

# Preceptorship in Dental Assisting Certification Form

The Dental Board of California (Board) is providing this form to assist preceptors to certify completion of a preceptorship in dental assisting by an applicant seeking RDA licensure in California using the preceptorship pathway under Business and Professions Code (BPC) section 1752.1, subdivision (a)(5). The "Preceptor" must be a California-licensed dentist in good standing who directly supervised and provided on-the-job training to you as a preceptee in a preceptorship in dental assisting by evaluating your clinical competence, documenting completion of clinical chairside work experience, learning, and clinical progress, teaching and promoting clinical reasoning, and ensuring you as the preceptee have completed course requirements before performing dental assisting duties pursuant to BPC section 1750.1. If you are claiming a preceptorship in dental assisting from more than one dentist, please obtain a completed preceptorship verification from each dentist using this form and provide these completed forms with your application.

<b>Section 1: Preceptee Information (To Be Completed by Applicant)</b>	
First Name:	Middle Name:
Last Name:	Suffix:
SSN/ITIN:	
<b>Section 2: Preceptor Information (To Be Completed by Preceptor Dentist)</b>	
Name of Preceptor:	
California Dentist License Number:	
Contact Phone Number:	
Facility/Clinic Street Address, City, State, and ZIP Code:	
<b>Section 3: Certification of Clinical Chairside Hours (To Be Completed by Preceptor Dentist)</b>	
<p>I certify that I directly supervised and evaluated the performance of _____ (Preceptee Name) and they completed _____ hours of clinical chairside work involving allowable duties described in BPC section 1750.1 in a competent manner.</p>	
<b>Section 4: Certification of Coursework Hours (To Be Completed by Preceptor Dentist)</b>	
<p>I hereby certify that I verified that _____ (Preceptee Name) has completed _____ hours of coursework in dental assisting-related topics and satisfied all the following:</p> <ol style="list-style-type: none"> <li>1. The coursework included the courses specified in BPC section 1752.1, subdivision (c), and encompassed all aspects of clinical chairside assisting, including, but not limited to, medical and dental emergencies, first aid and safety precautions, protocols and armamentaria associated with a variety of dental assisting chairside procedures, dental materials, and skill development courses associated with operative and specialty dentistry.</li> <li>2. The courses were obtained through a board-approved dental assisting educational program or course provider (per BPC sections 1754.5 and 1755, and Article 2 (commencing with section 1070) of Chapter 3 of Division 10 of Title 16 of the California Code of Regulations (CCR), as applicable), a board-registered provider of continuing education courses (per CCR, title 16, section 1016), the American Dental Association's Continuing Education Recognition Program, or a provider approved by the Academy of General Dentistry Program Approval for Continuing Education.</li> </ol>	
<b>Section 5: Certification of Applicant and Preceptor</b>	
<p><b>We, the undersigned, certify under penalty of perjury under the laws of the State of California that the information entered in Sections 1 through 4 is true and correct.</b></p>	
Signature of Applicant _____	Date Signed _____ (MM/DD/YYYY)
Signature of Preceptor _____	Date Signed _____ (MM/DD/YYYY)

## Notice of Collection of Personal Information

**For Applicants:** This completed form must be submitted to the Dental Board of California (Board) either online through the Department of Consumer Affairs' online licensing system entitled "BreEZe" located on the Board's website, by mail to the Dental Board of California, 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by email to [DA.Program@dca.ca.gov](mailto:DA.Program@dca.ca.gov) as part of your application for licensure (application) as required by CCR, title 16, sections 1076 and 1077 or your application will be rejected as incomplete (see CCR, title 16, section 1004). The information requested on this form is mandatory pursuant to BPC sections 30, 31, 494.5, and 1752.1 and CCR, title 16, sections 1076 and 1077. The information provided will be used to determine qualifications for licensure, for identification purposes, and for compliance with tax and family support obligations. The information may be provided to other governmental agencies, or in response to a court order, subpoena, or public records request. You have a right of access to records containing your personal information unless the records are exempted from disclosure as described in Civil Code section 1798.40. Individuals may obtain information regarding the location of their records by contacting the Board's Executive Officer at 2005 Evergreen Street, Suite 1550, Sacramento, CA 95815, or by telephone at (916) 263-2300.

**For Preceptor Dentists:** The applicant identified in Section 1 above is applying to this Board to become licensed as a Registered Dental Assistant (RDA) in California. One method of qualifying for RDA licensure includes providing proof of completion of a preceptorship in dental assisting, including clinical chairside hours and coursework hours in accordance with BPC section 1752.1, subdivision (a)(5). Please complete Sections 2, 3, and 4 relating to the applicant's preceptorship experience obtained under your supervision. Please review the information provided in the paragraph above under "For Applicants" regarding the requirements for collecting this information, the circumstances under which the information may be disclosed or withheld from disclosure, and where the personal information collected on this form is maintained.