**HN Unit Orthodontics – Log sheet tracking form**

##### Cases to be signed off by assessor

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Fixed** | Number of Cases | **1** | **2** | **3** | **4** |
| Fit | **~~4~~** |  |  |  |  |
| De-bond | **~~4~~** |  |  |  |  |
| Adjustment | **~~4~~** |  |  |  |  |
| **Removable** |  | **1** | **2** | **3** | **4** |
| Active | **~~4~~** |  |  |  |  |
| Passive | **~~4~~** |  |  |  |  |
| Functional | **~~4~~** |  |  |  |  |

**I can confirm that 24 log sheets have been completed successfully demonstrating competency in assisting in the above range of orthodontic procedures.**

**Candidate details & signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & contact address | Qualification (inc. date) | GDC number | Signature  |
|  |  |  |  |

**Assessor’s details & signature**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & contact address | Qualification (inc. date) | GDC number | Signature  |
|  |  |  |  |

**Log Sheet Supervising Registrants(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & contact address | Professional Role  | GDC number | Signature  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |