

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH
HEALTH REGULATION LICENSING ADMINISTRATION



Board of Dentistry

APPLICATION INSTRUCTIONS AND FORMS FOR A DENTAL ASSISTANT

Your interest in becoming registered as a Dental Assistant in the District of Columbia is welcome. We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. All fees are earned when paid, and cannot be transferred or refunded, except as specified in these instructions.

This package contains the forms to apply for a dental assistant registration in the District of Columbia. Follow the instructions provided below and complete all sections. If you require more space for work experience or explanations for screening questions, attach typed responses to the form.

THE APPLICATION PROCESS

Upon submission of the required application documents, the D.C. Board of Dentistry will review your application. The Board of Dentistry normally meets on the third Wednesday of each month. Upon final approval, you will be issued a registration to be a Dental Assistant in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, HRLA's processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

All documents should be sent to the following address:

Department of Health
Health Regulation Licensing Administration
Board of Dentistry
P.O. Box 37801
Washington, D.C. 20013

If you have any questions, call HRLA's **toll-free** Customer Service line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

FILING DEADLINES

Filing Deadlines

There are no filing deadlines for submitting your application for a dental assistant registration in the District of Columbia, **except the Grandfathering filing deadline of July 15, 2012 and the Supervised Practice filing deadline of July 15, 2014.**

Pending Applications

Pending applications will become invalid after 90 days if the application has not been completed due to failure to submit required materials. Should the applicant wish to pursue registration after that time, she/he must submit and pay the required fee once again.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a dental assistant registration in the District of Columbia shall meet the following requirements:

1. Applicant must be at least 18 years of age; and
2. Applicant must not have been convicted of a crime or exhibit moral turpitude which bears directly on the applicant's fitness to be registered; and

All applicants must submit the following in order to be considered for registration:

1. A complete and signed application, including payment and required supporting documents (see list on application form);
2. Two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket registration;
3. One (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity;
4. Names and addresses of three responsible persons (other than relatives, instructors, or employers) who have known you for at least one year and can attest to your character; and an
5. Official Transcript of Degree, indicating type of degree and date it was conferred or copy of Diploma or General Equivalency Diploma

COMPLETING THE REGISTRATION APPLICATION

Section 1. Registration Type & Fees

Grandfathering

If you are applying by way of grandfathering, you are required to submit a Grandfathering Attestation Form with your application confirming you had been performing as a Dental Assistant prior to and including **July 15, 2011** in the District of Columbia.

New Registration

If you are applying as a NEW REGISTRANT, you are required to submit verification by submitting a certificate that you have:

- a) satisfactorily completed a radiation course or examination recognized by the ADA Continuing Education Recognition Program or CERP **or**
- b) been certified by the American Registry of Radiologic Technologists **or**
- c) satisfactorily completed a radiation course and passed an examination given by the Dental Assisting National Board

and have satisfactorily completed a Dental Assistant training program approved by CERP, a training program or course recognized by the American Dental Association Commission on Dental Accreditation (CODA).

Endorsement

Applicants applying by endorsement must submit verification from the other jurisdiction(s) in which you are registered/certified as a Dental Assistant as a part of your application. In addition, applicants must submit proof of completion of the required courses in X-ray training, Dental Assistant Training (as outlined above), and Dental Assisting National Board (where applicable).

Supervised Practice

An applicant applying for supervised practice as a dental assistant must have his or her supervising dentist complete the Supervised Practice Form. The applicant must then hand-deliver that completed form to the Office of Health Regulation Licensing Administration. An eligible applicant may work under supervised practice **only between July 15, 2012 and July 15, 2014 to obtain the training and education needed to satisfy the requirements for New Applicants outlined above.**

- a. The abbreviation (noted below) for the registration type for which you are applying is listed

Registration Abbreviation	Registration Description
DEN ASST	Dental Assistant

- b. Should you need to obtain additional copies of your registration to comply with laws and regulations pertaining to displaying your registration at each office where you conduct business, you may order duplicate registrations (for \$34 fee each, etc.). Mark the “duplicate registration” box and indicate the number of duplicates needed on the line provided. Indicate the total amount due for duplicates on the line to the right.
- c. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to D.C. Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The authorization fee portion of the payment is refundable in the event of final denial of an authorization or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to re-apply for registration. It will take approximately six (6) weeks after first denial or withdrawal for you to receive your refund.

