

## DENTAL THERAPY SELF ASSESSMENT FORM

Please complete this self-assessment to facilitate the assessment of the equivalence of your qualifications and training with the prescribed qualifications for registration. For each of the scopes of practice you are applying for registration in please identify the activities covered in your training and the extent of your recent/current practice in this activity.

<b>Name</b>	
Given names	Family name
Other names	

### 1. Activities

Activity	Extent to which this was covered in training	Extent of current practice in this area
Obtaining medical histories and consulting with other health practitioners as appropriate		
Examination of oral tissues and charting		
Diagnosis of dental caries and recognition of abnormalities		
Preparation of an oral care plan – treatment sequencing and planning		
Administration of local anaesthetic using dentoalveolar infiltration, inferior dental nerve block and topical local anesthetic techniques		
Preparation of cavities and restoration of primary and permanent teeth using direct placement of appropriate dental materials.		
Extraction of primary teeth		
Pulp capping in primary and permanent teeth		

Cleaning, polishing and scaling to remove deposits in association with gingivitis		
Fluoride applications		
Fissure sealants		
Oral health education and promotion.		
Referral		
Performing pulpotomies on primary teeth		
Taking periapical and bitewing radiographs		
Interpreting periapical and bitewing radiographs		
Preparing teeth for, and placing stainless steel crowns on primary teeth		

**2. Other Activities**

Please provide details of any activities you were trained for and currently carry out, which are not covered in the activities listed on the previous page.

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**3. Working relationship with dentist**

In New Zealand dental therapists and dentists have a consultative working relationship; however dental therapists are independent practitioners and are responsible for their own treatment planning. Please comment on the working relationship you have with a dentist – in terms of what your training has equipped you for and current practice (eg a supervisory relationship working to a treatment plan drawn up by the dentist).

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**4. Age range of client group**

In New Zealand dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Please provide details of the age range of the client group your qualifications and training equip you to treat.

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**Please include this self assessment form with your application.**