

Name: _____

Skills Checklist

DENTAL ASSISTANT SELF-ASSESSMENT SKILLS CHECKLIST

Level of Proficiency:
 1. Can function independently
 2. Experienced but may need review
 3. Limited experience
 4. No experience

By accurately filling out this checklist, you will help us match your skills and interests with available assignments. Please place an "X" in the column that best describes your experience level with each skill.

Proficient in 1 2 3 4

- Polishes
- Suture Removal
- Cement Removal
- Flouride Treatments
- Monitor Nitrous Oxide
- Extraction Set-Ups
- Extraction Procedures
- EMR Systems
- (Electronic Medical Records)

Set Up and Assist Dentists With 1 2 3 4

- Amalgam
- Composite
- Root Canal
- Crown Prep
- Cerec

Ability to Take Adequate Medical History 1 2 3 4

- Medications, Indications, Etc.

Ability to Take Adequate X-Rays 1 2 3 4

- Periapical
- Bitewing
- Panorex
- Digital
- What System? _____

Ability to 1 2 3 4

- Take Impressions
- Pour Up & Shape Impressions
- & Models
- Most Lab Work
- Perform Sterilization Procedures
- Apply topical medication
- Apply bleaching agents

Ability to Perform at the Front Desk 1 2 3 4

- Reception
- Appointments
- Filing
- Computer Scheduling
- What System? _____

Specialty 1 2 3 4

- Endodontic
- Periodontic
- Pedodontic
- General
- Oral Surgery
- Orthodontic
- Prosthodontics

Signature: _____ Date: _____