



SDTA Re-Entry Mentorship Program (RMP)

Applicant Package

Our Mission Statement

“The Saskatchewan Dental Therapists Association is dedicated to improving and promoting oral health excellence for all, respecting diversity and individuality. We are committed to protecting the public by ensuring the quality and competency of our members”

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SDTA Re-Entry Mentorship Applicant Package

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1. Introduction to Re-Entry Mentorship Program

a. Purpose

The purpose of the Re-Entry Mentorship Program (RMP) is to enable those applicants who do not meet the requirements of registration as defined in the Saskatchewan Dental Therapists Association Regulatory Bylaw II Section 1- 1d, the opportunity to acquire licensure with the SDTA.

The applicant must have successfully completed an educational program in dental therapy recognized by Council. The applicant must prove to the satisfaction of Council they have practised as a dental therapist for a minimum of three years. Applications that do not meet all criteria will be assessed on an individual basis.

The applicants must secure their own employer and mentor in order to be accepted into the RMP program. The place of employment must be located in Saskatchewan.

The Council will review each application and customize an RMP on a case-by-case basis.

b. SDTA Registration Bylaws

Section 1 - Requirements for Registration

- 1) A person may be registered as a member of the association by completing the prescribed application form and:
 - a) providing evidence to the satisfaction of Council that the applicant has successfully completed an educational program in dental therapy recognized by Council;
 - b) payment of the prescribed fees;
 - c) be of good character;
 - d) apply for registration:
 - i) within three (3) years of graduation; or
 - ii) have legally provided dental therapy services for at least 60 days in the last 5 year period;
- 2) Council may prescribe examinations and/or an evaluation process for registration where the evidence provided is not adequate to the satisfaction of Council to determine the eligibility of applicants for registration.
- 3) An applicant for registration who does not meet the currency of practice requirements in paragraph 1 d) may be granted registration upon proof that the applicant has successfully completed a reentry program approved by the Council.
- 4) The Council may grant a restricted licence to a person that meets the requirements of paragraphs 1 a) to c) and has been approved by the Council to participate in a reentry program approved by the Council. Such restricted licence may be subject to such conditions and



restrictions as Council specifies in the licence, including a restriction on the length of time for which such licence is valid.

This process has been developed by Council and has been approved by the SDTA Council.

c. Conditions

In order to provide consistency with the SDTA RMP, Council has approved the following conditions. The applicant must:

- a. comply with the Dental Disciplines Act 1997, the Saskatchewan Dental Therapists Association Bylaws and the Saskatchewan Dental Therapists Association's Scope of Professional Practice/Competencies;
- b. pay the prescribed administration fee for the program;
- c. pay the required registration, membership and re-instatement fee (where applicable) to be issued a restricted licence while enrolled in the program;
- d. be employed by a dentist or practise under a contract with an employer that employs or has established a formal referral or consultation process with a dentist;
- e. be directly supervised by a mentor (dental therapist and/or dentist) approved by Council;
- f. complete the required 400 supervised clinical hours within a 6-month parameter. An extension may be considered under extenuating circumstances;
- g. complete the clinical competency skills, prescribed by Council, to the satisfaction of the mentor;
- h. complete continuing education requirements prescribed by Council;
- i. complete any other provisions that Council feels necessary to determine that the applicant meets all requirements to be registered as a Saskatchewan Dental Therapist.

The applicant's restricted licence will be subject to terms and conditions pursuant to the SDTA regulatory bylaws.

The applicant must comply with all conditions of the program to have successfully completed the program.

Upon successful completion of the program the applicant may apply for a full licence with SDTA. The Registrar's decision whether the applicant has met the requirements for a full licence is final, subject only to the applicant's right to seek a review of the Registrar's decision pursuant to *The Dental Disciplines Act*

If the applicant fails to successfully complete the RMP or ceases to meet the conditions described above, the Registrar will revoke the applicant's registration and restricted licence.



Unsuccessful applicants will not be allowed to re-apply for the program. Under extenuating circumstances, the unsuccessful applicant may appeal to Council to re-apply for the program.

d. Definitions

Mentor

The Mentor may be either a dental therapist licensed with the Saskatchewan Dental Therapists Association and/or a dentist licensed by the College of Dental Surgeons of Saskatchewan. The mentor must be willing to follow the process laid out by the RMP. The mentor will observe and judge the competency of the applicant.

