

Board of Dentistry

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

VERIFICATION OF TRAINING AND COMPETENCY IN THE APPLICATION AND REMOVAL OF A DENTAL DAM

Authority: Public Act 368 of 1978, as amended

SECTION I - APPLICANT INFORMATION

Applicant Please complete the information in Section I and **submit** this form to the RDA school where you completed your dental assistant certification program.

First Name	Middle Name	Last Name	
U.S. Social Security Number	Date of Birth	E-mail Address	
Street Address			
City	State	ZIP Code	
Daytime Telephone Number	All Previous Names and/or Birth Name Used (if applicable)		

Applicant's Signature	Date
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APPLICANT: UPON COMPLETION OF SECTION I, SUBMIT THIS FORM TO THE RDA PROGRAM DIRECTOR AT YOUR SCHOOL FOR COMPLETION OF SECTION II.

TO BE COMPLETED BY THE PROGRAM DIRECTOR

SECTION II - VERIFICATION OF TRAINING

Please complete Section II and the certification on the next page concerning the competency of this applicant in the application and removal of a dental dam. When the form is complete, mail it directly to the Board of Dentistry at the address shown on this form.

Name of School	Telephone Number		
Street Address			
City	State	ZIP Code	

Applicant's Name

Please provide the information requested below using the evaluation criteria on the next page. The applicant must satisfactorily complete seven (7) out of the nine (9) criteria to attain competency in the application and removal of a dental dam. Criteria #1 and #8 must be acceptable for competency.

Application	(A) Acceptable	(B) Unacceptable (document)
1. *Clamp Stable/Ligation		
2. Dam Properly Punched		
3. Inverted and/or Ligated to Prevent Leakage		
4. Frame Properly Placed		
5. Stabilization		
6. Dam Placement		
Removal		
7. Soft Tissue Condition		
8. *Contacts & Sub-gingival Area Free of Material		
9. Aseptic Technique Observed		

CERTIFICATION

I certify that _____ has completed the required training in the application and removal of a dental dam as established by the ADA. This applicant is competent in the knowledge and skill required in the application and removal of a dental dam.

Authorized Signature (Program Director, etc.)

Date

Type or Print Name and Title

(SCHOOL SEAL)

The following criteria should be used to evaluate the applicant's competency in the application and removal of a dental dam. This page is for your use only and does not need to be returned to our office.

EVALUATION CRITERIA FOR APPLICATION AND REMOVAL OF DENTAL DAM

The applicant must satisfactorily complete seven (7) out of the nine (9) criteria listed to show competency in the dental dam. Criteria #1 and #8 MUST be acceptable in order to conclude that the applicant is competent in the skills required for application and removal of a dental dam.

APPLICATION:

1. Clamp Stable/Ligated on the Most Posterior Anchor Tooth. For the safety of the patient, if a clamp is used, floss must be tied to it prior to prior being tried in the patient's mouth. The correct clamp must be stable. If the clamp pops off after a gentle touch, it is unacceptable.
2. Dam Properly Punched. Leakage caused by improper placement or size of the holes is unacceptable.
3. Inverted and/or Ligated to Prevent Leakage. The dental dam must be inverted around each tooth to prevent leakage. If this is not possible, a ligature may be tied around one or more teeth. It is unacceptable if the area is not dry.
4. Frame Properly Placed. A Frame that is slightly off-center would not indicate an unacceptable score. However, if there is a danger of the post hitting the patient's eye or if it is placed in such a way that it hinders access to treating the tooth, it is unacceptable.
5. Stabilization. Libation or an alternate means is necessary to anchor the dam on the distal contact of the most anterior anchor tooth. If the dam does not stay in place, it is unacceptable.
6. Dam Placement. A slightly off-centered dam would not indicate an unacceptable score. Examples of unacceptable placement would be a dam that covers the nose or a dam that does not cover the upper and lower lips. Isolation of the teeth must extend from a first or second molar to the central incisor or canine of the opposite side.

REMOVAL:

7. Soft Tissue Condition. It will be necessary for the examiner to use his/her judgment in determining if there is excessive soft tissue trauma. Gingival trauma and patient discomfort should be minimal.
8. Contacts and Sub-gingival Area Free of Material. The oral cavity and dental dam material should be inspected for any missing pieces. All material (i.e. dental dam, floss, etc.) must be removed from between the contacts and sub-gingival area. It is unacceptable if material remains in the patient's mouth.
9. OSHA and CDC guidelines for Aseptic Technique observed.