CERTIFICATION OF NON-APPROVED DENTAL ASSISTING PROGRAM COMPLETION

Applicant Name:	**SSN/FEIN/ITIN #:**

Name of Educational Institution or Program:	
Street Address:	
City/Zip:	
Name of Dean or Program Director:	
Type of Educational Program *(check the applicable box)*	☐ Post-secondary institution approved by the Department of Education ☐ Secondary institution ☐ Regional Occupational Center or Program Other: ☐ Private Program ☐ 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 Board-approved RDA program, with a Certificate of Completion in Dental Assisting on the _____ day of _____, 20____.

**The Dean, Program Director, or Authorized Official must certify actual graduation. I understand that, in the event the expected date of graduation as indicated above is after the date on which this application is filed, I must certify, in writing to the Dental Board, confirmation of graduation no later than 30 days prior to examination or the applicant will not be allowed to take the exams and will have to re-apply as a first-time applicant during a later exam cycle. I understand all certifications and institutional documents must contain original signatures and be submitted with this application.*

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 <u>only</u>**, 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: _____