

## Government of the District of Columbia Department of Health Health Regulation and Licensing Administration BOARD OF DENTISTRY NINETY (90) DAY SUPERVISED PRACTICE FORM FOR DENTAL ASSISTANTS

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

\*\*Note: You must have Dental Assistant application <u>currently pending with the Board</u>.

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 <u>ninety (90) days</u> 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:			Ĩ
Facility Name	Address	]	Facility Phone Number
Brief description of applicant's dut	ies and responsibilit	ies:	
SUPERVISEE SIGNATURE	PHONE NUME	BER DA	ATE
SUPERVISOR SIGNATURE	PHONE NUME	BER DA	ATE

 FOR OFFICE USE ONLY

 Supervised Practice Form

 Expiration Date:

 Date Application Submitted:

 Date Application Submitted:

 HRLA Staff Signature:

899 North Capitol Street, NE, 1st Floor Washington, DC 20002