APPLICATION INSTRUCTIONS FOR REGISTRATION AS A DENTAL ASSISTANT

All documents which must be requested from the appropriate institutions in the application process, must be mailed directly to:

Tennessee Board of Dentistry 665 Mainstream Drive Nashville, Tennessee 37243

You <u>must</u> enter your social security number on the application for it to be complete. State law requires social security numbers on this application. TCA § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.

Additional certifications that you can submit an application to add to your registration:

- Dental Radiology Certification –Rule 0460-04-.11
- Coronal Polishing Certification Rule 0460-04-.04
- Monitoring Nitrous Oxide Certification Rule 0460-04-.05
- Sealant Application Certification Rule 0460-04-.09
- Prosthetic Function Certification Rule 0460-04-.10
- Restorative Function Certification Rule 0460-04-.10

Proof of completion of the required education, along with the curriculum if the course was taken out of state, must be submitted and there is a fee for <u>each</u> certification. You can attach the certification application and pay the certification fees when you submit the online application. These procedures cannot be performed until the certification is added to your <u>registration</u>. Unless the certification course is offered as part of the ADA accredited dental assisting program or Board approved dental assisting program you attended, you must be registered as a dental assistant before attending the above certification courses in Tennessee. Please see the rule sections mentioned above for additional requirements and restrictions.

NOTE: All submissions must be executed and dated less than one (1) year before receipt, or the documents will be rejected by the Board.

ALL APPLICANTS MUST ATTACH OR SUBMIT THE FOLLOWING:

Attach a passport-size photograph of yourself (taken within the last twelve (12) months)

If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a dental assistant (or any other profession), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s).

Attach two (2) <u>original</u> letters of recommendation from licensed dental professionals who can attest to your good moral character. These letters <u>must</u> identify the individual(s) as licensed dental professionals, be submitted on letterhead, and bear the signature of the author.

Attach the front and back of your current CPR card. The CPR certification must be a BLS Healthcare Provider course, or CPR/AED for the Professional Rescuer, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.

Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live in the U.S. (e.g. copy of birth certificate, U.S. passport, naturalization papers, or current visa status.)

All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. The Declaration is available online at https://www.tn.gov/content/dam/tn/health/documents/PH-4183.pdf. This form can be electronically attached to the initial application.

Attach proof of having graduated from a high school (diploma) or successfully completing a general education development (G.E.D.) program (G.E.D. certificate).

If any of your answers to the "application or competency questions" were in the affirmative, please submit a separate document to explain the situation. In addition to your explanation, the final documents or orders from the issuing states, courts and/or agencies must be attached.

A criminal background check is required. For instructions to obtain a criminal background check, go to https://www.tn.gov/health/health-professionals/criminal-background-check.html. The OCA# is 1222.