

Externship Evaluation Form

RDA Training Academy
888-888-5415

Name of Extern: _____ Dates of Externship _____ to _____

Total Hours Externed: _____

Please record number of each item extern completed

Impressions____ Bitewings____ Pano's _____ Anterior PA's____ Posterior PA's____
FMX _____

Assisted with fillings _____
Assisted with root canals _____
Assisted in the making of a temporary crown _____
Assisted in the placement of a permanent crown _____
Assisted in the making of bleaching trays _____
Assisted in the making of models _____
Assisted during a Comprehensive exam _____
Assisted during an emergency exam _____
Assisted during probing _____
Charted using any computer software _____

General feedback you wish to include (Optional)

Name of Dental Office _____ PH# _____

Address: _____

Signature of Student _____ Date _____

Signature of Witness _____ Date _____