For your information, the application and registration fee portions of each application method are listed below:

FEE MATRIX

License Type	Application Fee	Registration Fee	Total Due	Mandatory Criminal Background Check (Separate Fee)
DEN ASST	\$85	\$105	\$190 <small>Check/Money Order made payable to DC Treasurer</small>	For payment and to schedule an appointment (Call 1-877-783-4187 or www.L1enrollment.com) All applicants are required to undergo a Criminal Background Check

*The **Total Due** amount is the fee that must be paid for your D.C. registration to be processed. Your new registration fee includes one new registration print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

D.C. Dental Assistant Registrations expire on December 31 of odd numbered years. Your initial certification will be valid for the balance of the current renewal cycle. You will be mailed a renewal notice (to your address of record) approximately three (3) months before the expiration of your certification/authorization. Upon completion of the renewal questionnaire, submission of continuing education, and payment of the renewal fee, your registration will be renewed for a two-year period. You should know that you are required by regulation to report all changes of your business or residence address to the Board. HRLA will update the address change in your database record. Requests for address change should be made via a letter. Send the letter to HRLA at the address in the middle of page 1. Without an updated address, you may not receive your renewal notice.

Section 2A. Applicant Name / Demographic Information

Enter your legal name exactly as it should appear on the registration. The Child Support and Welfare Reform

Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all registrants. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age.

Section 2B. Other Names Used

List any other names you have used in the past on the lines provided. If your name has changed at any point since you first attended high school or a training program or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Section 2C. Race & Ethnicity

Indicate your race and list any languages you speak other than English.

Section 3A. Preferred Mailing Address

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future registration documents will be mailed.

Sections 3B. & 3C. Home Address / Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 4A. Schools Attended

List all schools you have attended in reverse chronological order, beginning with the most recent at the top.

Section 4B. Professional Registration/Certification in Other Jurisdictions

List all states and jurisdictions in which you have ever held a similar professional registration/certification.

Section 5. Supporting Documents Required

The required supporting documents are listed in this section. Place an "X" in the box for each item you have included with your application package **or** requested to be sent under separate cover to HRLA on behalf of the Board of Dentistry. Keep a photocopy of all supporting documents for your records.

Section 6A. Screening Questions

If you answer "yes" to questions A through F, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 6B. Clean Hands

This section must be completed by every applicant. Please be careful in responding, for any false information provided requires that the Department of Health proceed immediately to revoke the registration for which you are now applying and fine you one thousand dollars (1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

Section 7. Registrant Affidavit

By signing the application, you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HRLA’s website at doh.dc.gov or call HRLA’s Customer Service number at 1-877-672-2174. The forms that make up this package are:

- Dental Assistant, New Registration Application
- Dental Assistant, Grandfathering Attestation Form
- Dental Assistant, Supervised Practice Form
- Chapter 90 Dental Assistant Regulations
- Dental Assistant Application Instructions
- Dental Assistant Character Reference Form

SUMMARY OF REGISTRATION REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing dentistry licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing dentistry and dental assistant are included in *DC Municipal Regulations Title 17, Chapters 40, 41, and 90*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the Department of Health/Board of Dentistry if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

Application Method	Signed Application	Two 2" x 2" Photos	Character Reference Form	Basic CPR/First Aid Certification	Certificate of Completion of Training Courses (X-Ray Dental Assistant)	Certified Letter of Good Standing* (if applicable)	Dental Assisting National Board***	Attestation of Experience	Name Change Document	Official Transcript of Degree, indicating type of degree and date it was conferred or copy of Diploma or General Equivalency Diploma	Check or Money Order**
New Registration	X	X	X	X	X	O	X	O	X	X	X
Grandfathering	X	X	X	X	O	O	O	X	X	O	X
Endorsement	X	X	X	X	X	X	X	O	X	X	X
Supervised Practice	X	X	X	X	X	O	X	O	X	X	X

SUMMARY OF DENTAL ASSISTANT REGISTRATION REQUIREMENTS

X = Required
O = Not required

*Certified letters of good standing from all states/jurisdictions are required only if the applicant is registered/certified in other state(s)/jurisdiction(s).

**Check or money order MUST be made payable to D.C. Treasurer

***Where applicable