

## AFFIDAVIT OF EMPLOYMENT

The dental assistant's supervising dentist should complete this form. If training was completed in more than one office, please submit a separate form for each location.

Applicants for dental assistant registration who are not graduates of an ADA-accredited postsecondary dental assisting program must either (1) work in a dental office for a minimum of six months as a dental assistant trainee, within 12 months of the first date of employment, or (2) have had at least six months of prior dental assisting experience under the supervision of a licensed dentist within the past two years. To verify that the dental assistant meets one of these requirements, the supervising dentist must complete and sign the following form.

I hereby certify that the applicant, \_\_\_\_\_, has successfully completed didactic and clinical training and has worked as a dental assistant under my supervision on the following dates at the following locations:

**Dates:**

From (MM/DD/YYYY)

To: (MM/DD/YYYY)

**Location(s):**

(City, State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YES**  **NO**  I further certify that the applicant received clinical training in dental radiography within the last two (2) years and has exhibited clinical proficiency in the area of dental radiography.

**YES**  **NO**  I understand that if the applicant has not completed on-the-job training in dental radiography that the applicant is ineligible to apply for a radiography qualification without completing additional training approved by the Board.

\_\_\_\_\_  
Printed Name of Dentist

\_\_\_\_\_  
License #

\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Date

Return completed form to:  
**IOWA DENTAL BOARD**  
400 S.W. 8th St, Suite D  
Des Moines, IA 50309-4687  
Phone (515) 281-5157