



Directions for Competency Checklist REGISTERED DENTAL ASSISTANT (RDA)

Applicant: Provide the COMPETENCY CHECKLIST for your certification to your current or previous instructor, evaluator, supervisor, or designated human resources representative for completion. The form must be completed by the individual evaluating the applicant's competencies. AMT will only review and process documentation if an active application is on file.

For direct submission by the applicant

If the applicant is submitting the completed COMPETENCY CHECKLIST directly to AMT, the form must either:

- ☐ **Be accompanied by a Letter of Authenticity from the organization**

The letter must be printed on the organization's company letterhead stating that the COMPETENCY CHECKLIST form was completed, signed, and dated by the applicant's instructor, supervisor, or an authorized human resources representative.

If an applicant is submitting COMPETENCY CHECKLISTS from multiple organizations, each form must include either a letter of authenticity or a stamp/seal from that specific organization that verified the competencies.

OR

- ☐ **Bear the employer's company seal or stamp**

The COMPETENCY CHECKLIST must contain the employer's company stamp or seal, which must be embossed on the form. AMT cannot accept digital seals and/or logos.

COMPETENCY CHECKLISTS submitted by an applicant without either a Letter of Authenticity or the employer's stamp/seal WILL NOT BE ACCEPTED.

For submission by the organization

If the organization is submitting the completed COMPETENCY CHECKLIST directly to AMT on behalf of the applicant, a Letter of Authenticity or company stamp or seal is not required:

- ☐ The completed COMPETENCY CHECKLIST must be submitted directly from the organization's professional email address. Personal email providers such as @yahoo, @gmail, and @hotmail **are not** accepted as business email addresses.

Email completed documentation to documents@americanmedtech.org for review.

REGISTERED DENTAL ASSISTANT (RDA) Competency Checklist

Section 1: Applicant Information *(The applicant is to complete this section.)*

Applicant's First Name	Last Name	AMT ID #
E-mail		Date of Birth

Section 2: Training Provider Information *(The training provider is to complete this section.)*

(Current or previous clinical dental assisting instructor, evaluator, or supervisor only)

The individual named above has applied to American Medical Technologists (AMT) for the certification indicated above. The candidate listed your facility as a present or former school/employer/training provider. Please assist us by verifying this applicant's competencies to determine their eligibility for certification.

Name of Business/Organization	Phone Number	
Mailing Address	Business E-mail	
City	State/Province/Country	Zip
Name of Evaluator	Evaluator's Title	Evaluator's Credential Relevant to Dental Assisting (e.g., RDA, DDS, DMD) validating background necessary to evaluate the candidate

Section 3: Competency Assessment *(The training provider must complete this section.)*

(Current or previous clinical dental assisting instructor, evaluator, or supervisor only)

Please complete the competency assessment for the above applicant in the areas presented below.

Office Assisting Skills

Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>
A. Perform office procedures to include telephone protocol and courtesy, appointment control and recall, insurance, inventory, and financial record keeping	
B. Employ patient management and communication skills to include recognizing verbal and nonverbal cues of patient apprehensions and stress, promote patient recognition of treatment and prevention, and promote team concept	
C. Apply law and ethics concepts (e.g., HIPAA, PHI, confidentiality, identify professional liabilities, identify state and federal regulatory agencies, observe regulations regarding dispensing medications)	
D. Maintain professional, personal conduct and appearance ; Maintain neat, accurate, and complete records	
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
Evaluator's Initials	

Dental Sciences and Anatomy

Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>	Evaluator's Initials <i>(initial each task)</i>
A. Demonstrate understanding of dental anatomy and terminology ; Recognize tooth anatomy and supporting structures, and basic head, neck, and oral anatomy; Know and recognize major pathological conditions	
B. Educate patients within scope of duties to include brushing and flossing techniques, prevention, plaque formation; Obtain, report, and document medical/dental history	
C. Demonstrate understanding of local anesthesia ; Observe OSHA guidelines for disposal of anesthesia, ampules, needles; Know contraindications and preparations for delivery	

Dental Sciences and Anatomy (<i>continued</i>)			
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>			Evaluator's Initials (initial each task)
D. Address medical emergencies within scope: Recognize situations requiring first aid and assist in administering; Take and record vital signs; Recognize medically compromised and high-risk patients; Recognize signs and symptoms of medical/dental emergencies			
E. Utilize proper infection control : Maintain sterile and disinfected office conditions, perform sterilization, dispose of contaminated waste according to OSHA, and know barrier techniques			
F. Identify and use dental materials (<i>Restorative, impression, gypsum, resin, abrasives, and waxes</i>). Prepare and pour study models, know care of various impression materials, and know physical properties of restorative dental materials			
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed	Evaluator's Initials

Clinical Procedures			
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>			Evaluator's Initials (initial each task)
A. Identify and use hand instruments . Identify and maintain handpieces, rotary, and power instruments, compressor, and suction units; Recognize and prepare procedural trays; Maintain proper sterilization			
B. Perform chairside assisting procedures: Operating zones, four-handed dentistry, aspiration and retraction techniques, instrument transfer, maintain operating field. Mix, prepare and deliver materials; Record/chart intra- and extraoral data; Recognize operator hazards; Recognize materials hazards (<i>SDS</i>); Practice safety precautions related to chairside materials			
C. Perform dental laboratory procedures. Practice lab safety precautions; Know and observe laboratory-related OSHA guidelines; Mix and prepare lab materials, Identify, use, and maintain laboratory equipment			
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed	Evaluator's Initials

Dental Imaging			
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</i>			Evaluator's Initials (initial each task)
A. Know and apply principles and theory of dental imaging including terminology, nomenclature, anatomy, and handling of radiographs			
B. Perform radiographic procedures , and operate equipment using paralleling and bisected angle techniques			
C. Expose and produce acceptable intraoral radiographic surveys including periapical, bitewing, occlusal, and panoramic radiographs			
D. Understand concepts of digital imaging			
E. Evaluate errors in placement, exposure, and processing, and correct technique			
F. Demonstrate understanding and use of digital dental imaging workflow			
G. Follow recommended radiation safety requirements; Comply with state and federal law concerning dental radiation			
Has the applicant completed all competencies listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Completed	Evaluator's Initials

I am a current/previous clinical dental assisting instructor, evaluator, or supervisor. I attest that the information above is accurate and fairly represents the duties performed and competencies attained by the applicant. I further attest that I have observed the above skills directly and have not relied on applicant self-report or third-party reports of applicant performance.

Name (*Print*): _____

Title: _____

Signature: _____

Date: _____

If submitted by the applicant, this document must include either the company's stamp/seal or be accompanied by a Letter of Authenticity from your educational organization or current/previous employer. The Letter of Authenticity must be printed on the organization letterhead stating that the evaluation form was completed, signed, and dated by an instructor, evaluator, supervisor, or human resources representative. Evaluation documents sent directly from an evaluator's or employer's professional e-mail will not require a Letter of Authenticity or company stamp/seal.

E-mail completed documents to documents@americanmedtech.org for review. Documents will only be reviewed if an active application is on file.

Document Version: December 30, 2025