



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

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
(804) 367-4538 (Tel)  
(804) 698-4266 (eFax)  
[bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov)  
[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

**FORM C**

**CERTIFICATION OF AUTHORIZATION TO PERFORM EXPANDED DUTIES AS A DENTAL ASSISTANT**

Please forward one form to each state dental board where you hold or have ever held registration as a dental assistant. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

**I am making application for registration in Virginia by:**

Examination for Dental Assistant II       Endorsement for Dental Assistant II

I, was granted License/Registration Number \_\_\_\_\_, on \_\_\_\_\_ by the  
Month      Date      Year

State of \_\_\_\_\_. The Virginia Board of Dentistry requires that I submit evidence of the status of my license/registration. You are hereby authorized to release any information in your files, favorable or otherwise directly to the **Virginia Board of Dentistry at 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233** or [bodlicensing@dhp.virginia.gov](mailto:bodlicensing@dhp.virginia.gov). Your early attention is appreciated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Typed/Printed Name

\_\_\_\_\_  
Applicant's Address

**Executive Officer of the Board: please send this form directly to the Virginia Board of Dentistry.**

State of \_\_\_\_\_ Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_ License Type & # \_\_\_\_\_ Issued \_\_\_\_\_

By:  Examination\*  Credentials  Reciprocity with the State of \_\_\_\_\_  Endorsement with the State of \_\_\_\_\_

Please check all duties the licensee is currently authorized to perform:

- 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.

License is:  Current-Expires on \_\_\_\_\_  Active  Inactive  Lapsed-Expired \_\_\_\_\_

Has applicant's license ever been disciplined, suspended or revoked  NO  YES

If "YES", give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): \_\_\_\_\_

Comments, if any: \_\_\_\_\_

**SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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