

**BOARD OF DENTISTRY
 NINETY (90) DAY SUPERVISED PRACTICE FORM FOR DENTAL ASSISTANTS**

****Note: You must have Dental Assistant application currently pending with the Board.**

This form must be returned in a **sealed envelope and hand delivered by the applicant to the Board **BEFORE** the applicant begins practicing in the District of Columbia.**

TO THE SUPERVISOR: A DC LICENSED DENTIST MUST COMPLETE THIS FORM

1. This form must be completed and approved by the Board before you can begin supervision of an applicant for registration as a dental assistant.
2. The applicant cannot work in the District until he/she submits an application to the Board and receives an approved supervised practice form from the Board.
3. The supervisor is fully responsible for all supervised practice by the applicant and for ensuring that the applicant has a current application pending before the Board. The supervisor shall be subject to disciplinary action for any violation.

Supervised practice is for ninety (90) days from the date of approval by the Board and cannot be extended.

Applicant's Name (Please Print): _____
 First Name Last Name Middle Initial

Applicant's Registration Type: Dental Assistant Level I ____ Dental Assistant Level II ____

Supervisor's Name (Please Print): _____
 First Name Last Name Middle Initial

Supervisor's DC License No.: _____
 License No. Expiration Date

Location of Supervision: _____
 Facility Name Address Facility Phone Number

Brief description of applicant's duties and responsibilities:

SUPERVISEE SIGNATURE	PHONE NUMBER	DATE

SUPERVISOR SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

Supervised Practice Form
Expiration Date: _____

DC SEAL

 Date Application Submitted: _____ Date Supervised Practice Form Submitted: _____

Board Action: _____ HRLA Staff Signature: _____