



**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>

## CERTIFICATION OF SEALANT PLACEMENT DURING EXTERNSHIP

After completion of a board approved sealant course, the registered dental assistant must place all sealants required, during the externship, within ninety (90) days of issuance of the sealant temporary permit. If the registered dental assistant is employed by more than one dentist, each dentist who supervised the placement of a sealant, must initial the form for the sealant they supervised.

Name of Registered Dental Assistant: \_\_\_\_\_ Registration # \_\_\_\_\_

**Employer Dentist(s):**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Identify the patient (by initials) and the date when each of the following sealants were performed. The supervising dentist(s) must confirm successful completion by initialing in the appropriate location:

<b>Maxillary Permanent Molars</b>			
	Date	Patient Initials	Successful Sealant (Doctor's Initials)
1			
2			
3			
4			

<b>Mandibular Permanent Molars</b>			
	Date	Patient Initials	Successful Sealant (Doctor's Initials)
1			
2			
3			
4			

<b>Premolars</b>			
	Date	Patient Initials	Successful Sealant (Doctor's Initials)
1			
2			

I, \_\_\_\_\_, \_\_\_\_\_, hereby certify that the  
Name of Employer Dentist License Number  
 above information is true and correct and that all sealants noted above were successfully completed between  
 \_\_\_\_\_ and \_\_\_\_\_.  
Date of first successful sealant Date of last successful sealant

I, \_\_\_\_\_, \_\_\_\_\_, hereby certify that the  
Name of Employer Dentist License Number  
 above information is true and correct and that all sealants noted above were successfully completed between  
 \_\_\_\_\_ and \_\_\_\_\_.  
Date of first successful sealant Date of last successful sealant