



College of Dental Technologists of Ontario
Ordre des Technologues Dentaires de l'Ontario

PROFESSIONAL DEVELOPMENT PROFILE

*This Package contains all **Self-Assessment Forms** and **Professional Development Records**. Use them to plan and record your learning initiatives and continuing quality improvement activities in order to comply with the College's Quality Assurance Program (QAP) requirements.*



Instructions

1. This form is a Fillable PDF form. This means you can type directly into the form directly from your computer and then send the form to the printer
(Those who experience problems with the Fillable PDF form are welcome complete the form by hand).
2. You are required to accumulate a total of 90 credit points per 3 Year cycle.
3. If you need additional space please download the 'Additional Form' PDF from the CDTO website or click here: [Additional Form](#)
4. Please be advised you are not required to use all of the available space in the form. Only use the space you need.
5. The CDTO's Credit Point System is included at the end of this form for you to reference.
6. This form includes a 'digital signature' option. Please note this will only be available to those who have Adobe PDF/Acrobat Pro. If you do not have this program and are having problems using the digital signature option, please complete the form, print, and then sign.
7. You may submit this form with accompanying documents by: Mail -
College of Dental Technologists of Ontario
2100 Ellesmere Road, Suite 300
Scarborough, ON M1H 3B7
Attention: Quality Assurance Department

Please be advised, the goals you submit must be appropriate learning goals. A learning goal is any learning opportunity that supports your professional development as a Registered Dental Technologist. For example:

- a. Increase knowledge about implants and attachments.
- b. Increase awareness of new materials used in removable prosthodontics, etc.



How to use the Forms

1. Complete ALL sections of the Self-Assessment forms first;
2. After completing the Self-Assessment, complete the Professional Development (PD) record forms that are appropriate to the activities you have undertaken;
3. Keep original records, including all supporting evidence, for a minimum of 6 YEARS following the date of submission to the CDTO.
4. Send copies of the above completed records and the supporting evidence of participation to the College when requested to do so by the Quality Assurance Committee.

Tips to help you when completing the forms:

1. Professional Development activities must relate to the professional development goals that you indicated in the Self-Assessment
2. Summary.
3. Keep your records up-to-date i.e. complete the appropriate record form immediately after attending a seminar, workshop, conference, or after completing a distance education program;
5. Keep all supporting evidence (such as certificates of completion, registration receipts, copies of brochures from workshops you attended) in the PD Portfolio and attach to the appropriate forms;
6. Make sure you record the number of points for each activity. (refer to the Credit Point System for Professional Development Activities (attached) for guidance.)
7. Development Activities (attached) for guidance.)



Self-assessment Tools & Forms

How often must you submit the Self-Assessment forms to the QA Committee?

1. Every year, the QA Committee will randomly request 5% of CDTO registrants to submit their Self-Assessment forms and Professional Development Records, including evidence of having participated in professional development activities. If selected, your submission will be reviewed for compliance purposes.
2. On September 1, 2001 and every three years thereafter, you will need to submit to the QA Committee, when requested, evidence satisfactory to the Committee of having obtained 90 continuing quality improvement credits.
3. If you registered with the College after November 18, 1998, you will need to submit the evidence satisfactory to the
4. Committee every three-year period starting from September 1 before the date of registration with the College.

Forms to be completed:

Part 1: General Practice Information Part 2: Self-Assessment of Standards Part 3: Self-Assessment Summary

Confidentiality and Use of Information

All Self-Assessment information submitted to the College will be held in strictest confidence. The CDTO agrees to hold confidential information in trust and confidence and agrees that it shall be used only for the contemplated purposes, shall not be used for any other purpose, or disclosed to any third party.



