aide therapist, upon successful completion of all of the requirements of the applicable

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 section and the requirements of section 2.30.200(b) [PDHA II training & education requirements; village-
2 based dental practice].
3

4 **(b) Competencies.** In addition to satisfying the requirements of 2.30.500 [EFDHA II training &
5 education requirements], a certified expanded function dental health aide must demonstrate and maintain
6 the following:

- 7 (1) the satisfactory performance of the competencies identified in sections
8 (A) 2.30.240(d) [dental radiology requirements; competencies];
9 (B) 2.30.250(c) [dental assistant function requirements; competencies];
10 (C) 2.30.410(b) [EFDHA I supervision & competencies; competencies]; and
11 (2) understanding of
12 (A) the basics of occlusion as they apply to restorative dentistry; and
13 (B) current state-of-the-art dentinal bonding agents;
14 (3) competency in and satisfactory performance of the following skills:
15 (A) placement and finishing of cusp protected amalgam and complex Class II
16 amalgams (complex fillings);
17 (B) placement and finishing of dental composite Class II and IV (complex fillings);
18 and
19 (C) provide appropriate post-procedure instructions.
20

21 **History:** October 12, 2011, Section 2.30.510 was amended. In the Standards amended January 31, 2005,
22 Section 2.30.510(a)(1) a cross-citation was corrected. October 8, 2003, Section 2.30.510(b)(1)(B) and (D)
23 were amended.
24

25 **Sec. 2.30.550. Stainless Steel Crown Placement Requirements.**
26

27 **(a) Prerequisites.** An expanded function dental health aide may be certified under this section
28 to place stainless steel crowns under the conditions set forth in subsections (b) through (e) of this section
29 provided the expanded function dental health aide satisfies the requirements of

- 30 (1) sections 2.30.400(a)(1),(a)(2)(A), (a)(3), and (b) [EFDHA I training & education
31 requirements; training & education & preceptorship] and 2.30.410 [EFDHA I supervision &
32 competencies]; or
33 (2) sections 2.30.500 [EFDHA II training & education requirements] and 2.30.510
34 [EFDHA II supervision & competencies].
35

36 **(b) Dental Supervision.** An expanded function dental health aide I or II may perform stainless
37 steel crown placement only under the direct or indirect supervision of a dentist or dental health aide
38 therapist.
39

40 **(c) Training and Education.** A person meets the training and education requirements to place
41 stainless steel crowns upon successful completion of

- 42 (1) all requirements under sections 2.30.400(a)(1), (a)(2)(A), (a)(3), and (b) [EFDHA I
43 training & education requirements; training & education & preceptorship] and 2.30.410 [EFDHA I
44 supervision & competencies] or 2.30.500 [EFDHA II training & education requirements] and 2.30.510
45 [EFDHA II supervision & competencies];
46 (2) (A) a Board approved course in stainless steel crown placement that satisfies the
47 requirements of section 7.20.220 [stainless steel crowns];
48 (B) a course in stainless steel crown placement offered by an accredited school of
49 higher education; or
50 (C) a course in stainless steel crown placement offered or approved by IHS, which
51 includes “Advanced Pediatric Restorative Techniques for Expanded Function Dental Assistants”; and

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 (3) a preceptorship that satisfies the requirements of subsection (d) [preceptorship] of this
2 section.

3
4 **(d) Preceptorship.** A dental health aide must after completion of the requirements in subsection
5 (a) of this section, satisfactorily complete a preceptorship, which must

6 (1) be under the direct supervision of a dentist; and
7 (2) include satisfactory performance under the direct supervision of a dentist in the
8 expanded function dental health aide's clinical setting of placing a minimum of 20 stainless steel crowns.
9

10 **(e) Competencies.** In addition to meeting all other requirements of this section, the expanded
11 function dental health aide must understand and successfully demonstrate and maintain the following
12 competencies and skills:

- 13 (1) selecting the appropriate stainless steel crown;
14 (2) modifying the crown, as necessary;
15 (3) checking and correcting occlusion, contact and margins of stainless steel crown;
16 (4) cementing and removing excess cement;
17 (5) re-verifying the occlusion; and
18 (6) providing appropriate post-procedure instructions.
19

