



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-5073 or 1-800-778-4123
<http://tn.gov/health/topic/Dentistry-board>

APPLICATION FOR REGISTRATION AS A DENTAL ASSISTANT

I. THE APPLICATION PROCESS - INSTRUCTIONS

Application, practice, and renewal as a registered dental assistant is governed by T.C.A. §63-5-101, et. seq. And Rules 0460-01-.01, et. seq.

1. All **application fees are non-refundable.**
2. All documents and fees required to be submitted by you, or which must be requested from the appropriate institutions in the application process, must be mailed directly to:

**Tennessee Board of Dentistry
665 Mainstream Drive
Nashville, TN 37243**

3. Allow fourteen (14) working days for information mailed to our Office to be received and placed in your file. Federal Express or special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, you will be responsible for charges incurred.
4. If the application is not complete upon receipt by the Board's Administrative Office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's Administrative Office sixty (60) days from the date of the initial deficiency letter. **Files not completed within sixty (60) days will be closed.**
5. If you change your mailing address, you must notify the Board's Administrative Office, in **writing**, within thirty (30) days. Failure to abide by this law could affect your license, since failure to receive the renewal application does not relieve you of the responsibility for timely renewal.
6. **ANSWER ALL QUESTIONS ON THE APPLICATION. DO NOT LEAVE ANY AREA BLANK. RESPOND "NOT APPLICABLE" or "N/A" TO ALL QUESTIONS THAT DO NOT APPLY!**

II. CHECKLIST – use to complete your application.

NOTE: All submissions must be executed and dated less than one (1) year before receipt, or they will be rejected by the Board.

1. Tape to the first page of the Application a passport photograph of yourself (taken within the last twelve (12) months), then sign the front of the photograph.
2. Complete pages 1 through 4 of the Application. Sign page 4 of the Application then, mail all three pages to the Board's Office at the above address.

Done

3. If you **are** or **have ever been** licensed, certified, registered, or permitted by any state to practice as a dental assistant (or as any other health care professional), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s). _____
4. Submit two (2) **Original** letters of recommendation from licensed dental professionals who can attest to your good moral character. These letters must identify the individual(s) as licensed dental professionals, be submitted on letterhead, and bear the original signature of the author. _____
5. Copy the front and back of your current CPR card on a full-sized sheet of paper. The CPR certification must comply with the Board's *Policy: Cardiopulmonary Resuscitation (CPR) Requirements For Dentists, Dental Hygienists, And Dental Assistants* which requires completion of a BLS Healthcare Provider course, or CPR/AED for the Professional Rescuer, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED. The course must be conducted in person and include a skills examination on a manikin with a certified instructor. _____
6. Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live in the U.S. (e.g. copy of birth certificate, voter's registration card, naturalization papers, or current visa status.) _____
7. Attach proof of having graduated from a high school (diploma) or successfully completing a general education development (G.E.D.) program (G.E.D. certificate). _____
8. **Paperclip a check or money order in the amount of \$40.00 made payable to the "Board of Dentistry" to the front of the Application.** _____
9. **A criminal background check is required.** For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>. _____
10. Please read the instructions on page 3 of the Application carefully. You must answer "Yes","No",or "N/A" to **every** question. **If any of your answers to the "competency questions" on page 3 of the Application were in the affirmative, please submit a separate document to explain the situation.** In addition to your explanation, the final documents or orders from the issuing states, courts and/or agencies must be submitted. _____
11. All applicants must complete the Declaration of Citizenship form and submit the documents required. The Declaration of Citizenship form is available online at <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>. _____

Additional certifications that you can submit an application to add to your registration:

- Dental Radiology Certification – see Rule 0460-04-.11
- Coronal Polishing Certification - see Rule 0460-04-.04
- Monitoring Nitrous Oxide Certification - see Rule 0460-04-.05
- Sealant Application Certification - see Rule 0460-04-.09
- Prosthetic Function Certification - see Rule 0460-04-.10
- Restorative Function Certification - see Rule 0460-04-.10

Proof of completion of the required education must be submitted and there is a fee for each certification. These procedures cannot be performed until the certification is added to your registration. Unless the certification course is offered as part of the ADA accredited dental assisting program or Board approved dental assisting program you attended, you must be registered as a dental assistant before attending the above certification courses. Please see the rule sections mentioned above for additional requirements and restrictions.

