For Office Use Only

1222-001- $15.00

1222-001- $30.00

1222-001- $45.00

1222-001- $60.00

1222-001- $75.00

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 the $15.00 certification fee for each certification that you are applying for. 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.

__ Nitrous Oxide Monitoring - $15.00
__ Dental Radiology - $15.00
__ Coronal Polishing - $15.00
__ Expanded Restorative Functions - $15.00
__ Expanded Prosthetic Functions - $15.00

Name: _____
Last First Middle Maiden

Mailing Address: _____

_____
City State Zip

Registration Number: _____ Social Security Number: _____

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

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: _____

_____ _____
Signature of Applicant Date

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