20 **History:** October 12, 2011, Section 2.30.550(a) and (c) were amended. October 8, 2003, Section
21 2.30.550(a)(1), (2) and (c)(1) were amended.
22

23 **Sec. 2.30.600. Dental Health Aide Therapist Training and Education Requirements.**

24 A person meets the training and education requirements to be a certified dental health aide therapist upon
25 successful completion of

- 26 (1) the requirements of section 2.30.100(a)(1) and (a)(4) [PDHA I training & education
27 requirements; training; (presession) & (BLS)], and
28 (2) (A) an accredited school of dental therapy or its equivalent; or
29 (B) a Board approved course of dental therapy that satisfies the requirements of
30 section 7.20.500 [DHAT training program]; and
31 (3) a clinical preceptorship under the direct supervision of a dentist for a minimum of three
32 months or 400 hours whichever is longer. The preceptorship should encompass all competencies required
33 of a dental health aide therapist outlined in section 2.30.610(b)(1), (2) and (3) [DHAT supervision and
34 competencies; competencies], and students should demonstrate each procedure or service independently
35 to the satisfaction of the preceptor dentist.
36

37 **History:** October 30, 2014, Section 2.30.600(3) was amended. June 20, 2007, Section 2.30.600(3) was
38 amended.
39

40 **Sec. 2.30.610. Dental Health Aide Therapist Supervision and Competencies.**

41 **(a) Dental Supervision.** Dental health aide therapist services may be performed under this
42 section by a dental health aide therapist under the general supervision of a dentist provided the dental
43 health aide therapist has met the requirements of this section. Pulpal therapy (not including pulpotomies
44 on deciduous teeth) or extraction of adult teeth can be performed by a dental health aide therapist only
45 after consultation with a licensed dentist who determines that the procedure is a medical emergency that
46 cannot be resolved with palliative treatment.
47
48

49 **(b) Competencies.** In addition to meeting the requirements of section 2.30.100(a)(1) and (a)(4)
50 [PDHA I training & education requirements; training; (presession) & (BLS)] and 2.30.600 [DHAT

**Community Health Aide Program Certification Board – Standards and Procedures
Amended January 22, 2015**

1 training & education requirements], a certified dental health aide therapist must successfully demonstrate
2 and maintain

- 3 (1) an understanding of
- 4 (A) medical evaluation,
- 5 (B) dental evaluation,
- 6 (C) periodontic techniques,
- 7 (D) clinic management and supervision,
- 8 (E) restorative dentistry,
- 9 (F) oral surgery and local anesthesia,
- 10 (G) infection control,
- 11 (H) equipment maintenance and repair, and
- 12 (I) community and preventive dentistry;
- 13 (2) competency in the above subjects to the level of performance required at the time of
- 14 meeting the requirements of section 2.30.600(2)(A) [DHAT training & education requirements;
- 15 (education options)]; and
- 16 (3) satisfactory performance under general supervision of a dentist of
- 17 (A) all of the skills identified in sections 2.30.110 [PDHA I supervision &
- 18 competencies], 2.30.210 [PDHA II supervision & competencies], 2.30.220 [sealant requirements],
- 19 2.30.230 [dental prophylaxis requirements], 2.30.240 [dental radiology requirements], 2.30.250 [dental
- 20 assistant function requirements], 2.30.260 [ART requirements], 2.30.410 [EFDHA I supervision &
- 21 competencies], 2.30.510 [EFDHA II supervision & competencies], and 2.30.550 [stainless steel crown
- 22 placement requirements];
- 23 (B) diagnosis and treatment of caries;
- 24 (C) performance of uncomplicated extractions of primary and permanent teeth;
- 25 (D) response to emergencies to alleviate pain and infection;
- 26 (E) administration of local anesthetic;
- 27 (F) recognition of and referring conditions needing space maintenance;
- 28 (G) maintenance of and repair of dental equipment;
- 29 (H) development of and carrying out community health prevention and education
- 30 program; and
- 31 (I) performance of pulpotomies on primary teeth.

