



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 BUREAU OF HEALTH LICENSURE AND REGULATION
 DIVISION OF HEALTH RELATED BOARDS
 665 Mainstream Drive
 NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
<http://tennessee.gov/health>

Sealant Certification Application

This application must be completed and submitted to the Board's Administrative Office along with proof of certification course completion. The course provider will send proof of course completion directly to the Board's office. Do NOT complete this form prior to taking the course. **Applicants for sealant application may not perform sealant application until notification by the Board that this certification has been added to their registration or the 90 day temporary permit has been issued and received by the dental assistant.**

Name: _____
 Last First Middle Maiden

Mailing Address: _____

City State Zip

Is this an address change? Yes No Social Security # _____

Registration #: _____ Hm Phone # _____ Wk Phone# _____

Name of School or Course Provider _____ Date Taken _____

- Part of an ADA accredited dental assistant program (no temporary permit required)
- A Tennessee Board approved certification course (**temporary permit required for externship**)
- A Tennessee Board approved dental assistant program (**temporary permit required for externship**)
- An out of state course (The curriculum, including the number of hours in sealant instruction and the number and type of sealants required to be completed in the course and/or during an externship)

Name of Course and Date Completed: _____

Name and License Number of Supervising Dentist(s) for 90 day temporary permit: _____

 Signature of Applicant

 Date