Consulting Dentist

The consulting dentist will be a dentist licensed by the College of Dental Surgeons of Saskatchewan and can act as the mentor, supervising dentist and/or employer.

Employer

The employer can act as the mentor, supervising dentist and employer. The employer can also be an organization or health authority.

Direct Supervision

Direct Supervision is considered the continual monitoring of the performance of the applicant. Thusly the mentor will always be readily accessible on site in case of difficulty or needed intervention. The mentor will observe and judge the competency of the applicant.

Restricted Licence

A Restricted Licence will be granted to a dental therapist enrolled in the RMP. A restricted licence to practise will specify the purpose, conditions and the period of time that the restricted licence will be in effect for. A restricted licence will be issued according to the SDTA Regulatory Bylaws Section 4-3 Restricted Licence - may be granted to members a) who have not completed to the satisfaction of Council all the requirements for a full licence.

Council

Refers to the Saskatchewan Dental Therapists Association Council.



2. Application Requirements

a. Contract

The applicant must comply with the Dental Disciplines Act 1997 (attached), the Saskatchewan Dental Therapists Association Bylaws (attached) and the Saskatchewan Dental Therapists Association's Scope of Professional Practice/Competencies (attached).

_____ initial

The applicant will fill out the Application Form for the program and will pay the \$300.00 administrative fee for the program to the SDTA.

_____ initial

The applicant will complete the Registration Form and Membership Application and will pay the required registration fee and membership fee. Applicant will be issued a restricted licence for 6 months while enrolled in the RMP. The license shall be issued subject to such terms and conditions pursuant to the SDTA Bylaws.

_____ initial

The applicant must be employed by a dentist or practise under a contract with an employer that employs or has established a formal referral or consultation process with a dentist. The approved employer will be _____ (employer) and approved consulting dentist will be _____ (dentist).

_____ initial

The applicant must be directly supervised by approved mentor _____ (dental therapist and/or dentist) approved by Council.

_____ initial

The applicant must complete the required 400 supervised clinical hours within a 6-month time frame of the restricted licence being issued. An extension may be considered under extenuating circumstances.

_____ initial

The applicant must complete the clinical competency skills (Appendix A), prescribed by Council, to the satisfaction of the mentor(s).

_____ initial

The applicant must complete continuing education requirements (Appendix B) and any other courses prescribed by Council.

_____ initial

The applicant must complete other provisions (Appendix C). Applicant may need to complete additional provisions not outlined in Appendix C that Council feels necessary to determine if the applicant meets all the requirements for entry into the program.

_____ initial



b. Application Form

1. Personal Information

Name*: _____ Nee: _____

Address: _____

_____ (postal code) _____

Telephone: _____

Email: _____

*Proof of name change is required if present name differs graduation certificate or transcript of marks.

2. Dental Therapy Education

Dental Therapy: School: _____

Dates attended: _____

3. Dental Therapy Experience

Employer	Address	Dates of Employment

4. Employment/Education Since Being Dental Therapist

Employer/School	Position/Course	Dates of Employment/Enrollment

5. Documentation

- a) Attach a copy of certificate of graduation or transcript of marks from graduating school of Dental Therapy.
- b) Proof of name change if applicable.



c. Mentor Agreement

The Saskatchewan Dental Therapists Association takes the registration and re-entry of dental therapists seriously. The mandated duty and objective of the SDTA is to protect the public by ensuring the quality and competency of our members.

As a part of that mandate, when former members return to practice after being away from the practice for a substantial length of time, it is the duty of the SDTA to ensure the members' knowledge, skill, proficiency and competency is adequate to re-enter the practice of dental therapy. As the mentor you must be a registered member in good, current standing with either the Saskatchewan Dental Therapists Association or the College of Dental Surgeons of Saskatchewan. A copy of your current licence is to be forwarded to Cindy G. Reed with the SDTA.

In this regard, _____ has put forth your name to act as their mentor during their required supervised work placement for re-entry into the practice of dental therapy. It is imperative that as the mentor you are present in office at all times the member is practicing in clinic throughout the duration of the mentorship term.

