



Title: Dental Hygienist
Supervisor: Dental Director
Department: Dental
Exempt Status: Non-Exempt

JOB SUMMARY

Essential Functions: Responsible for administrating comprehensive dental hygiene care to all patients. Assessing and properly treating Periodontal disease. Assistant to the Dentist when needed. Manages recall system. Participates in required meetings. Must be a team player.

MINIMUM QUALIFICATIONS

Education and Experience: BA/BS Degree with two years related experience or an equivalent combination of education and experience. Graduate of an accredited dental hygiene program. Licensed to practice dental hygiene in the state of North Carolina.
Licensure/Certification: Licensed to practice dental hygiene in North Carolina.
Travel: Local travel to and from dental center sites, and out of the area travel for conferences or meetings occasionally.
Computer Skills: Microsoft Office, email/internet and ability to learn other healthcare related software.

PATIENT POPULATION SERVED

Pediatric, Adolescent, Adult, Geriatric Diverse population

PHYSICAL DEMANDS/ WORKING CONDITIONS

Requires full range of body motion, and finger dexterity. Eye-hand coordination. Requires standing and sitting for extensive periods of time. Occasionally lifts and carries items weighing up to 50 pounds. Requires corrected vision and hearing to normal range. Requires working under stressful conditions or working irregular hour Requires some exposure to communicable diseases or bodily fluids. Exposure to conditions common to a dental clinic environment.

JOB PERFORMANCE STANDARDS

Job Knowledge: Competent in the practice of dental hygiene. Acceptance of the principles of community health care: commitment to Serve patients regardless of their ability to pay and commitment to practice health promotion and disease prevention. Ability To communicate effectively with diverse patient and other dental team members. Organized and detail-oriented with good communication and interpersonal skills. Ability to think critically, and solves problems that may rise in the dental area.

SIGNATURES:

Print Employee Name: _____

Employee Signature: _____

Date: _____

Print Supervisor/ Manager Name: _____

Supervisor/ Manager Signature: _____

Date: _____