



DENTAL ASSISTANT REGISTRATION APPLICATION

TEXAS STATE BOARD OF DENTAL EXAMINERS

333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942

Website: www.tsbde.state.tx.us

Please type or print all information. Send your completed application and non-refundable fee to the address listed above. Make your payment out to: State Board of Dental Examiners

APPLICATION PROCESS: There are **three steps** to the Dental Assistant Registration Process:

Step 1: Fill out this application. **Before you sign** this form have a Notary Public witness your signature. Include with this application, your fee, letter of explanation and legal documents (if applicable), a copy of your approved course completion document or national certification documents, copy of your current CPR card and Social Security Number documentation.

Step 2: **Check Your Mail!** Once this application is approved you will receive a **Activation (Renewal) Form** asking you to verify your name and address. Mail your **Activation Fee** along with the Activation (Renewal) Form back to the SBDE to finalize your registration.

Step 3: **Check Your Mail!** Your final registration certificate will be mailed to the address listed on the **Activation (Renewal) Form**.

Application Fee
\$30.00*
(* = Personal Check or Money Order)
Your **Activation Fee** is paid separate from this Application Fee

Date: _____ **Social Security Number:** _____

First Name **Middle** **Last Name**

Former Names you have used? _____ **Date of Birth:** _____

Contact Information: (Do Not Abbreviate Information)

MAILING ADDRESS: _____
STREET CITY
STATE ZIP CODE

DAYTIME PHONE: _____

Primary Employer: (Leave Blank if not currently employed)

Dentist Office Telephone Number

Office location City State Zip Code

Background Information: If you answer **YES** to **any** question below you **MUST** write a letter of explanation and provide certified copies of court documents concerning each conviction or deferred adjudication.

Have you:

___ Yes ___ No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances?

___ Yes ___ No Have you received a deferred adjudication, been arrested, or been convicted of a felony within the past five (5) years or been convicted of a misdemeanor within the last two (2) years?

THIS SECTION TO BE COMPLETED BY DENTAL BOARD STAFF	COURSE OR CERTIFICATION REQUIREMENTS
- SBDE - Approved Dental Assistant Course Completion Date:	_____
- DANB CDA or:	_____
-- Certification in Infection Control:	_____
-- Certification in Radiology:	_____
-- Jurisprudence Assessment Certificate of Completion (dated within the last 12 months):	_____

ALL REQUIRED DOCUMENTATION, ALONG WITH THE \$30 NON-REFUNDABLE FEE, MUST BE ATTACHED TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Checklist of Required Documents:

(Xerox copies of all documents are acceptable)

Include the items listed at letters A, B, C, D, E and F if it applies to you.

- A. Dental Assistant Registration Application. Completely filled out and signature notarized.
B. Application fee of \$30. (Personal Check, Cashiers Check or Money Order payable to the State Board of Dental Examiners)
C. Copy of your Social Security Card. To obtain a Social Security Number visit: www.socialsecurity.gov/ssnumber/
D. Copy of your current (as indicated on the card) basic life support CPR certification card. Course must include a written assessment and demonstration of skills.
E. Copy of your Dental Assistant Course Completion Document (This section does not apply to DANB CDAs)
F. Background Information (If you answered "YES" to either question in the Background Information Section, you must submit a letter of explanation and provide certified copies of official court documents concerning each conviction or deferred adjudication.)

Dental Assistants Credentialed with the Dental Assistant National Board (DANB): (www.danb.org)

Items A, B, C, D and F from the list above are to be submitted in addition to the following from Group 1 or 2:

- 1. 1A. Copy of your SBDE Jurisprudence Assessment dated within the preceding twelve (12) months.
1B. Copy of your current DANB Certified Dental Assistant Credential.
OR
2. 2A. Copy of your Certificate of Completion of the DANB Infection Control Examination.
2B. Copy of your Certificate of Completion of the DANB Dental Radiation Health and Safety Examination.
2C. Copy of your SBDE Jurisprudence Assessment dated within the preceding twelve (12) months.

IN ADDITION TO THE FOREGOING:

- 1) I hereby give my permission for the State Board of Dental Examiners to secure additional information or documentation concerning me or any of the statements in this application from any person or source.
2) I, the applicant herein, state that all facts, statements and answers contained in this application are true and correct. I am not omitting any information, which might be of value to this Board in determining my qualifications whether it is called for or not.

Do not sign this document until you are with a Notary Public. A Notary must witness you signing this document.

Applicant's Signature: _____ Date: _____

This Section to be completed by the Notary Public with the Applicant Present

STATE OF _____

COUNTY OF _____

Before me (Notary Name) _____ on this day personally appeared (Applicant Name) _____, known to me through _____ (Description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., _____.

NOTARY PUBLIC IN AND FOR THE

County of _____ State of _____

(SEAL)