



Non-Clinical Assessment Questionnaire

Members who have been selected to participate in a Peer and Practice Assessment (PPA) are required to complete the following questionnaire and submit it to the College prior to the deadline specified in the selection letter.

This form can be filled out **electronically** or by hand.

Please review the following questions and select either (Yes) or (No)

Do you treat patients in an environment other than a denture clinic/dental office?
(ie. nursing home, private residence) Yes No

If your response is NO, sign and return this form without completing remaining questions.

Is the transportation of files done in a secure manner that can only be accessed by authorized personnel? Yes No

Do you carry identification with you to prove you are a registered Denturist? Yes No

Do you use a hygienic case to carry your materials and instruments? Yes No

Are the instruments and materials used in non-clinical environments separately bagged in accordance with the [Infection Control: Instrument Cleaning and Sterilization Guidelines?](#) Yes No

If not working in an operatory at a hospital, nursing home, or residence, do you follow standards set out in accordance with CDO guidelines for treatment in an operatory? Yes No

Do you have access to and use the following?

- Gloves Yes No

- Treatment light (i.e. flashlight, optical mouth mirror) Yes No

- Cuspidor (disposable spittoon) Yes No

- Masks (normal) Yes No

