DENTAL OFFICE EXPERIENCE DOCUMENTATION

Applicant Name _____________________________________________________________

Please verify your dental office experience.

_____ Dental Assistant I (21 NCAC 16H .0102 DENTAL ASSISTANT I)
A Dental Assistant I is a dental assistant who does not qualify by training and experience for classification as a Dental Assistant II.

_____ Dental Assistant II (21 NCAC 16H .0104 DENTAL ASSISTANT II)
To be classified as a Dental Assistant II, an assistant must meet one of the following criteria:
(1) successful completion of:
   (a) an ADA-accredited dental assisting program and current certification in CPR; or
   (b) one academic year or longer in an ADA-accredited dental hygiene program, and current certification in CPR; or
(2) successful completion of:
   (a) full-time employment and experience as a chairside assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;
   (b) a 3-hour course in sterilization and infection control;
   (c) a 3-hour course in dental office emergencies;
   (d) radiology training consistent with G.S. 90-29© (12); and
   (e) current certification in CPR; or
(3) successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR.

_____ Dental Office Manager

Years of Experience: (Please check one if applicable)
_____ 3 + Years Full-Time Work
_____ 1-3 Years Full-Time Work
_____ 1 + Years Part-Time Work (8-25 hours per week)

Documentation by Employer

Dental Facility Name _____________________________________________________________
Office Address _________________________________________________________________
Phone ________________________________________________________________

I certify that the above information concerning the dental experience of this applicant is correct.

Dental Facility Officer Signature ______________________________________ Date ___________

6/2016 vh