

DC BOARD OF DENTISTRY

DENTAL ASSISTANTS SUPERVISED PRACTICE FORM

Prior to completing this form, you must have a Dental Assistant application currently pending with the DC Board of Dentistry. Once the online application is completed, please submit this form to the Board via email dcbod@dc.gov for review and decision making.

Applicant Information:

First & Last Name: _____ Middle Initial: _____

Telephone Number: _____ Email Address: _____

Applicant Requested Registration: (select only one option below)

Dental Assistant Level I _____ Dental Assistant Level II _____ Dental Assistant Level III _____

Applicant Signature: _____ Date: _____

Supervisor Information:

1. Please be advised, this form must be completed and approved by the Board before an applicant can practice in the District under your supervision.
2. As the Supervising Dentist, you are fully responsible for the applicant listed above to practice under your supervision while their DC Dental Assistant application is pending before the board.
3. Supervise Practice Forms are only valid for the **approved timeframe** provided by the Board below and cannot be extended.

First & Last Name: _____

License Number: _____ License Expiration Date: _____

Telephone Number: _____ Email Address: _____

Name of Dental Practice: _____

Dental Practice Address: _____

Dental Practice Telephone: _____ Supervisor Signature: _____

Brief description of applicant duties and responsibilities: _____

FOR DC BOARD OF DENTISTRY TO COMPLETE:

Approved **Denied** **Issued Date:** _____ **Expiration Date:** _____

Board Staff Signature: _____ **Date:** _____

Reason for Denial: _____