

**Certified Dental Assisting
Form 2**

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Certification of Professional Education

Applicant Instructions

1. Complete Section I. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 9.
2. Send the entire form to the institution(s) you attended and ask the registrar to complete Section II and forward all pages of the form directly to the Office of the Professions at the address at the end of this form. Be sure to include any fee required by the institution. **This form will not be accepted if submitted by the applicant.**

Section I: Applicant Information

1 Social Security Number **2 Birth Date** Month Day Year
(Leave this blank if you do not have a U.S. Social Security Number)

3 Print Name as It Appears on Your Application for Licensure (Form 1)

Last
First
Middle

4 Mailing Address (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/
Province

5 Print your name as it appears on your degree or diploma.

Name: _____

6 School attended: _____
(Name) (city/state or country)

7 Name of degree/diploma: _____

8 Date degree/diploma awarded: _____ / _____ / _____
mo. day yr.

9 I request and give my permission to the school listed in item 6 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure.

Applicant's Signature _____ mo. / day / yr.

Print name _____

Section II: Certification of Education

Instructions to Registrar: Please complete either Part A or B and return all pages of this form directly to the New York State Education Department at the address at the end of this form. **This form will not be accepted if returned by the applicant.**

Name of applicant: _____
(Section I, item 5)

Did applicant receive a high school diploma or G.E.D.? Yes No Date awarded: _____ / _____ / _____
mo. day yr.

Part A - Registered Programs: To be completed only by schools whose dental assisting program was, at the time the dental assisting credential was awarded, registered by the New York State Education Department as licensure-qualifying.

It is hereby certified that the applicant named above completed our New York State registered dental assisting program and received the following credential: _____

on _____ / _____ / _____
mo. day yr.

Part B - Non Registered Programs: To be completed only by schools whose dental assisting program was not, at the time the dental assisting credential was awarded, registered by the New York State Education Department as licensure-qualifying.

It is hereby certified that the applicant named above completed our dental assisting program which is accredited by:

The length of the course was _____ semester hours, or _____ clock hours.

The applicant received the following credential _____ on _____ / _____ / _____
mo. day yr.

The Program: (check all that apply)

- included instruction in oral and written communication
- included instruction in basic behavior concepts
- included 200 clock hours of supervised clinical instruction completed within the program

The program included instruction in the following areas:

Biomedical Science Content - which included all the areas checked below:

- body structure and function
- basic concepts of microbiology pertaining to infection control
- basic nutrition

Professional Dental Assisting Content - which included all the areas checked below:

- dental materials and instruments
- dental radiography techniques and safety
- basic dental and oral anatomy
- introductory content in oral histology, embryology, pathology, and therapeutics
- legal and ethical aspects of dentistry, consisting of dental record keeping, terminology, charting, and issues related to patient confidentiality

Section II: Certification of Education (continued)

Clinical Content - which included all the areas checked below:

- placing and removing temporary restorations
- placing, condensing, and carving amalgam restorations
- placing, condensing, and finishing non-metallic restorations
- providing patient education
- taking preliminary medical histories and vital signs
- placing and removing rubber dams
- selecting and prefitting provisional crowns
- selecting and prefitting orthodontic bands
- removing orthodontic arch wires and ligature ties
- placing and removing matrix bands
- taking impressions for study casts or diagnostic casts
- removing periodontal dressings
- removal of sutures
- taking impressions for space maintainers, orthodontic appliances, and occlusal guards
- removing temporary cement
- applying topical anticariogenic agents to the teeth
- applying desensitizing agents to the teeth
- placing and removing temporary separating devices
- placing orthodontic ligatures
- assisting in management of dental and medical emergencies

Certification

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the record of the professional education of the individual named on this form.

Signature of Registrar: _____ Date: _____ / _____ / _____
mo. day yr.

Title or official position: _____

Institution: _____

Address: _____

(SEAL)

Telephone: _____

Fax: _____

E-mail Address: _____

**Return Directly to: New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Certified Dental Assisting Unit, 89 Washington Avenue, Albany, NY 12234-1000.**