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
   227 French Landing, Suite 300
   Heritage Place MetroCenter
   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.          Done
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.

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, click here or go to http://health.state.tn.us/CBC/index.htm.

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 attached Declaration of Citizenship form and submit the documents required.

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.
APPLICATION FOR REGISTRATION AS A DENTAL ASSISTANT

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: __________________________ __________________________

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

Gender: (optional—for statistical purposes only) __________________________

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.

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Educational Institution</th>
<th>City, State</th>
<th>Degree Earned</th>
<th>Year Graduated</th>
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<tr>
<td>Mo./Yr.</td>
<td>Mo./Yr.</td>
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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.

<table>
<thead>
<tr>
<th>Company/Employer:</th>
<th>Address: (Street, City, and State)</th>
<th>Position:</th>
<th>Duties:</th>
<th>Dates From:</th>
<th>To:</th>
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<td>___ coronal polishing</td>
<td>Mo./Yr.</td>
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<td>___ sealants</td>
<td>Mo./Yr.</td>
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<td>___ other duties:</td>
<td>Mo./Yr.</td>
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|                   |                                   |           | ___ exposure of radiographs | Mo./Yr. |     |
|                   |                                   |           | ___ monitoring nitrous oxide | Mo./Yr. |     |
|                   |                                   |           | ___ coronal polishing | Mo./Yr. |     |
|                   |                                   |           | ___ sealants | Mo./Yr. |     |
|                   |                                   |           | ___ other duties: | Mo./Yr. |     |

|                   |                                   |           | ___ exposure of radiographs | Mo./Yr. |     |
|                   |                                   |           | ___ monitoring nitrous oxide | Mo./Yr. |     |
|                   |                                   |           | ___ coronal polishing | Mo./Yr. |     |
|                   |                                   |           | ___ sealants | Mo./Yr. |     |
|                   |                                   |           | ___ other duties: | Mo./Yr. |     |

|                   |                                   |           | ___ exposure of radiographs | Mo./Yr. |     |
|                   |                                   |           | ___ monitoring nitrous oxide | Mo./Yr. |     |
|                   |                                   |           | ___ coronal polishing | Mo./Yr. |     |
|                   |                                   |           | ___ sealants | Mo./Yr. |     |
|                   |                                   |           | ___ other duties: | Mo./Yr. |     |

|                   |                                   |           | ___ exposure of radiographs | Mo./Yr. |     |
|                   |                                   |           | ___ monitoring nitrous oxide | Mo./Yr. |     |
|                   |                                   |           | ___ coronal polishing | Mo./Yr. |     |
|                   |                                   |           | ___ sealants | Mo./Yr. |     |
|                   |                                   |           | ___ other duties: | Mo./Yr. |     |
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).

<table>
<thead>
<tr>
<th>STATE</th>
<th>PROFESSION</th>
<th>LICENSE NUMBER</th>
<th>DATE ISSUED</th>
<th>CURRENT STATUS</th>
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The following questions **must** be answered

1. Are you certified by the Dental Assistant National Board (DANB)?
   YES ___ NO ___

2. Have you ever applied for registration as a dental assistant in Tennessee?
   YES ___ NO ___

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.**

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?
   YES ___ NO ___

2. Have you ever failed a professional licensure/certification/registration examination?
   YES ___ NO ___

3. Have you ever been convicted of a **felony or a misdemeanor** other than a minor traffic violation?
   YES ___ NO ___

4. In relation to the performance of your professional services in any profession:
   a. Have you ever had a final judgment rendered **against** you?
      YES ___ NO ___
   b. Have you ever entered into a settlement or had any legal, adverse action brought **against** you; or
      YES ___ NO ___
   c. Are there any legal actions pending **against** you or to which you are a party?
      YES ___ NO ___
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
DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The “SAVE Act” requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every adult applicant for a professional license is either a U.S. citizen, a “qualified alien,” or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) ______________________________________________________.  
Healthcare Profession (Please Print)    License number if applicable

Please Print Legibly

Name: _____________________________________________________________________________________  
Last   First   Middle   Maiden

Mailing Address: _____________________________________________________________________________

Phone Number: Home: (____)_____-________  Office: (____)______-________  Fax: (____)______-________

I am a United States Citizen:      ____Yes ____No

Applicants Claiming United States Citizenship MUST provide one of the following:

1. Tennessee Driver’s License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
5. A valid, unexpired U.S. passport.
7. A certificate of citizenship.
8. A certificate of naturalization.
10. Any successor document to #’s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

If you checked “No” please indicate from the list below which category applies to you:

_____ Permanent Residents

_____ A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 et seq.).
Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.

Asylees who meet the qualifications set out in 8 U.S.C. 1158

Refugees who meet the qualifications set out in 8 U.S.C. 1157

Persons who have been “paroled into the United States,” under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.

Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980

Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

An alien who has been “battered” or subjected to “extreme cruelty” by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims’ children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming qualified alien status, please submit one or more of the following forms of “documentation of identity and immigration status” as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or “Green Card”)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- “student visa”)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _________________, 20__.

_______________________________________________
Signature

Sworn to before me this _______day of _____________________, 20__.

__________________________________________________________                AFFIX SEAL HERE
NOTARY PUBLIC

My Commission Expires:_______________________________________

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee’s False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee’s False Claims Act. Upon discovery of an applicant’s false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.