

New Jersey Department of Environmental Protection  
Bureau of X-ray Compliance  
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## **Instructions for Use of the Panoramic 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 a panoramic dental procedure as part of the student's clinical education. The school will also inform you, if this procedure needs to be performed using digital imaging equipment.

Additionally, before this procedure can be evaluated for clinical competency, the student must successfully perform a minimum of one panoramic procedure on a patient.

### **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 has been 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.

(7/12)

## Panoramic Procedure Clinical Competency Evaluation Form

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Permission Period: From \_\_\_\_\_ To \_\_\_\_\_

Clinical Office: \_\_\_\_\_

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 successfully completed prior to attempting a clinical competency evaluation. (**minimum** of 1 practice attempt)

### CLINICAL COMPETENCY EVALUATION

Date of Evaluation: \_\_\_\_\_ Film or Digital: \_\_\_\_\_

Patient Initials or ID #: \_\_\_\_\_

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 image produced during this competency evaluation and found it to be of acceptable diagnostic quality

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_