

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.

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		Evaluator's Initials (initial each task)
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</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		Evaluator's Initials (initial each task)
Competencies <i>All tasks where competency has been demonstrated must be initialed below.</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 (continued)

Competencies **All tasks where competency has been demonstrated must be initialed below.**

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** (*Restorative, impression, gypsum, resin, abrasives, and waxes*). 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 **All tasks where competency has been demonstrated must be initialed below.**

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 operatory hazards; Recognize materials hazards (SDS); 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 **All tasks where competency has been demonstrated must be initialed below.**

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