

BOARD OF DENTISTRY

Policy on Incentivized Time Period For Registration of Dental Assistants

CHECKLIST

To submit an acceptable Application Cover Letter and Unregistered Practice Admission and Agreement for review and processing, please be sure to submit all the required supporting documents listed below based on submission by the Dental Assistant and Supervisory Dentist/Practice Owner.

Each item indicates whether it can be submitted via the [Online Application Portal](#), or by **MAIL** to DC Health. The address is below.

Also, please keep a photocopy of any submitted documents for your records, as they will not be returned.

Dental Assistant

Complete and submit **as part of the application** for a dental assistant registration or reinstatement of a dental assistant registration:

- Application Cover Letter** utilizing the [Online Application Portal](#)
- Unregistered Practice Admission and Agreement** utilizing the [Online Application Portal](#)
- Payment of \$250, made payable to “**DC Treasurer**”. Include a copy of the **Application Cover Letter and Unregistered Practice Admission and Agreement** (**Submit by MAIL***)
- Two (2) Board-approved continuing education credits in ethics (**Submit by MAIL***)

Supervisory Dentist/Practice Owner Signature

- Completed, signed, and dated **Application Cover Letter** (**Submit by MAIL***)
- Completed, signed, and dated **Unregistered Practice Admission and Agreement** (**Submit by MAIL***).
- Payment of \$500, made payable to “**DC Treasurer**” (**Submit by MAIL***)
- Two (2) Board-approved continuing education credits in ethics (**Submit by MAIL***).

*** Documents labelled “Submit by MAIL” may also be hand delivered/dropped off to the Processing Center located on the 1st Floor of 2201 Shannon Place, SE Washington, DC 20020**

Board Mailing Address:

Board of Dentistry
2201 Shannon Place SE
Washington, DC 20020

Board Email Address: dcbod@dc.gov

**DEPARTMENT OF HEALTH
HEALTH REGULATION AND LICENSING ADMINISTRATION**

BOARD OF DENTISTRY
AUTHORITY FOR GUIDANCE

SEPTEMBER 2023
DATE OF POLICY

23-001-A
POLICY NO.

**REVISED POLICY
ON INCENTIVIZED TIME PERIOD
FOR REGISTRATION OF DENTAL ASSISTANTS**

To lawfully practice as a dental assistant in the District of Columbia, District of Columbia Code § 3-1205.1(a)(2), states that a registration is required. The District of Columbia Board of Dentistry (Board) may also take disciplinary action against a Licensee who aids an unauthorized person in practicing as a dental assistant in the District, pursuant to D.C. Code § 3-120514(a)(12). Beginning September 17, 2012, registration as a dental assistant in the District of Columbia was required by law for any person to practice as a dental assistant or perform any duties of a dental assistant in the District of Columbia.

The Board has elected to implement this policy to provide a temporary incentivized time period in which to encourage and facilitate unregistered individuals to come into compliance with District of Columbia law. This is not a grant of amnesty. Individuals who have engaged in unregistered practice will remain subject to a penalty as well as the Licensees who have aided in the unauthorized practice. However, those individuals who voluntarily come forward during this time period, pursuant to the parameters set forth in this policy, will receive a greatly reduced financial penalty.

Incentivized Time Period

January 1, 2025, to April 30, 2025

Requirements:

1. Applicant must fully complete and submit the attached cover letter as part of the application for a dental assistant registration or reinstatement of a dental assistant registration.
2. If the Applicant has not been previously registered, the Applicant is eligible to receive a 90-day supervised practice letter.
3. In addition to application fee, Applicant will be subject to an additional monetary assessment of \$250.00 and required to complete two (2) Board-approved continuing education credits in ethics, which may be completed through online courses, pursuant to an agreement entered into with the Board.
4. Supervising dentists or dental practice owners will be subject to a monetary assessment of \$500.00 for each unregistered dental assistant practicing under their supervision or in their dental office, and required to complete two (2) Board-approved continuing education credits in ethics, pursuant to an agreement entered into with the Board.

*Individuals who do not submit the required cover letter and come into compliance pursuant to the terms of this policy, during the incentivized time period, are subject to cumulative monetary assessments compounding for each month of unauthorized practice, formal disciplinary action, and possible criminal referral for practicing without a license. Depending on the number of years of non-compliance, the monetary assessments can range as high as \$5,000.00 for dental assistants and \$30,000.00 for dentists.

