



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

Do you have access to and use the following?

- Single use hand drying mechanism (disposable) Yes No
- Bibs Yes No
- Waste disposal process Yes No
- Mouth Mirrors Yes No

Do you use accepted asepsis solutions to disinfect dentures during and after treatment of the patient? Yes No

Do you package all used instruments and materials (ie. impressions, bite blocks mirrors, etc) in such a manner to prevent cross-contamination for return to your clinic? Yes No

Do you SOLEY treat patients in a non-clinical environment? (i.e. do not have a clinic) Yes No

If **YES** please answer the following questions:

- Do you have a Secure Business Area? Yes No
- Do you have a Sterilization Area? Yes No
- Do you have a Laboratory? Yes No

If **NO** please provide more information:

The College of Denturists of Ontario recognizes the need for some exceptions in circumstances where the treatment is provided outside their clinical environment (e.g home visits/nursing homes).

I understand that it is expected that I take measures and extra care to compensate for those standards that cannot be met because of location.

Denturist's Full Name:

Denturist's Signature

Date (mm/dd/yyyy)

The completed questionnaire can be submitted to the College by one of the following methods:

Email: registration@denturists-cdo.com
 Subject Line: Non-Clinical Assessment Questionnaire

Fax: 416-925-6332
 Attn: Registration

Mail:
 Attn: Registration
 College of Denturists of Ontario
 365 Bloor Street East, Suite 1606
 Toronto, ON M4W 3L4