

Registered Dental Assistant Form 2 Certification of Professional Education

Applicant Instructions

1. Complete Section I and sign and date item 9.
2. Send the entire Form 2 to the institution(s) you attended, including any fee required by the institution, and have the registrar complete Section II and return all pages in an official school envelope directly to the Office of the Professions at the address at the end of this form. Form 2 will not be accepted if submitted by the applicant or if it is received in a personal envelope.
3. An official transcript or marksheets is required if you completed a program that is not registered by the Department as licensure qualifying at the time your graduation or accredited by an organization acceptable to the Department.

Section I: Applicant Information

1. Social Security Number

(Leave this blank if you do not have a U.S. Social Security Number)

2. Birth Date Month Day Year

3. Print Name Last

First

Middle

5. Telephone/Email Address

Daytime Phone

Home or Business

Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.

4. Mailing Address Home or Business

(You must notify the Department within 30 days of any address or name changes)

Line 1

Line 2

Line 3

City

State ZIP Code

Country/
Province

Area Code Phone

Email Address (please print clearly)

Home or Business

6. New York State DMV ID Number
(Driver or Non-Driver ID)

*(Leave this blank if you do not have a
New York State DMV ID Number)*

7. Name as it appears on your Degree/Diploma/Certificate _____

8. Name of institution attended _____

Address of institution _____

Title of Degree/Diploma/Certificate awarded (in original language) _____

Date Degree/Diploma/Certificate awarded

____ mo. ____ yr.

9. I request and give my permission to the institution listed in item 8 above to complete Section II of this form and mail it to the Office of the Professions 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.

Signature

Date

Section II: Certification of Professional Education

Instructions to the Registrar: Complete Part A or Part B, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.**

Name of the applicant _____
(see Section I, item 7)

Did the applicant receive a high school diploma or G.E.D.? Yes No If yes, date awarded: ___ mo. ___ day ___ yr.

Part A - Dental Assisting Program Registered by the New York State Education Department (NYSED) as qualifying for certification:
To be completed only by those schools whose registered dental assistant program was, at the time the applicant's degree was awarded, registered by the NYSED as qualifying for certification.

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

on the date of ___ mo. ___ day ___ yr. _____
(Title)

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:

(Name of accrediting organization)

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

The applicant received the following credential _____ on ___ mo. ___ day ___ yr.
(Title)

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 Professional Education (Continued)

Part B 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 educational record of the individual named on this form.

Signature of Registrar

Date

Print Name

Title or official position

Institution

Address

Seal

Telephone

Fax

Email

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