New Jersey Department of Environmental Protection Bureau of X-ray Compliance PO Box 420 Mail Code 25-01 Trenton, New Jersey 08625-0420 (609) 984-5890 609-984-5811 (fax) www.xray.nj.gov

Instructions for Use of the Paralleling and Bisecting Angle Technique Clinical Competency Evaluation Form

Please type or print information clearly. If information is illegible, the form will be returned.

If the school has provided you this form, your facility must ensure that the student is evaluated for competency on the following dental radiographic procedures as part of the student's clinical education. The school will also inform you, if any of these procedures need to be performed using digital imaging equipment.

- 1. Full Mouth Series (FMS) or if not available, the cumulative total of 4 bitewing and 14 periapical exposures in various areas of the mouth on multiple patients using paralleling technique; and
- 2. Four (4) exposures using bisecting angle technique. Exposures may be periapical or bitewing and may be part of full mouth series.

Additionally, before any of the above required procedures can be evaluated for clinical competency, the student must successfully perform at least 2 patient FMS procedures using paralleling technique. If FMSs are not available, a cumulative total of 8 bitewing and 28 periapical exposures in various areas of the mouth must be successfully performed on patients. For bisecting angle technique, at least 12 exposures in various areas of the mouth must be successfully performed on patients. For bisecting angle technique, at least 12 exposures in various areas of the mouth must be successfully performed on patients, prior to the clinical competency evaluation.

The clinical experience for FMS using paralleling technique and the bisecting angle technique exposures must be recorded on separate forms.

Student Supervision:

All radiographic related activities performed by a student must be performed under the direct supervision of a person named in Section 3 of the Clinical Affiliate Application who is in the room with the student and is observing and supervising the student.

Grading Criteria:

In order to pass a clinical objective, the student must competently perform the entire objective without any assistance from the evaluator. In order to pass the evaluation, all objectives must be graded as "Pass". Any repeat exposure, as determined by a licensed dentist, results in an automatic failure of that competency. Any clinical competency failure requires that the student repeat at least one practice attempt on a patient prior to re-evaluation. All practices and re-evaluations must be recorded on this form.

Important Notes:

Once clinical education is completed or the permission period has expired, the student is no longer permitted to operate x-ray equipment or perform dental radiographic procedures until licensed by the Department of Environmental Protection. Upon completion of clinical education, all clinical related forms must be returned to the school for review and inclusion in the student file. (Revised 1/15)

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	Clinical Competency Evaluation Form	
School Name:		
Student Name:		

Permission Period: From _____ To _____

Clinical Office:

Radiographic Procedure (Circle one) FMS-Paralleling OR PA/Bitewing(BW) -Bisecting

Record of Practice Attempts						
Patient initials or ID#	Date	# of Exposures	Film or Digital	Evaluator's Initials		

Note: Practice attempts must include all of the clinical objectives listed below and have been <u>successfully</u> completed prior to attempting a clinical competency evaluation. (A minimum of 2 FMS using paralleling technique or a total of 8 bitewing and 28 periapical exposures and 12 exposures using bisecting angle technique is needed.)

CLINICAL COMPETENCY EVALUATION

Date of Evaluation:	Film or Digital:		
Patient Initials or ID #:	Number of Exposures:	BW	PA

Clinical Objective	Pass or Fail	Comments			
Greet patient and explain and verify the radiographic procedure					
to be performed					
Review patient's medical history and record of previous					
exposures					
Evaluate the area to be exposed to determine that all dentures,					
jewelry and other unnecessary objects are removed					
Use radiation protection practices for patient, self and others					
Position the patient for requested radiographs					
Position the image receptor to record the area of interest					
Position the x-ray equipment for desired exposure					
Select exposure factors and make x-ray exposure					
Produce radiographic images that are free from artifacts and					
other errors					
Mount films or display digital images and properly identify					
radiographs using the ADA recommended method					
Grade:					
Evaluator's Signature:	Date:				
	-				
Doctor's Signature:	Date:				
I have reviewed the dental radiographic images produced during this competency evaluation and found					
them to be of acceptable diagnostic quality					

Student's Signature: _____ Date: _____