

Documentation of Training Level 1 Expanded Functions Procedures Dental Hygienists

Name: _____ License #: _____

Mark only those functions for which training has been successfully completed.

<u>Expanded Function Procedure</u>	<u>Date Training Completed</u>	<u>Date Post-Course Assessment Completed</u>	<u>Signature of Dental Hygienist</u>	<u>Signature of Training Provider</u>
Taking occlusal registrations for purposes other than mounting study casts				
Placement & removal of gingival retraction				
Fabrication and removal of provisional restorations				
Applying cavity liners and bases, desensitizing agents and bonding systems for restorative purposes				
Taking final impressions				

If you have completed training in all of the expanded functions procedures listed above, you are a Certified Level 1 Expanded Functions Provider. Certified Level 1 providers may train in Level 2 expanded functions.

Check here if you are a Certified Level 1 Expanded Functions Provider: Yes No

Please note: You must keep proof of expanded functions training on file in the office(s) where those procedures will be performed. You must provide evidence of having completed Board-approved expanded functions training upon request.