32

33 **History:** October 30, 2014, Section 2.30.610(b)(3)(A) was amended. June 13, 2012, Section 2.30.610(a)

34 was amended. January 11, 2012, Section 2.30.610(b)(3) was amended. June 8, 2010, Section

35 2.30.610(b)(3) was amended. June 18, 2008, Section 2.30.610(a) and (b) were amended. October 14,

36 2004, Section 2.30.610(b)(3)(B) was amended. October 8, 2003, Section 2.30.610(b)(3) was amended.

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

CDT Codes	Dental Therapist Billing Codes: DPP #100: Scope of Practice
	Prophylaxis
D1110	Prophylaxis adult
D1120	Prophylaxis child
	Fluoride
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients
D1208	Topical application of fluoride - excluding varnish
	Other Preventative Services
D1310	Nutritional counseling for control of dental disease
D1320	Tobacco counseling for the control and prevention of oral disease
D1330	Oral hygiene instructions
	Sealants
D1351	Sealant per tooth
D1352	Preventive resin restoration in a moderate to high caries risk patient – permanent tooth
D1353	Sealant repair - per tooth
D1354	Interim caries arresting medicament application
	Spacers
D1510	Space maintainer - fixed - unilateral
D1515	Space maintainer fixed bilateral
	Radiology
D0210	Intraoral complete series (including bitewings)
D0220	Intraoral periapical; first film
D0230	Intraoral periapical; each additional film
D0240	Intraoral occlusal film
D0250	Extra-oral - 2d projection radiographic image created using a stationary radiation source, and detector.
D0260	Extraoral; each additional film
D0270	Bitewing; single film
D0272	Bitewings; two films
D0274	Bitewings; four films
D0277	Vertical bitewings; 7 to 8 films
D0290	Posterior, anterior or lateral skull and facial bone survey film
D0330	Panoramic film
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally
	Tests and Laboratory Examinations
D0460	Pulp vitality tests
D0601	Caries risk assessment and documentation, with a finding of low risk
D0602	Caries risk assessment and documentation, with a finding of moderate risk
D0603	Caries risk assessment and documentation, with a finding of high risk
	ART

D2940	Protective restoration
D2941	Interim therapeutic restoration – primary dentition
	Perio
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report.
	Evaluation
D0120	Periodic oral evaluation established patient
D0140	Limited oral evaluation problem focused.
D0150	Comprehensive oral evaluation new or established patient
D0170	Re-evaluation limited, problem focused (established patient; not postoperative visit)
	Amalgam Restorations
D2140	Amalgam; one surfact, primary or permanent
D2150	Amalgam; two surfaces, primary or permanent
D2160	Amalgam; three surfaces, primary or permanent
D2161	Amalgam; four or more surfaces, primary or permanent
	Resin Restorations
D2330	Resin; one surface, anterior
D2331	Resin; two surfaces, anterior
D2332	Resin; three surfaces, anterior
D2335	Resin; four or more surfaces or involving incisal angle (interior)
D2391	Resin based composite; one surface, posterior
D2392	Resin based composite; two surfaces, posterior
D2393	Resin based composite; three surfaces, posterior
D2394	Resin based composite; four or more surfaces, posterior
	Stainless Steel Crowns
D2930	Prefabricated stainless steel crown primary tooth
D2931	Prefabricated stainless steel crown permanent tooth
D2932	Prefabricated resin crown
D2933	Prefabricated stainless steel crown with resin window
	Pulpotomy
D3220	Therapeutic pulpotomy (excluding final restoration) removal of pulp coronal to the dentinocemental junction and application of medicament
D3221	Pulpal debridement; primary and permanent teeth
D3110	Pulp cap; direct (excluding final restoration)
D3120	Pulp cap; indirect (excluding final restoration)
	Extractions
D7111	Extraction, coronal remnants deciduous tooth
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)
	Emergency Tx Pain
D9110	Palliative (emergency) treatment of dental pain minor procedures
	Telemedicine Presentation

D0140	Limited oral evaluation problem focused.
	Miscellaneous Services
D9991	Dental case management - addressing appointment compliance barriers
D9992	Dental case management – care coordination
D9993	Dental case management – motivational interviewing
D9994	Dental case management – patient education to improve oral health literacy

EXCITING OPPORTUNITY!

The Dental Health Aide Therapist Program is expanding!

Do you like working closely with people?

