



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 REGISTERED DENTAL ASSISTING PROGRAM

This is an application to request Board approval to conduct a registered dental assisting program (school/course). 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 program. Applications must be received at least 30 days prior to the next regularly scheduled board meeting. **Approval of programs will only be effective until two (2) years from the date the approval is granted by the Board.** The rules regulating programs are in Rule 0460-5-.03(1).

Attach a copy of the following for review by the Board.

- A detailed curriculum which lists the outline of the subjects covered in the program and the learning objectives for each subject.
- Resumes on each instructor.
- Sample applicant form (student enrollment application)

### 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: \_\_\_\_\_

Years 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 two years from the date the approval was granted.**

## Facilities and Instructor Information

The Board shall be notified immediately of any changes made in the operation of the program, such as change of location, directorship and/or instructors. The program must be a minimum of 116 instructional hours and must include at least 14 hours in the subject of dental radiology. Instructional hours should include didactic and laboratory instruction. The student to instructor ratio should not exceed 10/1 and the program must demonstrate that student enrollment numbers are proportionate to the number of faculty, and to the availability of appropriate classroom, laboratory, and clinical facilities, equipment, instruments and supplies.

Will any portion of the program be taught online?  Yes  No (If any portion of the program is taught online, the subjects and number of hours taught online must be included with this application)

Does the program have access to dental operatories?  Yes  No

Does the program have access to sterilization equipment?  Yes  No

Does the program have access to x-ray machines (processing and/or digital equipment)?  Yes  No

Does the program have access to dental laboratory equipment?  Yes  No

Will each student be provided with a program syllabus at the beginning of each class?  Yes  No

Will the program syllabus include a program outline, learning objectives for each topic and the amount of time to be spent on each topic?  Yes  No

Will the grading policies be provided to student?  Yes  No

Will skills assessments be performed where needed?  Yes  No

Will students be informed that any conviction must be explained to the Board with their application and that all court documents regarding any conviction must be submitted?  Yes  No

Will students be informed that the board reviews all court documents and they may deny registration or require an appearance before the board before deciding to issue or deny the registration?  Yes  No

Will time and attendance records be maintained on each student?  Yes  No

Will an examination be administered to the students?  Yes  No If yes, passing score on exams: \_\_\_\_\_

If yes, how many examinations will be administered during the program? \_\_\_\_\_

Name of Instructor(s): \_\_\_\_\_  
\_\_\_\_\_

Instructor to student ratio for course: \_\_\_\_\_

## ATTESTATION BY OWNER OR DIRECTOR

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

I understand that, if approved by the Board, the certificate of approval shall expire two years from when approved by the board. I understand that failure to adhere to the rules governing the rules for approval and re-approval of program or failure to provide access to inspection, pursuant to Rule 0460-5-.03(1)(a)2., may subject the course to withdrawal of approval by the Board.

\_\_\_\_\_  
Signature of Owner or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Program