



Virginia Department of
Health Professions
Board of Dentistry

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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. 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 [denbd@dhp.virginia.gov/dentistry](mailto:denbd@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 _____ License # _____

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 _____ ☐ 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