

Dental Employee Onboarding Checklist: Training & Compliance


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Pre-Employment Paperwork

Verification of essential documents and agreements prior to the employee's start date.

Proof of Identification (e.g., Driver's License)

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Social Security Card or Alternative Verification

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Proof of Education/Credentials (e.g., Diploma, Certification)

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Years of Experience (if applicable)

Enter a number...

Employment Eligibility Verification (Form I-9)

- U.S. Citizen
- Lawful Permanent Resident
- Authorized to Work

Date of Employment Eligibility Verification Completion

Enter date...

Initial Orientation

Introduction to the practice, team, and essential policies.

Employee Full Name

Write something...

Welcome Message & Practice Overview

Write something...

Employee Role

- Dental Assistant
- Registered Dental Hygienist
- Office Manager
- Receptionist

Reporting Manager's Name

Write something...

Start Date

Enter date...

Review of Team Members and their Roles

Write something...

Office Tour Completion

- Yes
- No

HIPAA & Privacy Training

Comprehensive training on patient privacy regulations and data security protocols.

Summary of HIPAA Regulations

Write something...

Protected Health Information (PHI) Categories

- Name
- Address
- Date of Birth
- Social Security Number
- Medical Records
- Insurance Information

Examples of Permissible Disclosures

Write something...

Examples of Prohibited Disclosures

Write something...

Method of Communication - When Patient Consent is Required

- Verbal
- Written
- Electronic

Data Breach Reporting Procedures

- Internal Reporting
- State Authorities
- Federal Authorities

Date of HIPAA Training Completion

Enter date...

OSHA & Safety Training

Ensuring understanding and adherence to Occupational Safety and Health Administration guidelines and practice-specific safety procedures.

Employee Name

Write something...

Training Date

Enter date...

Review of Hazard Communication Standard (SDS)

Write something...

PPE (Personal Protective Equipment) – Demonstrated Proper Use?

- Gloves
- Masks
- Eye Protection
- Gowns

Fire Extinguisher Inspection – Last Serviced Date (MM/DD/YYYY)

Enter a number...

Bloodborne Pathogens Standard – Understanding Exposure Procedures?

- Yes
- No

Certificate of Completion (if applicable)

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Infection Control Procedures

Detailed training on sterilization, disinfection, and infection prevention protocols.

Review of Sterilization Cycle Parameters (Time, Temperature, Pressure)

Write something...

Autoclave Temperature (degrees Celsius)

Enter a number...

Autoclave Pressure (PSI)

Enter a number...

Autoclave Cycle Time (minutes)

Enter a number...

Type of Disinfectant Used

- Chlorine-based
- Quaternary Ammonium
- Alcohol-based
- Other (Specify)

Detailed Log of Instrument Processing – Date, Type of Instrument, Sterilization Method

Write something...

Image/Scan of Autoclave Spore Test Results (Positive/Negative)

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Date of Last Biological Indicator Test

Dental Software Training

Familiarization with the practice management software and related functions.

Describe your understanding of patient scheduling functionality.

Write something...

Enter number of patient records successfully entered.

Enter a number...

Which report generation functions have you practiced?

- Patient Demographics
- Appointment Summary
- Treatment Planning
- Financial Reports

Which modules have you reviewed in the software?

- Scheduling
- Clinical Notes
- Billing
- Patient Communication
- Inventory Management

Explain how to navigate to and utilize the insurance claim submission process.

Write something...

Clinical Procedures (Role Specific)

Training on specific clinical duties based on the employee's role (e.g., dental assistant, hygienist).

Instrument Tray Setup (DA/Hygiene)

- Confirmed all instruments present
- Instruments properly sterilized
- Tray organized according to procedure

Suction Bottle Capacity Check (DA)

Enter a number...

Patient Positioning Assistance (DA/Hygiene)

Write something...

Radiograph Processing (DA)

- Digital Radiography
- Film Radiography

CPR/BLS Certification Expiration Date

Enter date...

Shadowing Checklist (New Hires)

 Upload File

Chairside Assisting Proficiency (DA)

- Beginner
- Intermediate
- Proficient

Emergency Protocols

Understanding and practicing emergency procedures and protocols.

Emergency Contact Information (Patient & Employee)

Write something...

Known Patient Allergies (if applicable)

- Penicillin
- Latex
- Codeine
- Local Anesthetics
- Other (Specify)

Vital Signs - Pulse (BPM)

Enter a number...

Vital Signs - Blood Pressure (Systolic/Diastolic)

Enter a number...

Date of Emergency Incident

Enter date...

Time of Emergency Incident

Enter time...

Type of Emergency

- Medical Emergency
- Dental Emergency
- Fire
- Other (Specify)

Description of Emergency Event

Write something...

Signature of Person Responding to Emergency

Practice Policies & Procedures

Review of key practice policies, including scheduling, billing, and patient communication.

Review of Appointment Scheduling Policy

Write something...

Confirmation of Understanding of Billing Procedures

- Patient Payment Options
- Insurance Claim Submission
- Collection Procedures

Explanation of Patient Communication Guidelines

Write something...

Review of Late Cancellation/No-Show Fee

Enter a number...

Explanation of Dress Code Policy

Write something...

Policy Review Date

Enter date...

Performance Expectations & Goals

Clarification of job responsibilities, performance expectations, and initial goals.

Target Patient Satisfaction Score (out of 5)

Enter a number...

Monthly Production Goal (in \$)

Enter a number...

Primary Area of Focus for Improvement

- Patient Communication
- Efficiency
- Technical Skills
- Teamwork

Specific Goals for Next 30 Days

Write something...

Preferred Method for Performance Feedback

- Regular 1:1 Meetings
- Written Feedback
- Project-Based Feedback

Follow-Up Performance Review Date

Enter date...

Sign-Off & Acknowledgement

Employee confirmation of training completion and understanding of policies.

Employee Signature

Date of Completion

Understanding of HIPAA?

Yes

No

Acknowledgment of Practice Policies

Yes, I have read and understand

No

Comments/Questions