**TAPE A CURRENT
FULL-FACE
PHOTOGRAPH HERE
(SIGNED BY APPLICANT
ON THE FRONT OF THE
PHOTO)**



STATE OF TENNESSEE
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FOR OFFICIAL USE ONLY

1222-001	\$ 30
1222-006	\$ 10
	\$ 40

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Please complete each question and return the application, supporting documents, and the Forty Dollar (\$40) application fee to the above address.

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: _____
Last First Middle Maiden (if not used as your middle name)

Social Security Number*: _____ - _____ - _____ U.S. Citizen: Yes ___ No ___
All applicants must complete the attached Declaration of Citizenship form

Date of Birth: _____ Place of Birth: _____

Mailing Address: _____
Zip

Practice Address**: _____
_____ Zip

E-mail address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ___ Yes ___ No

County (TN Applicants Only): _____ Phone: Home: (_____) _____

Gender: (optional-for statistical purposes only) Office: (_____) _____
Female _____ Male _____

Have you ever been known by any other names besides what is listed above? Yes ___ No ___
If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known: _____

*You must put your social security number on this form for the application to be complete. State law requires social security numbers on this application. Tenn.Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.

**If you have no practice address, notify the Board of your practice address within 30 days of obtaining a practice address. If you have multiple practice address, please attach an additional page listing all practice addresses.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for any dental assisting program/school you attended. Use the back of this page, if you need additional space.

From:	To:	Educational Institution	City, State	Degree Earned	Year Graduated
Mo./Yr.	Mo./Yr.	_____	_____	_____	_____
Mo./Yr.	Mo./Yr.	_____	_____	_____	_____
Mo./Yr.	Mo./Yr.	_____	_____	_____	_____

Please complete your entire employment history starting with the most current position first. Use the back of this page if you need additional space. If you have never worked in the Dental Assistant profession, list the other positions in which employed.

<u>Company/ Employer:</u>	<u>Address:</u> (Street, City, and State)	<u>Position:</u>	<u>Duties:</u>	<u>Dates</u>	
				<u>From:</u> Mo./Yr.	<u>To:</u> Mo./Yr.
			<input type="checkbox"/> exposure of radiographs <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> sealants <input type="checkbox"/> other duties: _____		
			<input type="checkbox"/> exposure of radiographs <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> sealants <input type="checkbox"/> other duties: _____		
			<input type="checkbox"/> exposure of radiographs <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> sealants <input type="checkbox"/> other duties: _____		
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			<input type="checkbox"/> exposure of radiographs <input type="checkbox"/> monitoring nitrous oxide <input type="checkbox"/> coronal polishing <input type="checkbox"/> sealants <input type="checkbox"/> other duties: _____		

CERTIFICATION AND COMPETENCY INFORMATION

List below **ALL** states, countries, or provinces in which you hold or have ever held a license, certification, registration or permit as a dental assistant. **If this section does not apply, mark N/A.** Use the back of this page if you need additional space. A verification must be submitted directly to the Board's Office from the other state(s).

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The following questions must be answered

YES NO

- | | | | |
|----|--|-----|-----|
| 1. | Are you certified by the Dental Assistant National Board (DANB)? | ___ | ___ |
| 2. | Have you ever applied for registration as a dental assistant in Tennessee? | ___ | ___ |

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are "YES", attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

YES NO

- | | | | |
|----|--|-----|-----|
| 1. | If you have held or applied for a license or certificate to practice as a dental assistant (or as a dentist or dental hygienist) in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered under threat of investigation, or disciplinary action? | ___ | ___ |
| 2. | Have you ever failed a professional licensure/certification/registration examination? | ___ | ___ |
| 3. | Have you ever been convicted of a felony <u>or</u> a misdemeanor other than a minor traffic violation? | ___ | ___ |
| 4. | In relation to the performance of your professional services in any profession: | | |
| | a. Have you ever had a final judgment rendered <u>against</u> you; | ___ | ___ |
| | b. Have you ever entered into a settlement or had any legal, adverse action brought <u>against</u> you; or | ___ | ___ |
| | c. Are there any legal actions pending <u>against</u> you or to which you are a party? | ___ | ___ |

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a dental assistant in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a dental assistant.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without the malice concerning my competence, ethics, character, other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE