

Check which ONE of the competencies was most prominently displayed during today's care of this client:

- |                                       |  |   |  |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Professional | <input checked="" type="checkbox"/> Clinical Therapist | <input type="checkbox"/> Critical Thinker | <input type="checkbox"/> Oral Health Educator        |
| <input type="checkbox"/> Advocate     | <input type="checkbox"/> Coordinator                   | <input type="checkbox"/> Health Promoter  | <input type="checkbox"/> Communicator & Collaborator |

Describe **HOW** YOU met this competency requirement during this appointment.

Provided O+IR + O+PE

**Student Signature** (Sign only after reading faculty comment):

Melen Wahn.