Travel? Village life?

A good full-time indoor job?

Are you skilled with your hands?

Would you like a key role in building a better future for our children?



Call Trisha Patton
at 907-427-3500
for more information
or visit **ykhc.org/DHAT**



Qualifications:

- High school diploma or equivalent
- Interest in working with children
- Hard working and ambitious

Benefits, stipend, and 4-year payback obligation apply.

Two full scholarships will be awarded by YKHC for the two year DHAT education program beginning July, 2015

**Apply online at ykhc.org/careers
Application Deadline:
February 20, 2015**



Working Together to Achieve Excellent Health

March 8, 2016

The Coquille Indian Tribe is thrilled to announce that we are recruiting Coquille Tribal Members who are interested in an exciting health career opportunity. Recently the Coquille Tribe entered into a partnership with the Northwest Portland Area Indian Health Board to provide funding for one Tribal member to participate in a two year training program to become a Dental Health Aide Therapist (DHAT).

A DHAT is trained to provide preventive and routine dental services and education, in a capacity similar to a Nurse Practitioner or Physician's Assistant, and will earn \$50,000-\$60,000 per year. Dental Health Aide Therapist have worked in Alaska Native communities for more than ten years. The Coquille Indian Tribe is honored to be one of the initial Tribes participating in a program to bring DHATs to the lower 48. At the conclusion of the two year training program the DHAT is required to return to work for the Coquille Tribe for a minimum of four years.

The grant funding will pay for one Coquille Tribal Member to participate in the two-year training program, which takes place in Alaska from July 2016 to June 2018. All costs associated with the education will be covered, including housing, a monthly stipend and travel expenses to and from Alaska.

The DHAT program requires a high school diploma or GED. Work experience in health care is preferred but not required.

The selection process is very competitive. The Coquille Tribe Health Administration will work with the Alaska Area Native Health Center Dental Health Aide Therapist Program's selection committee to choose the successful applicant.

Please look at the enclosed materials, and if you are interested, have questions, or plan to apply, please contact Kelle Little, Health and Human Services Administrator, or Toni Scavera, Administrative Assistant, at 1-800-344-8583, 541-888-9494. Or email kellelittle@coquilletribe.org or toniscavera@coquilletribe.org.

Kelle Little
Health and Human Services Administrator

[REDACTED]
[REDACTED]
[REDACTED] Bethel Alaska, 99559
[REDACTED]@icloud.com [REDACTED]

OBJECTIVE | I consider myself to be a flexible person who is compassionate, energetic and a team player. I am a dependable person and have experience in 4-handed dentistry, radiology, infection control and office duties. I am precise and efficient and enjoy patient interaction.

SKILLS & ABILITIES | Current CPR certification
Oregon Clinical Radiography
2014
Radiation Health and Safety
2014
Oregon Basic Dental Assistant
2014
Infection Control
2013

EXPERIENCE | **Willamette Dental 773 Golf View Dr. Medford, OR 97504
(541) 857-2790**

Dental Assistant, 2014- 2016

- Expose radiographs and process X-ray films
- Fluoride Treatments
- Prepare tray setups for dental procedures
- Rubber cup prophylaxis
- Take impressions and pour models
- Prepare operator
- Order office supplies as well as dental supplies
- Charting
- Patient education
- Temporary crowns

- Sterilization
- Infection control
- Greeting patients
- Maintain records
- Confirm & schedule patients

China Hut 450 S Riverside Ave, Medford, OR 97501

(541) 779-4528

Waitress, Hostess and temporary bartender

- Greet and seat customers
- Cash out customers
- Take food and beverage orders
- Clean dining area
- Restock
- Expedite food

EDUCATION | Dental Health Aide Therapy, 2016- Present
Ilisagvik College Barrow, Alaska

Dental assisting, 2014
Rogue Community College Medford, Oregon

Phoenix High School Diploma, 2010
Phoenix High School Phoenix, Oregon

REFERENCES | [REDACTED]

[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1 [REDACTED] [REDACTED]@yahoo.com [REDACTED], OR 97222

Tribal Affiliation

Coquille Indian Tribe Coos Bay, OR Enrollment # [REDACTED]

Education

Illisagvak College Barrow, AK 2016 to present
 • DHAT program

MT. Hood Community College Gresham, OR 2016
 • Explorative class's

Portland Community College Portland, OR 2013
 • Associates of Science

Rex Putnam High School Milwaukie, OR 1995
 • High School Diploma

Work Experience

Legacy Health System, Salmon Creek Hospital Vancouver, WA 2010-2016

Distribution Technician

- Inventory and deliver medical supply to assigned areas
- Manage supplies of non-stocked specialty products
- Prepare surgery cases for the next days surgeries
- Customer support for doctors and nurses, manage phone calls, shipping receiving

Coquille Indian Tribe Coos Bay, OR Summers of 2011 & 2012

College Summer Intern

- Assisted with the summer youth core program
- Camp nurse at Bollards Beach Youth Camp
- Assisted with all summer tribal events
- Helped with invasive species control on reservation
- Helped to build Nasoma Memorial in Bandon, OR

Uroboros Glass Studio Portland, OR 2001-2010

Cold end technician

- Pulling and packing orders
- Shipping and receiving
- Glass cutting and trimming
- Quality control of colored sheet glass

Additional Training and Skills

State of Oregon Emergency Medical Provider		
• Emergency Medical Technician License # [REDACTED]	Current	
Mt. Hood Ski Patrol Associate Patroller	2009-2011	
Wilderness First Responder Certification		2008-2010

Volunteer Experience

PAW Team	Portland, OR	2015
<ul style="list-style-type: none"> • Helped with homeless people and there animals • Office support • Clinical support, flea treatments, office support 		
Coquille Indian Tribe Natural Resource Committee	Coos bay, OR	2015-present
<ul style="list-style-type: none"> • Committee helps with forest management, water conservation, and animal habitats 		
Coquille indian tribe canoe family	Coos bay, OR	2011-present
<ul style="list-style-type: none"> • Involved with Healing of Canoe • Youth canoe program 		

PHONE 3 [REDACTED] • E-MAIL [REDACTED]@YAHOO.COM

OBJECTIVE

To obtain a position within your establishment to utilize my experience and to enhance my knowledge of the industry within the existing atmosphere.

EDUCATION

Iisagvik College
July 2017-Present
Major: Dental Health Aide Therapy Program

Mount Hood Community College
March 2015-March 2017
Major- Associates of Science, focusing on dental hygiene pre-requisites

Murray State College
Tishomingo, Oklahoma
September 2014-December 2014

JOB SKILLS

Strong verbal and personal communication skills- Excellent written and verbal presentation skills.

Accuracy and attention to details- Concerned with quality. Produce work that is orderly and attractive. Ensure tasks are completed correctly and on time.

Ability to work under pressure- Able to maintain a calm and productive attitude in order to complete a task with and/or without team members.

Organization skills- Able to file alphabetically and in a timely manner. Keeps a clean and organized environment.

Use of judgment and ability to solve problems efficiently

Computer Skills-Microsoft word, minimal excel, power point and Internet

PROFFESIONAL EXPERIENCE

Soaring Independence (Portland, Oregon)

Job Title: Direct support Professional

July 2016-July 2017

Job duties: community inclusion and home care for physically and mentally

disabled individuals.

Home Depot of Troutdale (Troutdale, Oregon)

Job Title: Head Cashier

January 2015-July 2016

Job duties: Managing 20 or more cashiers per shift, opening/closing registers and self-checkout machines, handling large sums of money, managing lot associates, assisting with loadouts, maintaining the parking lot.

K & K Construction (Kingston, Oklahoma)

Job Title: Contractor

January 2014-December 2014

Job duties: Remodeling repo trailer homes. Renovations of homes, including painting, laying hardwood floors and tile. Making bids for jobs and keeping track of all paperwork and payroll for 5 employees.

Certifications

Safe Talk-Suicide Alertness class (4 Hours): 8/17/2017

Basic Life Support-American Heart Association: 8/14/2017

Tobacco Treatment Specialist Training: Alaska Native Tribal Health Consortium: 10/9/2017-10/13/2017

Volunteer Work

Meals on Wheels of Portland (181st Location)

January 2017-Present

Duties: Preparing meals and assisting with clean up from lunch for elderly and less fortunate individuals.

