



Virginia Department of  
**Health Professions**  
Board of Dentistry

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**FORM B**  
**EXPERIENCE VERIFICATION**  
(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address \_\_\_\_\_

I, \_\_\_\_\_ D.D.S/D.M.D hereby certify that \_\_\_\_\_  
(Supervising Dentist) (Applicant)

was employed by me from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ as a dental assistant who  
Month Day Year Month Day Year

performed the following selected expanded didactic, laboratory and clinical duties on this form is true, complete, & correct:

**NOTE:** Duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-30-120.:

Check each that apply

- 1) \_\_\_\_ Performing pulp capping procedures;
- 2) \_\_\_\_ Packing and carving of 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.

\_\_\_\_\_  
Signature/Date

**Notary:**

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Sworn and subscribed to, before, this \_\_\_\_ day of (Month) \_\_\_\_\_, Year \_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

**SEAL/STAMP**

\_\_\_\_\_  
Signature of Notary Public

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