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**FORM A**  
**CERTIFICATION OF COMPLETION OF DENTAL ASSISTING EDUCATION**

Applicant: Enter **only** your name and graduation date below, then send this form to the Dean or Program Coordinator of each School or Program which granted you a dental assisting degree or certificate.

**APPLICANT** \_\_\_\_\_ **GRADUATION DATE:** \_\_\_\_\_

**DEAN/PROGRAM COORDINATOR:** This form also certifies that the program completed was given by an institution that **maintains a program in dental assisting, dental hygiene or dentistry** accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) **and** meets the Virginia Board of Dentistry educational programs requirements as stated in 18VAC60-30-116 of the regulations Governing the Practice of Dental Assistants. Please provide certification that the applicant named above successfully completed an expanded duties dental assisting program that includes didactic, laboratory and clinical training in each item you check here:

- \_\_\_\_\_ (1) Performing pulp capping procedures
- \_\_\_\_\_ (2) Packing and carving amalgam restorations
- \_\_\_\_\_ (3) Placing and shaping composite resin restorations with a slow speed hand piece
- \_\_\_\_\_ (4) Taking final impressions
- \_\_\_\_\_ (5) Use of a non-epinephrine retraction cord
- \_\_\_\_\_ (6) Final cementation of crowns and bridges after adjustment and fitting by the dentist.

**Certifications made prior to the applicant's graduation cannot be accepted.**

**NAME OF SCHOOL:** \_\_\_\_\_

**NAME OF PROGRAM:** \_\_\_\_\_

**PROGRAM'S CODA ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED:**

- A1: Approval (without reporting requirements) [ ]
- A2: Approval (with reporting requirements) [ ]
- IA: Initial accreditation [ ]
- DIS: Accreditation voluntarily discontinued [ ]
- WDRN: Accreditation withdrawn [ ]
- X: Intent to withdraw accreditation [ ]
- T: Program is in Teach-Out by institution [ ]
- NE: Required period of non-enrollment [ ]

**DEGREE or CERTIFICATION GRANTED:** \_\_\_\_\_

**DATE GRANTED:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or a certificate.

**SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DEAN/PROGRAM COORDINATOR:** Please provide the applicant an original final transcript of this alumni record, to include courses, grades, degree, or certificate received, and date the degree or certificate was conferred, which bears the certified signature of the registrar and has the college seal affixed.