**Appendix B**

This form must be completed by the candidate for full registration, that has been placed on a period of adaptation for professional practice.

There is no specific word count that you must achieve but your explanations and comments under each heading should make it clear that you have reflected over each of these areas adequately.

The completion of this form is entirely your responsibility, and you should discuss this with any potential mentor before they agree to mentor you.

Your mentor’s signature is only required to state that they have read the contents of your submission and to the best of their knowledge it is true and accurate.

Please see the Dental Council’s Guide to Completing your PoA v2.0 for examples.

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| --- |
| **To be completed by the Candidate** |
| **Candidate’s name:****Candidate’s registration number:****Mentor’s name:****Mentor’s registration number:** |
| Basic Life Support |
|  |
| Cross-Infection Control |
|  |
| Patient Assessment |
|  |
| Radiographic Technique and Interpretation |
|  |
| Diagnosing Oral Disease |
|  |
| Establishing and maintaining records |
|  |
| Preparation of comprehensive treatment options |
|  |
| Local Anaesthesia |
|  |
| Prescription, dispensing and administering of medicinal products as part of dental treatment |
|  |
| Preventive Care |
|  |
| Periodontal Care  |
|  |
| Operative Treatment  |
|  |
| Endodontics |
|  |
| Tooth Whitening |
|  |
| Fixed Prostheses |
|  |
| Removable Prostheses |
|  |
| Implant Planning and Maintenance |
|  |
| Care of the Deciduous and Mixed Dentition |
|  |
| Orthodontic Diagnosis and Planning |
|  |
| Extraction of permanent and primary teeth |
|  |
| Oral Surgery |
|  |
| Write a Referral |
|  |
| I declare that I have taken time to reflect over the above areas of dentistry. I further declare that I completed this form and the information I have provided is true and accurate. **Candidate’s signature:** |
| I have read the information provided by the candidate, set out in this form. I have no reason to believe that the information herein is anything other than true and accurate. **Mentor’s signature:** |
| Date: |