

# Dental technician self-assessment form

## October 2017

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.

Name	
Given names	Family name
Other names	

### 1. Areas of scope of practice for dental technology practice

For each of the following areas of this scope indicate:

- **The extent to which this was covered in your training** (*for example and if possible: identify the paper / module / subject title within which the topic was covered*) **and/or**
- **The extent that you recently/currently practice in this area** (*for example: identify the work you carry out routinely under prescription*)

**Selection of appropriate dental materials** for the design, manufacture and repair of fixed and removable oral and extra-oral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner.

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Processes and procedures associated with the **design, manufacture and repair of complete removable dentures and overdentures.**

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Processes and procedures associated with the **design, manufacture and repair of removable partial dentures** including precision attachments.

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Processes and procedures associated with the **design, manufacture and repair of fixed and removable orthodontic appliances.**

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Processes and procedures associated with the **design, manufacture and repair of crowns and bridges** including precision attachments on natural teeth and implants.

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Processes and procedures associated with the **design, manufacture and repair of implant overdentures and implant supported dentures.**

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Processes and procedures associated with the **design, manufacture and repair of tissue and implant supported maxillofacial, ocular and auricular appliances and prostheses**, and other appliances and prostheses involved in the over-all prosthetic rehabilitation of patients.

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Processes and procedures associated with the **design, manufacture and repair of specialist treatment appliances** such as, but not limited to; diagnostic stents and radiographic stents, appliances for the treatment of temporomandibular disorders, appliances for the treatment of speech disorders, appliances for the treatment of sleep disorders and appliances for the treatment of audio disorders.

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**2. Other activities**

Please provide details of any activities you were trained for and currently carry out, which are not covered in the above scopes of practice.

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**3. Qualifications**

Please list your qualifications and the year they were conferred –

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#### 4. Continuing professional development

In determining whether an applicant is competent to practice the Council will consider, amongst other things, the following matters:

- training, experience and formal qualifications
- recency of practise (has the applicant practised in the last three years?)
- continuing professional development (CPD) (has suitable CPD been completed within the last three years?)

Dental technicians in New Zealand are required to complete verifiable CPD during four-year cycles. Please provide details of the CPD you have completed within the last three years.

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