The SDTA appreciates your participation in this program. As the mentor we require that you will, to the best of your ability, assess and verify the applicant's working knowledge and competence in the following categories (outlined in Appendix A):

1. Diagnosis and Radiographs
2. Dental Hygiene and Preventative Measures
3. Restorative Dentistry
4. Oral Surgery
5. Other

Upon completion of the work cycle, the mentor agrees to provide a written report setting out an opinion of the applicant's working knowledge and competence relating to the above noted areas.

I _____ agree to act as the mentor for _____ during his/her mentorship term.

Signed: _____ Dated: _____

Witnessed: _____ Dated: _____

Mentor Name: _____

Mentor Position: _____

Licensing Body: _____

Work Address: _____

Work Phone: _____ Cell: _____

Email: _____



Consulting/Supervising Dentist

Name: _____

Licensing Body: _____

Work Address: _____

Work Phone: _____ Cell: _____

Email: _____

I _____ agree to be the consulting/supervision dentist for _____ during his/her mentorship term.

Signed: _____ Dated: _____

Witnessed: _____ Dated: _____

Employer

Name: _____

Position: _____

Work Address: _____

Work Phone: _____ Cell: _____

Email: _____

I _____ agree to be the employer for _____ during his/her mentorship term.

Signed: _____ Dated: _____

Witnessed: _____ Dated: _____



d. Appendix A - Clinical Competencies

Below is list of the clinical competency skills the applicant must complete during the mentorship program. During the mentorship program it is the mentor and applicant's responsibility to achieve satisfactory achievement in administration, infection control, professionalism, and treatment during patient treatment. Each competency must be completed by the applicant and checked by the mentor as a pass/fail system. During these 6 months the applicant is expected to display a consistent pattern of patient treatment within reasonable time frames without mentor input.

1. Diagnosis and Radiographs
 - a. Competent on new technology (digital radiographs, panoramic radiographs, and any other radiograph technology used within office)
2. Dental Hygiene and Preventative Measures
 - a. Probing
 - b. Scaling
 - c. Polishing
 - d. Fluoride application
3. Restorative Dentistry –including cavity preparation, bases, liners, bonding system, filling, polishing and articulation. Performing all classes of fills is recommended.
 - a. Amalgam restorations
 - i. Posterior
 - b. Composite restorations
 - i. Anterior
 - ii. Posterior
 - c. ART technique
 - i. If applicable
 - d. Stainless steel crowns
 - e. Primary pulpotomies
4. Oral Surgery
 - a. Primary extractions
 - b. Permanent extractions (if included in prior training)
 - i. Suture placement
 - ii. Sectioning and removal of teeth
5. Other
 - a. Local anaesthesia
 - b. Rubber dam placement
 - c. Oral hygiene instruction
 - d. Space maintenance (if included in prior training)
 - e. Medical history



e. Appendix B - Continuing Education Requirements

The applicant is responsible to attain the required 40 continuing education credits before the restricted licence will be issued. CE credit requirements must include a current CPR certificate. The SDTA Continuing Education document is attached along with the Request Form.

The applicant must enroll in the Saskatchewan Polytechnic Dispensary Assistant IPC Course (DENT-1622). The office evaluation component will be completed as part of the RMP.

SDTA recommends the applicant review the Infection Prevention and Control Standards in the Oral Health Care Facility handbook. Each individual dental clinic in Saskatchewan is required to have their own Infection Control Protocol based on the handbook. The applicant must familiarize themselves with their clinic protocol. If the applicant requests additional infection control training, the SDTA can recommend an appropriate continuing education training course.





Saskatchewan Dental Therapists Association
CONTINUING EDUCATION CREDITS
Request Form

Name: _____

Address: _____

Telephone: _____ Email: _____

Continuing education credits will be granted for continuing education courses or professional development activities according to policies set by the Credentials Committee and approved by Council.

	Course/ Activity	Date/Location	CE Credit Hours	Provider/Speaker	Course Description/Summary
1					
2					
3					
4					

I hereby certify that I have attended the course or participated in the activity described above. I have kept the original copy(s) of all information for my records.

