

CERTIFICATION OF NON-APPROVED DENTAL ASSISTING PROGRAM COMPLETION

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|------------------------|-------------------------|
| Applicant Name: | SSN/FEIN/ITIN #: |
|------------------------|-------------------------|

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|---|---|
| Name of Educational Institution or Program: | |
| Street Address: | |
| City/Zip: | |
| Name of Dean or Program Director: | |
| Type of Educational Program <i>(check the applicable box)</i> | <input type="checkbox"/> Post-secondary institution approved by the Department of Education <input type="checkbox"/> Secondary institution <input type="checkbox"/> Regional Occupational Center or Program <input type="checkbox"/> Other: <input type="checkbox"/> Private Program <input type="checkbox"/> Public Program |

I hereby declare, under penalty of perjury under the laws of the State of California, that I have personally reviewed the educational institution's records and can verify that the applicant enrolled in the above-named dental assisting program* on _____ day of _____, 20____ and attended _____ months or _____ weeks and completed _____ hours.

The student **Has Graduated**, **Will Graduate***, or is **Expected to Graduate*** from the above named program, with a Certificate of Completion in Dental Assisting on the _____ day of _____, 20____.

I hereby declare that the foregoing statements provided by me in Sections I and II above are true and correct.

CERTIFYING SIGNATURE OF DEAN OR AUTHORIZED OFFICIAL

DATE SIGNED

Affix School Seal Here

CERTIFICATION OF WORK EXPERIENCE AS A DENTAL ASSISTANT

| | |
|------------------------|--------------------------------|
| Applicant Name: | Social Security Number: |
|------------------------|--------------------------------|

To qualify by **work experience only**, you must have obtained at least 15 months and 1280 hours of experience as a dental assistant in California or another state (BPC § 1752.1). The work experience hours in a dental office may have paid or unpaid hours as an employee, student or volunteer and must have equaled 15 months and 1280 hours. If the total number of months or hours was obtained by more than one dental office, please have each dentist certify such by completing a separate form. For this reason, this page may be photocopied as needed. The Declaration section below must be completed and certified by a dentist licensed in the United States.

DECLARATION OF CERTIFYING DENTIST :

Name of Certifying Licensed Dentist: _____

Street Address of Dental office: _____

City/State/Zip: _____

I declare that _____ was employed by me as a dental assistant, working _____ hours per week from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1 (see page 11 for the allowable duties) in a competent manner.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Signature of Certifying Dentist _____

Date Signed _____

State in Which Dentist is Licensed _____ Dentist License No. _____

Office Phone: _____ Alt Phone: _____