

IDAHO BOARD OF DENTISTRY
PO BOX 83720
BOISE, ID 83720-0021
CERTIFICATION OF REGISTRATION IN EXPANDED FUNCTIONS
REQUEST FOR REVIEW OF CREDENTIALS

<u>NAME:</u>
<u>ADDRESS:</u>
<u>PHONE NUMBER:</u>
<u>EMAIL:</u>

Assistants who are certified or registered in another state or who have completed courses or study programs in expanded functions that have not been previously approved by the Board, may submit evidence of their certification or registration or their training in order to demonstrate their fitness and ability to perform the expanded functions. Training shall include training in the fundamentals of dental assisting.

The following expanded functions are prohibited, unless authorized by a Certificate of Registration or certificate or diploma of course completion issued by an approved teaching entity and performed under direct supervision:

- i. Fabrication and placement of temporary crowns;
- ii. Perform the mechanical polishing of restorations;
- iii. Initiating, regulating and monitoring the administration of nitrous oxide/oxygen to a patient;
- iv. Application of pit and fissure sealants;
- v. Coronal polishing (removal of plaque biofilm and stains from the teeth using an abrasive agent with a rubber cup or brush).

Please provide the following if you are:

<u>Certified or Registered as a dental assistant in Another State</u>	<u>Trained as a dental assistant in another state or from a program not previously approved by the Idaho Board of Dentistry</u>
<ul style="list-style-type: none"> • Copy of Certificate or Registration • Proof of training in expanded functions permitted in Idaho but not authorized under current certification or registration 	<ul style="list-style-type: none"> • Proof of training in the fundamentals of dental assisting • Proof of training in expanded functions as evidenced by: certificate of course completion, diploma, or program transcripts • Course summary, letter from program, or any documentation siting specific expanded functions