Signature of Applicant

Date

Mail: Saskatchewan Dental Therapists Association
Registrar's Office
PO BOX 360
Gull Lake, SK
S0N 1A0

Fax: (306) 672-3619
Phone: (306) 672-3699
Email: sdta@sasktel.net

f. Appendix C - Other Provisions

The applicant must provide a current Criminal Record Check with Vulnerable Sectors Check issued by the Royal Canadian Mounted Police and/or local police service.

The applicant must provide a detailed essay in regards to their history in the profession of dental therapy with their future plans with the profession. The following points should be addressed within the essay:

1. Past history in career of dental therapy (graduation of program, work experience, employers, etc.)
2. Why did the applicant leave the profession?
3. What has the applicant been doing since leaving the profession of dental therapy?
4. Why is the applicant requesting re-entry to the profession of dental therapy?
5. What makes the applicant a good applicant for re-entry?

The applicant must provide two letter of reference (one personal and one professional). The reference letters must, in writing and references must be available for contact by the SDTA by telephone and email.

g. Acceptance of Restricted Licence

I agree to uphold all conditions, listed below, to enable me to hold a Restricted Licence with the Saskatchewan Dental Therapists Association.

I understand that this will allow me to obtain a Restricted Licence to enable me to work as a dental therapist while enrolled in the RMP.

I understand that his Restricted Licence will be revoked if any of the conditions are not met.

Dated this _____ day of _____, _____.

Signed _____

Witness _____

Date _____

Conditions of Restricted Licence

- a. The purpose of this Restricted Licence is to allow for the applicant to practise dental therapy while participating in the RMP.
- b. The applicant must communicate the status of their restricted licence and conditions to their mentor(s) and/or employer(s).
- c. The applicant is required to pay the full membership fee and applicable malpractice liability insurance fee.
- d. The applicant will not practise dental therapy without being directly supervised by the mentor.
- e. This Restricted Licence will be in effect until January 31 of the current licensing year or until the RMP is completed.

Date of Restricted Licence Issue _____

Licence Number _____



h. Applicant Checklist

Below is checklist of all necessary submissions that are required for SDTA to review your RMP application. If any of the following are not submitted, the SDTA will not accept your application for review. Submit *ALL* of the following at one time to ensure documents are kept together in an orderly fashion.

1. Contract (completed)
 - a. Payment of \$300.00 administration fee
2. Application Form (completed)
 - a. Copy of dental therapy certificate of graduation and/or transcript of marks (attached)
 - b. Proof of name change if applicable (attached)
3. Mentor Agreement (completed)
4. Continuing Education requirements completed
 - a. 40 CE credits including:
 - i. CPR Certification
5. Other provisions completed
 - a. Criminal Record Check with Vulnerable Sectors Check
 - b. Essay
 - c. Two letters of reference
6. Registration Form (completed)
 - a. Payment of the current registration fee
7. Membership Application (license) form (completed)
 - a. Acceptance of Restricted Licence (completed)
 - b. Payment of current membership and insurance fees

Upon receipt of all submissions, the SDTA will begin to review the application. The SDTA strives to review the application in a timely manner. There is no set time this application review will take.



3. Progress Reporting

Once the applicant has received their restricted licence, they are responsible to submit monthly reports of progress to the SDTA. These progress reports are crucial in monitoring the competence of the applicant to re-enter the profession of dental therapy.

The progress reports will include hours spent in clinic and procedures completed during these hours. Applicants need to spend a minimum of 400 hours in clinic under direct supervision of the mentor within 6 months. These progress reports will be documented on the provided form and signed by the applicants' mentor.



4. Completion of Re-Entry Mentorship Program

a. Mentor Written Assessment

As mentioned in the “Mentor Agreement”, upon completion of the 400 hours of clinic time the mentor is to submit a written evaluation of the applicants’ performance of clinical competencies. This will be submitted to the SDTA in written format and will assist in deciding if the applicant has successfully completed the program.

b. Program Evaluation

Upon completion of the program, the applicant will submit a written evaluation of the RMP. Positive and negative feedback is welcomed.

c. Issue of Full Licence

Successful applicants will be issued a Full Practicing Membership (licence). The licence will remain valid until the licensing year-end.

