## SELF ASSESSMENT GUIDE

Qualification:	Dental Laboratory Technology Services (Fixed Dentures/restorations) NC II			
COC 1	PERFORM FABRICATION OF CROWN AND BRIDGE			
Units of Competency:	<ul> <li>Fabricate Metal Crown and Bridge Structures</li> <li>Join Alloy Structures</li> </ul>			
Instruction: a. Read each of the questions in the left-hand column of the chart. b. Place a check in the appropriate box opposite each question to indicate your answer.				
Can I?	YE	S NO		
Prepare and sectionalize	e models*			
Wax and invest fix partial dentures and structures*				
<ul> <li>Burn-out cast and finish alloy fixed partial dentures and structures*</li> </ul>				
	iples, policies and techniques on casting, ng, investing and finishing*			
• Follow occupational heat of Health infection control	Ith and safety (OH&S) policies and Dept. ol guidelines*			
<ul> <li>Demonstrate knowledge and principles on*:</li> <li>Casting techniques</li> <li>Spruing techniques</li> <li>Tooth morphology</li> <li>Articulation and occlusion</li> <li>Soldering techniques</li> <li>Wax and plastic pattern techniques</li> <li>Investment techniques</li> <li>Finishing techniques</li> <li>Soldering and welding technique</li> <li>Investing material</li> <li>Finishing/polishing methods</li> <li>Fluxes and soldering material</li> <li>Dental alloy</li> <li>Orthodontic wires</li> </ul>				
Apply relevant material	science for carrying out procedures*			
Perform casting techniq	ues*			
Perform spruing techniq	ues*			
Perform soldering techn	iques*			

•	Perform wax and pattern techniques*		
•	Perform investing techniques*		
•	Perform finishing techniques*		
•	Demonstrate manual dexterity in fabricating metal crown and bridge structures*		
•	Plan and organize work activities*		
•	Apply operational skills to consistently use time effectively and provide quality customer service in the dental environment*		
•	Comply with infection control policies and procedures*		
•	Solder components*		
•	Demonstrate manual dexterity in joining alloy structures*		
Can	didate's Name and Signature:	Date:	

## SELF ASSESSMENT GUIDE

Qualification:	Dental Laboratory Technology Services (Fixed Dentures/restorations) NC II			
COC 2	FABRICATE CERAMIC RESTORATION			
Units of Competency: Fabricate Ceramic Restoration				
<ul> <li>Instruction:</li> <li>Read each of the questions in the left-hand column of the chart.</li> <li>Place a check in the appropriate box opposite each question to indicate your answer.</li> </ul>				
Can I?		YES	NO	
Prepare sub-structures	*			
Select and apply ceramic*				
<ul> <li>Trim, shape and finish restoration*</li> </ul>				
<ul> <li>Determine dental technology terminologies*</li> </ul>				
<ul> <li>Comply with infection control policies and procedures of the Department of Health(DOH)*</li> </ul>				
<ul> <li>Apply correct measurements*</li> </ul>				
<ul> <li>Demonstrate efficient use of materials*</li> </ul>				
Apply principles of occlusion and industry code of practice*				
Match color and shades of the tooth*				
<ul> <li>Analyze faults in fabrication*</li> </ul>				
Plan and organize wor	k activities*			
Candidate's Name and Signature:		Date:		

## SELF-ASSESSMENT GUIDE

Qualification:	DENTAL LABORATORY TECHNOLOGY SERVICES (FIXED DENTURE/RESTORATION) NC II
COC 3:	FABRICATE INDIRECT COMPOSITE/POLYMER FIXED RESTORATION

Instruction:

- Read each of the questions in the left-hand column of the chart.
- Place a check in the appropriate box opposite each question to indicate your answer.

Can I?		YES	NO	
•	Prepare model*			
•	Fabricate restoration *			
•	<ul> <li>Trim, shape, finish and polish restoration*</li> </ul>			
•	Determine dental technology terminologies*			
•	Comply with infection control policies and procedures of the Dept of Health (DOH)*	3		
•	Follow occupational health and safety policies*			
•	Manipulate materials according to manufacturer's standard*			
•	Match color and shapes of the tooth *			
•	Analyze faults in fabrication*			
•	Plan and organize work activities *			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.				
Candidate's signature:		Date:		