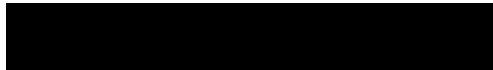
Free Geek (Portland, Oregon)

September 2016-Present

Duties: Organizing and sorting recycled computer parts for nonprofit organizations and schools in the greater Portland area.

REFERENCES

[REDACTED]
[REDACTED]
[REDACTED]



@yahoo.com

OBJECTIVES

To be a participating member of the tribe by helping individuals on a daily basis while gaining an education and career through hard work and dedication to the DHAT program.

EDUCATION

Timberlake High School, Spirit Lake, ID (Graduated 2007)

Ilisagvik College, Barrow, AK (2016-Current)

EXPERIENCE

Merchandiser (September 2014 – April 2016)

Jerry's Home Improvement Center (Eugene, OR 541-689-1911)

Reset new and sample product in warehouse setting, documentation, cut in new items and face over discontinued product, labeling, manage spreadsheets.

Warehouse laborer (January 2014 - June 2014)

Xtreme Technologies (Hayden, ID 208-762-0751)

Work production line bottling water, loading and unloading trucks, taking inventory, wrap pallets, and labeling.

Cleaner (January 2013 - September 2013)

Stallion Oil Field Services (Williston, ND 701-774-3824)

Clean main offices and break room daily, pack cleaning supplies, drive to locations, deep clean skid shacks such as vacuum, mop, shampoo carpet, dust, make beds, bathrooms, windows, windowsills and ceilings.

Housekeeper (March 2011 - December 2012)

Marissa's Cleaning Services (Coeur d'Alene area 541-600-5283)

Clean houses such as drive to locations, vacuum, mop, dust, make beds, clean bathrooms, dishes, laundry and put away personal items.

Skills

Willingness to travel, punctual, hardworking, and determined

REFERENCES

[REDACTED]

[REDACTED]

[REDACTED]



CENTER FOR PREVENTION AND HEALTH PROMOTION
Oral Health Program

Kate Brown, Governor



800 NE Oregon St, Ste 825
Portland, Oregon 97232-2186
Office: 971-673-1563
Cell: 509-413-9318
Fax: 971-673-0231
www.healthoregon.org/dpp

November 27, 2017

Joe Finkbonner, Christina Peters &
Pam Johnson
NW Portland Area Indian Health Board
2121 SW Broadway STE 300
Portland, OR 97201

Dear Mr. Finkbonner,

Dental Pilot Project (DPP) #100: Oregon Tribes Dental Health Aide Therapist Pilot Project was approved to operate from June 1, 2016 – May 31, 2021 based on the application approved by the Oregon Health Authority (OHA) on February 8, 2016 and subsequent approved Evaluation & Monitoring Plan on January 27, 2017.

As outlined in Oregon Administrative Rules (OARs) 333-010-0400 – 333-010-0470, approved dental pilot projects are required to operate according to their approved applications and approved modifications. Projects that operate outside of the approved provisions in their application or modifications are in violation of the OARs.

The OHA Dental Pilot Project Program believes that DPP #100 is operating outside the approved provisions of their application and requires submission of a modification to the Dental Pilot Project Program that addresses these issues:

- Trainees are not obtaining the required certification from the CHAP Certification Board as outlined in the approved application.
- Trainees are providing planned extractions outside of the scope of practice requirements as outlined in the approved application.

DPP #100 is required to submit a request for modification by **January 2, 2018** to the OHA Dental Pilot Project Program.

Until the request for modification has been reviewed and either approved or denied, trainees operating in the pilot project may continue to operate. However, trainees are required to continue to operate under direct supervision as outlined in the approved application. Trainees may continue to provide extractions as outlined in the CHAP Standards and Procedures, Section 2.30.610, "extraction of adult teeth can be performed by a dental health aide therapist only after consultation with a licensed dentist who determines that the procedure is a medical emergency that cannot be resolved with palliative treatment."

Pilot projects that continue to operate without approved modifications are in violation of Oregon Administrative Rules (OARs) and are subject to suspension or termination as outlined in OAR 333-010-0470.

Sincerely,

Bruce Austin DMD