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Self-assessment Tool

Part I: General Practice Information

Instructions:

Check the appropriate box(es). You may need to check more than one box to reflect your work situation

I am an:	The type of laboratory I work in:	My KEY areas of responsibilities are:
Active RDT (Work at the bench, teach, etc.)	Commercial Dental Laboratory (11 or more technicians)	Crown and Bridge
RDT-in-Charge (overall supervision of lab)	Commercial Dental Laboratory (1 - 10 technicians)	Full Dentures
Other, please specify:	Dental Office	Partial Dentures
	Institutional	Orthodontics
	Other, please specify:	Implants
		Other, please specify:



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Self-Assessment Tool

Part 2: Self-Assessment of Standards

Instructions:

Complete the forms relevant to your practice in the following pages. You must refer to the "Standards of Practice for Dental Technologists" to determine your strengths and weaknesses.

The tasks listed on the following pages correspond to those listed in the "Standards of Practice for Dental Technologists". To complete this self-assessment tool, you must review all the criteria (i.e. how well you must perform each task) listed in the Standards of Practice document, e.g. Technical Quality, Safety, Timing. You must also make sure that you meet all of the listed criteria, given the specified conditions listed in the standards. Take note of the specific descriptions of "Criteria" and "Conditions" for each task.

Remember that you are accountable for all tasks that you perform yourself or that others perform under your guidance or supervision. You may find that some tasks are "Not Applicable" to you. (with other tasks, you may find areas where you can meet "Some Criteria" for the task)

Definition of self-assessment rating categories:

- | | | |
|-----------|-------------------------|--|
| A. | Benefit from Assistance | I need or would like to learn more about this area so as to improve my skill, knowledge or judgement for the task ability |
| B. | Feel Comfortable | I consistently follow all the criteria listed for this task in the Standards of Practice whenever I perform and/or supervise or guide others in the performance of the task. |
| C. | Particularly Strong | In addition to consistently meeting the criteria listed for the task, I exceed some or all of these criteria: i.e. I provide advice and/or give direction to others |
| D. | Not Encountered | The task is not applicable to me given my job and/or supervisory responsibilities. |



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Full Dentures

Self-assessment tool

Part 2: Self-Assessment of Standards (Continued)

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
1	Disinfect the impression and/or model				
2	Evaluate the prescription for completeness				
3	Document changes to the prescription				
4	Evaluate the impression or model for completeness				
5	Create a master model				
6	Fabricate custom trays				
7	Construct an occlusal registration device				
8	Send the occlusal registration device and models to the Health Professional for confirmation				
9	Mount the models on an articulator				
10	Select and set-up the teeth and wax-up dentures				
11	Send denture wax-up to the Health Professional to verify set-up				
12	Complete set-up adjustments				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Full Dentures)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Full Dentures Self-assessment tool

Part 2: Self-Assessment of Standards(Continued)

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
13	Seal wax on model and complete wax-up for processing				
14	Prepare the denture for processing				
15	Process the denture				
16	Eliminate the wax				
17	Evaluate the investing process				
18	Create mechanical retention of the denture teeth, if needed				
19	Apply the separating medium				
20	Fill the mold with the required denture base material				
21	De-flask the denture				
22	Equilibrate occlusion				
23	Remove the model from the denture, trim and polish				
24	Determine the quality of the denture				
25	Prepare the denture for shipping				
26	Align and lute together broken denture components				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Full Dentures)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Partial Dentures Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
1	Disinfect the impression and/or model				
2	Evaluate the prescription for completeness				
3	Document changes to the prescription				
4	Evaluate the impression or model for completeness				
5	Create a master model and a duplicate model				
6	Fabricate custom trays				
7	Set the bite and mount the case on the articulator				
8	Survey & design the appliance				
9	Block out the undercuts				
10	Fabricate a refractory model				
11	Transfer the design from the master model to the refractory model and wax-up				
12	Sprue the appliance				
13	Invest the model into the casting ring				
14	Burn-out the wax pattern				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Partial Dentures)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Partial Dentures (continued)

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
15	Cast and de-vest the appliance				
16	Trim and fit the appliance to the duplicate model				
17	Fabricate saddle(s) for the altered cast				
18	Send the appliance to the Health Care Professional for try-in and/or altered cast and/or bite registration, if needed				
19	Fabricate an altered cast model				
20	Set-up the teeth and wax-up the tissue				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Partial Dentures)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Continue with “Full and Partial Dentures” Standards #11-26)

