DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

BOARD OF DENTISTRY
Incentivized Dental Assistant Registration 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 DC Health 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
OFFICE OF HEALTH PROFESSIONAL LICENSING BOARDS

BOARD OF DENTISTRY	May 6, 2026	26-001
AUTHORITY FOR GUIDANCE	DATE OF POLICY	POLICY NO.

POLICY
INCENTIVIZED DENTAL ASSISTANT REGISTRATION

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 an incentivized option 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. The Board will notify the Applicant about the indication of unregistered practice on their dental assistant application and offer the Applicant the Incentivized Dental Assistant Registration. The Applicant will have ten (10) calendar days to accept the Incentivized Dental Assistant Registration. Failure to accept within this timeframe may result in additional reviews to determine whether the Applicant has engaged in unregistered practice as a dental assistant.

Requirements

1. Applicant must fully complete, submit the attached cover letter as part of the application for a dental assistant registration or reinstatement of a dental assistant registration and pay the application fee.

2. If the Applicant has not been previously registered, the Applicant is eligible to receive a 90-day supervised practice letter after meeting the conditions of the Incentivized Agreement.

3. If the Applicant **is not currently working as a dental assistant**, they will be subject to a 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. If the Applicant is **currently working as a dental assistant**, they will be subject to a monetary assessment of $250.00 **and** the supervising dentists or dental practice owner will be subject to a monetary assessment of $500.00. In addition, the Applicant and supervising dentists or dental practice owner will be required to complete two (2) Board approved continuing education (CE) credits in ethics, which may be completed through online courses, 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

[1]I, _____, have or had 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. **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 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.

You have admitted in 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**"; **and**
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.

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I accept the Board's offered agreement under the Incentivized Dental Assistant Registration Policy #23-001 in resolution of this matter as an administrative matter. I agree to pay the monetary assessment of $250.00, complete (2) Board-approved continuing education credit hours in ethics and submit these items as part of my application. **I agree that I must submit these items within thirty (30) days after the date of signing this agreement *and* 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:

_____ _____
Eric Bradshaw, DDS Date
Board Chairperson

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 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.

You have admitted in 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**"; **and**
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.

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I accept the Board's offered agreement under the Incentivized Dental Assistant Registration Policy #26-001in resolution of this matter as an administrative matter. I agree to pay the monetary assessment of $500.00 (for each dental assistant) and 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:

_____ _____
Eric Bradshaw, DDS Date
Board Chairperson

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.