

**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

Print Name

Supervisory Dentist/Practice Owner Signature

Date

Print Name

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, but this cover letter 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 September 20, 2023 and December 31, 2023. Failure to provide correct and complete information on this cover letter may result in additional penalties.