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
11	Send denture wax-up to the Health Professional to verify set-up				
12	Complete set-up adjustments				
13	Seal wax on model and complete wax-up for processing				
14	Prepare the denture for processing				
15	Process the denture				
16	Eliminate the wax				
17	Evaluate the investing process				
18	Create mechanical retention of the denture teeth, if needed				
19	Apply the separating medium				
20	Fill the mold with the required denture base material				
21	De-flask the denture				
22	Equilibrate occlusion				
23	Remove the model from the denture, trim and polish				
24	Determine the quality of the denture				
25	Prepare the denture for shipping				
26	Align and lute together broken denture components				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Partial Dentures)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Crown and Bridge Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
1	Disinfect the impression and/or model				
2	Assess the prescription for completeness				
3	Determine the correct shading for the restoration				
4	Document changes to the prescription and/or design requirements				
5	Determine the quality of the impression and the bite registration				
6	Fabricate a master model and separate dies				
7	Mount the models on the articulator				
8	Prepare dies				
9	Wax-up the restoration				
10	Select the alloy to be used in casting				
11	Invest wax pattern				
12	Burn-out the wax pattern				
13	Cast and de-vest the restoration				
14	Fit the restoration to the master die				
15	Send the restoration to the Health Professional for try-in				
16	Prepare the metal restoration for ceramic/composite application				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Crown and Bridge)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Crown and Bridge (continued)

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
17	Oxidize the restoration				
18	Apply the veneering materials to the restoration				
19	Contour the veneer				
20	Glaze and/or stain the restoration				
21	Polish the exterior metal portions of the restoration and microblast the fitting surfaces				
22	Determine the restoration's quality				
23	Prepare the restoration for shipping				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Crown and Bridge)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Implants

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
1	Disinfect the impression and/or model				
2	Evaluate the prescription for completeness				
3	Document changes to the prescription and/or design requirements				
4	Evaluate the impression or model for completeness				
5	Pour the study model				
6	Mount the models on the articulator				
7	Determine if proposed clinical treatment plan is technically possible or suggest alternatives				
8	Complete diagnostic set-up and/or wax-up				
9	Send the wax-up to the Health Professional for try-in or verification				
10	Fabricate a surgical stent to aid the surgeon in implant placement				
11	Pack and send surgical stent to Health Professional				
12	Disinfect impression and pour preliminary model				
13	Fabricate custom tray				
14	Package and send custom tray to Health Professional				
15	Verify that impression quality is acceptable				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Implants)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Implants (continued)

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
16	Attach analogues to the impression transfer copings, if necessary, and reseat copings in the impression				
17	Pour final impressions to create master model				
18	Fabricate an occlusal registration device(s), if needed, and record the components used				
19	Send occlusal registration device(s) to the Health Professional				
20	Mount the master and opposing models on the articulator				
21	Construct the restoration				
22	Select and set-up teeth and wax-up				
23	Send the wax-up to the Health Professional for try-in				
24	Create a matrix of existing set-up, if necessary				
25	Fabricate sub-assembly or substructure				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Implants)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Orthodontics

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
1	Disinfect the impression and/or model				
2	Evaluate the prescription for completeness				
3	Document changes to the prescription and/or design requirements				
4	Assess the impression or model				
5	Fabricate a working cast				
6	Fabricate a working cast with bands attached				
7	Fabricate a study cast				
8	Prepare cast for banding				
9	Seat the bands on working cast				
10	Mount the working models on the articulator				
11	Fabricate and place wires and components for the appliance on the model				
12	Apply separator				
13	Soak the cast				
14	Apply and process material				
15	Remove the appliance from the model and de-wax the appliance and model				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Orthodontics)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Orthodontics (continued)

Self-assessment tool

Part 2: Self-Assessment of Standards

	Task*	Benefit from Assistance (A)	Feel comfortable (B)	Particularly Strong (C)	Not Encountered (D)
16	Solder wire components				
17	Trim the appliance				
18	Polish, shine and clean the appliance				
19	Determine the appliance quality				
20	Prepare the appliance for shipping				
21	Align and lute together broken orthodontic appliance components				

