

IVCC Coronal Scaling Supervision Record Sheet

Student Name: _____

IVCC ID# _____

Before a Certificate of Completion can be granted for Coronal Scaling, the student/dental assistant must complete 6-full mouth coronal scaling procedures signed off by the supervising dentist. This form must be completed and returned to the Program Coordinator of IVCC's Dental Assisting Program **before** issuance of certificate.

	Supervising Dentist Name (please print/type)	Date of Completion	Age of Patient	Dentist Signature	Student/Assistant Signature
1					
2					
3					
4					
5					
6					

To qualify to perform **coronal scaling** under the supervision of a dentist, a dental assistant must:

(1) Have at least 2,000 hours of direct clinical patient care experience

AND

(2) Successfully complete an approved coronal polishing course prior to taking coronal scaling course

AND

(3) Successfully complete a structured training program in coronal scaling provided by an educational institution (such as a dental school or a dental hygiene or dental assisting program) or by a statewide dental or dental hygienist association approved by the Illinois Department of Financial and Professional Regulation (IDFPR) that includes the following:

(a) minimum 16 hours of didactic and clinical manikin or human subject instruction covering specified content,

(b) an outcome assessment examination that demonstrates competency,

(c) **completion of 6 full-mouth scaling procedures under the observation and with approval of the supervising dentist,**

(d) issuance of a certificate of completion (which must be kept on file at the dental office).

See the Illinois Dental Practice Act, Section 17, Paragraph 7, for additional requirements and conditions governing the performance of these functions by dental assistants.

Return completed form to:

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