



**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
<http://tennessee.gov/health>**

Certification Application for Registered Dental Assistants

This application must be completed and submitted to the Board's Administrative Office, along with proof certification course completion. The course provider will send proof of course completion directly to the Board's office if you have completed a course that is located in Tennessee. If you completed a course in another state that you want the board to consider acceptance of, then documentation, including the curriculum from the course must be submitted from the course provider. Check the certification(s) for which you are applying.

- | | |
|--|--|
| <input type="checkbox"/> Nitrous Oxide Monitoring | <input type="checkbox"/> Expanded Restorative Functions |
| <input type="checkbox"/> Dental Radiology | <input type="checkbox"/> Expanded Prosthetic Functions |
| <input type="checkbox"/> Coronal Polishing | |

Name: _____
Last
First
Middle
Maiden

Mailing Address: _____

City
State
Zip

Registration Number: _____ Social Security Number: _____

Telephone Numbers: Home: (____) _____ Work: (____) _____

List other state(s) in which you hold a certification or permit in any of the certification for which you are applying:
 _____ (Please request a verification be submitted from the other state(s).)

Date of Course: _____ Name of School: _____

- Part of ADA accredited dental assistant program A Tennessee Board approved certification course
 An out of state course (The curriculum, including the number of hours required in the course and a letter verifying course completion must be submitted from the course provider. State Course Taken in: _____)

If applying for dental radiology certification, please answer the following questions. If you answer yes to either questions below, proof of passage of the radiology portion of the DANB exam or proof of current DANB certification must be submitted from DANB to the board's administrative office.

- Have you passed the radiology portion of the certified dental assistant (CDA) examination Yes No
 Do you hold current certification from DANB as a certified dental assistant (CDA) Yes No

 Signature of Applicant Date

Applicants for certifications may not perform any procedure requiring certification until notification by the Board that the certification has been added to their registration.