*(Consult "Standards of Practice for Dental Technologists" for specific "Criteria" listed for each of the tasks under Orthodontics)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Self-assessment tool

Part 3: Self-Assessment Summary

1. My anticipated new or changed areas of responsibility will include:	
2. New skills that I will use on my job include:	
3. Topics related to dental technology that I am interested in learning more about include:	
4. The topics listed under "3" above are applicable to my current or future job responsibilities in the following ways:	



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Self-assessment tool

Part 3: Self-Assessment Summary (Continued)

Now that you have analyzed your current work situation in Part 1, your practice standards in Part 2 and your future practice needs in the previous page, you may now summarize your plans for professional development in the space below.

Areas in which I need Improvement (Review Part 1 and Part 2 before putting down the skill/areas that you feel you need to improve on your current practice)	Professional Learning Goals (A learning goal is any learning opportunity that supports your professional development as a RDT)	Activities Planned (List course, seminars, etc. that you plan to take in order to achieve learning goals)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Self-assessment tool

Part 3: Self-Assessment Summary (Continued)

Areas in which I need Improvement (Review Part 1 and Part 2 before putting down the skill/areas that you feel you need to improve on your current practice)	Professional Learning Goals (A learning goal is any learning opportunity that supports your professional development as a RDT)	Activities Planned (List course, seminars, etc. that you plan to take in order to achieve learning goals)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record Forms

Credits for non-technical activities must not exceed 1/3 of the 90 Professional Developments credits in a 3-year cycle.

Refer to the Credit Point System attached.

Forms to assist you in the recording of your Professional Development Activities

In the pages that follow, you will find the various forms necessary to record your professional development activities and continuing quality improvements credits.

- Use the form(s) relevant to the activities that you have undertaken.
- These record forms are arranged in the order set out below.

Form	Content
1.	CDTO Mandatory Courses (e.g. Jurisprudence Course)
2.	Seminars, lectures, Conferences, Courses
3.	Hands-on Workshops
4.	Self-Study Activities (e.g. review of videos, books, journals)
5.	Distance Education Programs (e.g. formal correspondence/distance education)
6.	Participation in CDTO Committees, Task Forces, Working Groups
7.	Acting as Examiner or Invigilator at CDTO Registration Examinations
8.	Acting as a Dental Technology Related Faculty in a teaching Institution
9.	Acting as a Presenter/lecturer of CDTO approved courses/workshops
10.	Author of Articles Published in Approved Dental Technology or Dental
11.	Professional Journals; Textbooks or Chapter(s) of textbook
12.	Other Activities (not covered by other forms) and approved by the CDTO (refer to credit point system)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form I
Approved Core Competency Course set by Council

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Attendance Date	Location	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 2
Approved Non-Core Competency Course set by Council

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Attendance Date	Location	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 3

Completion of Technical Training (Including Practical and Theoretical as per guidelines)

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Attendance Date	Length of Course and Format	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 3

Completion of Technical Training (Including Practical and Theoretical as per guidelines) Continued

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Attendance Date	Length of Course and Format	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 4 **Attendance at Conferences/Conventions per day of Registration and Attendance**

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Attendance Date	Length of Course and Format	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 5

Review Dental Technology Technical Video, book or journal **per year

Instructions:

Complete **ALL** parts.

Video(s)	Book(s)	Journal(s)	Publisher(s) Name(s)	Content Description	Date Reviewed	Points

**** QAC List of Approved journals: Spectrum, LMT, Oral Health, Dental Technology Today, Advisor, Dentistry Today, Dental Labor, AACD, ADTO.**



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 5

Review Dental Technology Technical Video, book or journal **per year **(continued)**

Instructions:

Complete **ALL** parts.

Video(s)	Book(s)	Journal(s)	Publisher(s) Name(s)	Content Description	Date Reviewed	Points

** QAC List of Approved journals: Spectrum, LMT, Oral Health, Dental Technology Today, Advisor, Dentistry Today, Dental Labor, AACD, ADTO.



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 6 **Self-Study program – External Independent Testing**

Instructions:

Refer to the Credit Point System for description of “Low Test” and “High Test”.

List all programs completed and attach evidence of participation.

Complete **ALL** parts.

Title of Program	Description of Content and Format	Indicate Test Level (i.e. no test, low test, high test)	Date Completed	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 6
Self-Study program – External Independent Testing (Continued)

Instructions:

Refer to the Credit Point System for description of “Low Test” and “High Test”.

List all programs completed and attach evidence of participation.

Complete **ALL** parts.

Title of Program	Description of Content and Format	Indicate Test Level (i.e. no test, low test, high test)	Date Completed	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 7
Recognized Educational Institute Correspondence courses- multi-session
(Technical or Non-Technical*)

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Length of Course and Format	Attendance Date	Points

(*Technical activities mean those directly related to the scope of practice of dental technology, specifically, the design (includes computer-aided design), construction repair or alteration of a dental prosthetic, restorative or orthodontic device as defined in the Dental Technology Act, 1991. Non-technical activities mean those that relate to a dental technologists supervisory or administrative responsibility within a dental technology practice; supervisory, management and human resource skills; business related record keeping, accounting; First Aid, CPR and AED training; WHMIS and AODA where applicable.)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 8

Participation as a member of CDTO: Council, Committee, Task Force or Working Group

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points

*(*per year/per Council, Committee, Task Force or Working Group.)*



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 8

Participation as a member of CDTO: Council, Committee, Task Force or Working Group (continued)

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points

(*per year/per Council, Committee, Task Force or Working Group.)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 9

Participation in a recognized Dental Technology Professional Association Committee or Task Force

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points

(*4 per year/per Committee or Task Force)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 10
Completion of Non-Technical Business related training

Instructions:

Complete **ALL** parts.

Course Title and Speaker	Key Learning	Length of Course and Format	Attendance Date	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form I I

Participation in any capacity (examiner, invigilator, etc.) of the entrance to practice examinations

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points

(*4 points per day)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 12 **Participation as a Quality Assurance Peer Assessor**

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points

(*4 points per day)



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 13

Participation as a Supervisor in a Field Placement program pre-approved by the Quality Assurance Committee

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 14

**Serving as Dental technology related faculty in a recognized Teaching Institution
approved by the CDTO**

Instructions:

Complete **ALL** parts.

Describe Your Role & Contribution	Period of Appointment	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 15
Presenting/Lecturer of a CDTO approved Course

Instructions:

Complete **ALL** parts.

Title and Type of Program	Supporting Evidence Attached	Duration	Date Delivered	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 16

Publishing an article in an approved Dental Technology publication

Instructions:

List article(s) published within this 3 year cycle.

Complete **ALL** parts.

Title of Article(s)	Brief Content Outline	Publisher	Published Date	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 17

Publishing a chapter/textbook in an approved Dental Technology publication

Instructions:

List article(s) published within this 3 year cycle.

Attach copy of chapter or/and textbook.

Complete **ALL** parts.

Title of Article(s)	Brief Content Outline	Publisher	Published Date	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 18

Develop a Dental Technology related course/self-study module

Instructions:

List module(s) published within this 3 year cycle.

Attach copy of chapter or/and textbook.

Complete **ALL** parts.

Title of course/self-study module	Brief Content Outline	Publisher	Published Date	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 19

Other activities (including Volunteer activities) approved by the CDTO Quality Assurance Committee. Activities will be assessed in a presented format (minimum 60 days prior to activity)

Instructions:

Complete **ALL** parts.

Description of Activity	Supporting Evidence Attached	Duration and Date of Completion	Points



Name: _____

(In substitute of writing your name, you may stamp each page with your RDT Supervision Stamp if applicable)

Professional Development Record - Form 19

Other activities (including Volunteer activities) approved by the CDTO Quality Assurance Committee. Activities will be assessed in a presented format (minimum 60 days prior to activity) Continued

Instructions:

Complete **ALL** parts.

Description of Activity	Supporting Evidence Attached	Duration and Completion Date	Points