**District of Columbia Board of Dentistry
Incentivized Dental Assistant Registration
Application Cover Letter**

¹I, _____, have been working at, _____
(Name) (Dental Practice and Address)

in the District of Columbia from _____ to _____ under the supervision of dentist
(Dates/Time Period)

_____. My duties consist of _____
(Supervising Dentist)

Applicant Signature

Date

Supervisory Dentist/Practice Owner Signature

Date

¹ I acknowledge and understand that as a result of the Applicant's unregistered dental assisting practice in the District of Columbia, the Applicant and Supervisory Dentist/Practice Owner will be subject to a monetary assessment of \$250.00 for the Applicant and \$500.00 for the Supervisory Dentist/Practice Owner and required to complete (2) continuing education credit hours in ethics, pursuant to an agreement, but the cover letter and agreement cannot be used against me for any other purpose. I acknowledge and understand that the benefits and protections of this cover letter shall only apply to applications submitted with this completed cover letter between January 1, 2025, to April 30, 2025. Failure to provide correct and complete information on this cover letter may result in additional penalties.

**District of Columbia Board of Dentistry
Incentivized Dental Assistant Registration**

**Unregistered Practice Admission and Agreement
(Dental Assistant Applicant)**

The DC Board of Dentistry has temporarily established a policy to impose a monetary assessment of two hundred fifty dollars (**\$250.00**) on the **dental assistant** applicant and require completion of two (2) Board-approved continuing education credits in ethics, and to impose a monetary assessment of five hundred dollars (**\$500.00**) on the **supervisory dentist or dental practice owner** for each unregistered dental assistant, and to require completion of two (2) Board-approved continuing education credits in ethics. The policy is only in effect from **January 1, 2025, to April 30, 2025**.

You have admitted on the attached cover letter that you have engaged in unregistered dental assisting in the District of Columbia, you may resolve this issue by:

1. Completing and signing this document;
2. Submitting the required payment of \$250.00, made payable to “**DC Treasurer**”;
3. Submitting the required two (2) Board-approved continuing education credits in ethics, which cannot be used to meet any renewal or reinstatement of registration continuing education requirements.

I accept the Board’s offered agreement under the Incentivized Time Period Policy #23-001-A in resolution of this matter as an administrative matter. I agree to pay the monetary assessment of \$250.00 and to complete (2) Board-approved continuing education credit hours in ethics, and to submit these items as part of my application. I agree that I must submit these items before I can be approved for a dental assistant registration in the District of Columbia.

Applicant Signature

Date

FOR THE BOARD:

Michelle Latortue, DDS
Board Chairperson

Date

This agreement is an administrative matter and shall not be construed as disciplinary in nature. The Board has not charged the Applicant with a violation of District law. The Board will not voluntarily disclose this agreement or its terms. However, Applicant understands and agrees that this agreement is subject to disclosure through a request made under the Freedom of Information Act, by subpoena, or court order, or in the event that the Applicant fails to comply with the terms of the agreement.

**District of Columbia Board of Dentistry
Incentivized Dental Assistant Registration**

**Unregistered Practice Admission and Agreement
(Supervising Dentist/Dental Practice Owner)**

The DC Board of Dentistry has temporarily established a policy to impose a monetary assessment of two hundred fifty dollars (\$250.00) on the **dental assistant** applicant and require completion of two (2) Board-approved continuing education credits in ethics, and to impose a monetary assessment of five hundred dollars (\$500.00) on the **supervisory dentist or dental practice owner** for each unregistered dental assistant, and to require completion of two (2) Board-approved continuing education credits in ethics. The policy is only in effect from **January 1, 2025, to April 30, 2025**.

You have admitted on the attached cover letter that an unregistered individual engaged in dental assisting in the District of Columbia in your dental office or under your supervision. You may resolve this issue by:

1. Completing and signing this document;
2. Submitting the required payment of \$500.00, made payable to “**DC Treasurer**”;
3. Submitting the required two (2) Board-approved continuing education credits in ethics, which cannot be used to meet any renewal or reinstatement of licensure continuing education requirements.

I accept the Board’s offered agreement under the Incentivized Time Period Policy #23-001-A in resolution of this matter as an administrative matter. I agree to pay the monetary assessment of \$500.00 (for each dental assistant) and to complete (2) Board-approved continuing education credit hours in ethics. I agree that I must submit these items within thirty (30) days after the date of signing this agreement.

Dentist’s Signature and License number

Date

FOR THE BOARD:

Michelle Latortue, DDS
Board Chairperson

Date

This agreement is an administrative matter and shall not be construed as disciplinary in nature. The Board has not charged the Licensee with a violation of District law. The Board will not voluntarily disclose this agreement or its terms. However, Licensee understands and agrees that this agreement is subject to disclosure through a request made under the Freedom of Information Act, by subpoena, or court order, or in the event that Licensee fails to comply with the terms of the agreement.