



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) 532-3202 or 1-800-778-4123

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

APPLICATION FOR BOARD APPROVAL OF A CERTIFICATION COURSE IN SEALANT APPLICATION

This is an application to request Board approval to conduct a certification course in sealant application. All questions must be answered truthfully by the owner/director of the school applying for approval. The application will be evaluated and, if approved by the Board, an approval letter will be generated for the course. Applications must be received at least 30 days prior to the next regularly scheduled board meeting. Approval of courses will only be effective until December 31st of any given year. The rules regulating sealant application and certification courses in sealant application are in 0460-4-.09 and 0460-5-.03(3).

Attach a copy of the course syllabus to be utilized in the course to this application for review by the Board. ADA accredited dental assisting programs must include how competency is determined.

Contact Information

PLEASE TYPE OR PRINT IN INK (If approved, school/program name, addresses and numbers will be posted on Board's website as listed below.)

Name of School/Program: _____

Address: _____

Phone Number: (_____) _____

Facsimile Number: (_____) _____

E-Mail Address: _____

Name of Owner/Director: _____

Year Approval is requested for: _____

Has this school/program requested and been granted approval in a previous year? Yes No

What year(s) was the approval granted? _____

Are there any changes to the curriculum? Yes No Are there changes in instructors? Yes No

NOTE: Approval granted by the Board expires on December 31st of the year the approval was granted.

Facilities and Instructor Information

At least 30 days prior to the start of the course, the final list of instructors, date of course, and location of the course must be submitted to the Board's Administrative Office. The Board shall be notified immediately of any changes made in the operation of the certification course, such as change of location or directorship. The course must be taught at an educational institution or clinical facility which provides for proper patient care, including access to medication and equipment for the management of emergencies. **List the proposed location(s) of the course, dates and instructors:**

Name of School or Facility where course will be taught: _____

Address: _____

Will all courses be taught at the above location? Yes No

If no, list name and address of other school/facility where course will be taught: _____

Date(s) of Course: _____

Name of Instructor: _____

Names of all Clinical Instructors: _____

Names of all assisting Clinical Instructors: _____

Instructor to student ratio for course: _____

Will an examination be administered to the students? Yes No If yes, what is the passing score: _____

ATTESTATION BY OWNER OR DIRECTOR

I hereby certify that the information provided in this application is accurate and complete. I also certify that the certification course for which Board approval is sought will comply with all statutes and rules regulating admission, facilities, faculty, equipment, and curriculum for certification courses in sealant application.

I understand that, if approved by the Board, the certificate of approval shall expire on December 31st of any given year. I understand that failure to adhere to the rules governing the admission qualifications in Rule 0460-4-.09 and 0460-5-.03(3)(b), the rules for certification courses or failure to provide access to inspection, pursuant to Rule 0460-5-.03(3)(d)2, may subject the course to withdrawal of course approval by the Board and invalidation of students course results.

Signature of Owner or Director

Date

Name of School or Facility