

**IOWA DENTAL BOARD
APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING**

PLEASE TYPE OR PRINT

Name of organization or person requesting approval: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Signature: _____ Date: _____

Are you requesting continuing education credit hours for your course? Yes No

If yes, please indicate the total number of hours you are requesting: _____

Please Note: There is a \$10 fee for review of continuing education courses. This is per course, not per function. Please make the check payable to the Iowa Dental Board.

Expanded Function Course You Are Submitting For Review:

- Taking Occlusal Registrations
- Placement and Removal of Gingival Retraction
- Fabrication and Removal of Provisional Restorations
- Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- Placement and Removal of Dry Socket Medication
- Placement of Periodontal Dressings
- Testing Pulp Vitality
- Monitoring Nitrous Oxide Inhalation Analgesia
- Taking Final Impressions
- Removal of Adhesives (Hand Instrumentation Only) *NEW*
- Preliminary Charting of Existing Dental Restorations and Teeth *NEW*

Name of instructor providing training: _____

List the resources used for the didactic component of the course:

Where do you intend to offer the course?

Who are the intended recipients of the course?

Please also submit the following information in a separate document:

- 1.) Detailed Course Description for Each Function
- 2.) Course Outline for Each Function Which Clearly Shows the Following:
 - a. Breakout of Hours Spent on Each Topic Area
 - b. A Didactic Component
 - c. A Laboratory Component, if Necessary
 - d. A Clinical Component (indicate where training is being held and who is supervising)
- 3.) *An Initial Assessment to Determine Base Entry Level of Participants (Pre-Test)
- 4.) *A Postcourse Competency Assessment (Post-Test)
- 5.) If available, please include a copy of the course brochure

* You may submit only those questions applicable to the new functions being requested

Your material will be reviewed by the Dental Board during a regularly scheduled meeting. You will be contacted within 3 days after this meeting and notified of the Board's decision regarding approval of your course. Information on Board meeting dates are located under "calendar" on our website.

RETURN TO:

Iowa Dental Board
400 SW 8th St., Suite D
Des Moines, IA 50309-4687
IDB@iowa.gov