



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. You are required to accumulate a total of 90 credit points per 3 Year cycle.
2. Please be advised you are not required to use all of the available space in the form. Only use the space you need.
3. You may submit this form with accompanying documents by email to QA@cdto.ca.

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 Summary.
2. 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;
3. 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;
4. Make sure you record the number of points for each activity. (refer to the Credit Point System for Professional Development Activities (attached) for guidance.)
- 5.
- 6.



Professional Development Profile

How often must you submit the Professional Development Profile to the QA Committee?

- I. Every member shall develop and maintain a professional development profile, as set out in this form, which includes:
 - i. Annual self-assessment
 - ii. Professional development goals
 - iii. Record of professional development activities
2. On September 1, following the date on which a member obtains a general certificate of registration, the member shall obtain at least 90 continuing quality improvement credits in every three-year period.
3. At the end of every three-year period, the member must submit the Summary Professional Development Profile which is a declaration that they have met the professional development requirements of the QA Program.
4. Every year, the QA Committee will randomly request 2-5% of CDTO registrants to submit their Full Professional Development Profile, including evidence of having participated in professional development activities. If selected, your submission will be reviewed for compliance purposes.

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 and Professional Development 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:
<input type="checkbox"/> Active RDT (Work at the bench, teach, etc.)	<input type="checkbox"/> Commercial Dental Laboratory (11 or more technicians)	<input type="checkbox"/> Crown and Bridge
<input type="checkbox"/> RDT-in-Charge (overall supervision of lab)	<input type="checkbox"/> Commercial Dental Laboratory (1 - 10 technicians)	<input type="checkbox"/> Full Dentures
Other, please specify:	<input type="checkbox"/> Dental Office	<input type="checkbox"/> Partial Dentures
	<input type="checkbox"/> Institutional	<input type="checkbox"/> Orthodontics
	Other, please specify:	<input type="checkbox"/> Implants
		Other, please specify:



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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: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evaluate the prescription for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Document changes to the prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Evaluate the impression or model for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Create a master model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fabricate custom trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Construct an occlusal registration device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Send the occlusal registration device and models to the Health Professional for confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Mount the models on an articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Select and set-up the teeth and wax-up dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Send denture wax-up to the Health Professional to verify set-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Complete set-up adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Name: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Prepare the denture for processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Process the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Eliminate the wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Evaluate the investing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Create mechanical retention of the denture teeth, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Apply the separating medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Fill the mold with the required denture base material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	De-flask the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Equilibrate occlusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Remove the model from the denture, trim and polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Determine the quality of the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Prepare the denture for shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Align and lute together broken denture components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Name: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evaluate the prescription for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Document changes to the prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Evaluate the impression or model for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Create a master model and a duplicate model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fabricate custom trays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Set the bite and mount the case on the articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Survey & design the appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Block out the undercuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Fabricate a refractory model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Transfer the design from the master model to the refractory model and wax-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Sprue the appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Invest the model into the casting ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Burn-out the wax pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Trim and fit the appliance to the duplicate model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Fabricate saddle(s) for the altered cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Send the appliance to the Health Care Professional for try-in and/or altered cast and/or bite registration, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Fabricate an altered cast model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Set-up the teeth and wax-up the tissue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Complete set-up adjustments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Seal wax on model and complete wax-up for processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Prepare the denture for processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Process the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Eliminate the wax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Evaluate the investing process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Create mechanical retention of the denture teeth, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Apply the separating medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Fill the mold with the required denture base material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	De-flask the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Equilibrate occlusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Remove the model from the denture, trim and polish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Determine the quality of the denture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Prepare the denture for shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Align and lute together broken denture components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Name: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Assess the prescription for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Determine the correct shading for the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Document changes to the prescription and/or design requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Determine the quality of the impression and the bite registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fabricate a master model and separate dies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Mount the models on the articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Prepare dies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Wax-up the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Select the alloy to be used in casting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Invest wax pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Burn-out the wax pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Cast and de-vest the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Fit the restoration to the master die	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Send the restoration to the Health Professional for try-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Prepare the metal restoration for ceramic/composite application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Name: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Apply the veneering materials to the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Contour the veneer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Glaze and/or stain the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Polish the exterior metal portions of the restoration and microblast the fitting surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Determine the restoration's quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Prepare the restoration for shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Name: _____

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evaluate the prescription for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Document changes to the prescription and/or design requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Evaluate the impression or model for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Pour the study model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Mount the models on the articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Determine if proposed clinical treatment plan is technically possible or suggest alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Complete diagnostic set-up and/or wax-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Send the wax-up to the Health Professional for try-in or verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Fabricate a surgical stent to aid the surgeon in implant placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Pack and send surgical stent to Health Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Disinfect impression and pour preliminary model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Fabricate custom tray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Package and send custom tray to Health Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Verify that impression quality is acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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 reseal copings in the impression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Pour final impressions to create master model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Fabricate an occlusal registration device(s), if needed, and record the components used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Send occlusal registration device(s) to the Health Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Mount the master and opposing models on the articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Construct the restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Select and set-up teeth and wax-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Send the wax-up to the Health Professional for try-in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Create a matrix of existing set-up, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Fabricate sub-assembly or substructure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Evaluate the prescription for completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Document changes to the prescription and/or design requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Assess the impression or model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Fabricate a working cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Fabricate a working cast with bands attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Fabricate a study cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Prepare cast for banding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Seat the bands on working cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Mount the working models on the articulator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Fabricate and place wires and components for the appliance on the model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Apply separator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Soak the cast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Apply and process material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Remove the appliance from the model and de-wax the appliance and model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Trim the appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Polish, shine and clean the appliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Determine the appliance quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Prepare the appliance for shipping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Align and lute together broken orthodontic appliance components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*(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.	Dental-technology related and non-dental technology related activities
3.	Conferences, conventions, etc.
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.	Develop a course/self-study module
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 I
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 2

Dental-Technology Related Activities (Related to the Scope of Practice)

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 2

Dental-Technology Related Activities (Related to the Scope of Practice)

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 2

Dental-Technology Related Activities (Related to the Scope of Practice)

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 2

Dental-Technology Related Activities (Related to the Scope of Practice)

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 2

Non-Dental-Technology Related Activities (e.g., supervisory, accounting, human resource skills, First Aid, CPR and AED training)

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 2

Non-Dental-Technology Related Activities (e.g., supervisory, accounting, human resource skills, First Aid, CPR and AED training)

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
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 4

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 4

Review Dental Technology 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 4

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 4

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 5
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 6

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 6

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 6

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)

(*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 6 **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 7

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



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 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 8

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 9
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 10

Publishing an article in an approved Dental Technology publication

Instructions:

Complete ALL parts.

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

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 10

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 I I

Develop a Dental Technology related course/self-study module

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

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 12

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 12

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