

DENTAL ASSISTANT TRAINEE CERTIFICATION

STATEMENT OF APPLICANT

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. I am a high school graduate and I am 17 years of age or older.

I further state that I shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant. I shall notify the Board within five days of the termination of such employment.

I understand that prior to my trainee status expiration date (12 months from first date of employment as a dental assistant), I am required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on the job, using curriculum approved by the Board for such purpose. Evidence of meeting the training and examination requirement shall be submitted to the Board prior to my trainee status expiration date. I understand that in the event I am not registered before my trainee status expiration date, I will be prohibited from working as a dental assistant. Prior to my trainee status expiration date, I must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

I understand that while under trainee status I may also train in the area of dental radiography. I must also pass an approved radiography exam to obtain my radiography qualification. I understand that if I do not obtain my radiography training or pass a radiography exam while on trainee status, a formal course of study in radiography may be required to obtain my qualification in dental radiography at a later date.

Signature of Dental Assistant Trainee

Date

STATEMENT OF EMPLOYER

I certify that the statements of the above applicant relating to employment of the trainee are true. ***I will also personally supervise the Dental Assistant Trainee and assist the trainee in learning the skills needed. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.*** I also understand that prior to the trainee status expiration date (12 months from first date of employment as a dental assistant), the dental assistant trainee shall successfully complete Board-approved education and examinations in the areas of infection control, hazardous materials, and jurisprudence. The trainee will also be required to show current certification in CPR at the time of registration. I understand that the dental assistant trainee will be prohibited from working as a dental assistant if the examinations are not successfully passed and if the trainee has not become registered before the trainee status expiration date. I will ensure the trainee has a current certificate of registration prior to working after expiration of trainee status. I also understand that the trainee is encouraged to train in dental radiography while on trainee status. If the assistant does not train in dental radiography and pass an approved radiography exam while on trainee status, I understand the trainee may be required to complete a formal course of study and examination in radiography to obtain qualification to take dental x-rays at a later date.

Signature of Supervising Dentist

IA License Number

Date