

Utah CTE Skill Certification  
**UTAH ENDORSED CLINICAL DENTAL ASSISTANT**  
 Skill Certification Application Form  
 (Summary Score Sheet)

For Students Who Have Successfully Achieved Benchmarks 1-4

Instructor: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student Name	Birthdate	Adult Student "X"	High School Student "X"	Benchmark 1 Dental Science I		Benchmark 2 Dental Science II		Benchmark 3 Dental Science III		Benchmark 4 Dental Science IV		Bench- mark Avg Score (%)	DA Endor- sement "X"
				Written Score %	Perform- ance Met?	Written Score %	Perform- ance Met?	Written Score %	Perform- ance Met?	Clinical Score % (from Evaluation)	Perform- ance Met?		

*Both the Instructor and CTE Testing Coordinator must keep this document on file for two years. Additionally, the Instructor must keep the student's Performance Evaluation Score Sheet on file for two years.*