



TEXAS STATE BOARD OF DENTAL EXAMINERS

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

Website: www.tsbde.state.tx.us

DENTAL ASSISTANT
REGISTRATION APPLICATION

INSTRUCTIONS

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 Renewal (activation) Form asking you to verify your name and address. Mail your Activation Fee along with the Renewal (activation) 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 Renewal (activation) Form.

Application Fee
\$50.00*
(* = 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: (If not employed currently please leave blank)
Dentist Office Telephone Number
Office location City State Zip Code

Course or Certification Requirements:
SBDE-Approved Dental Assistant Course Completion Date:
Dental Assistant National Board - Certified Dental Assistants Only:
-- DANB Certification Date in Infection Control Date:
-- DANB Certification Date in Radiology Date:
-- Jurisprudence Assessment Certificate of Completion dated within the last 12 months:

Background Information: If you answer YES to any of these questions you MUST write a letter of explanation and provide legal documents.
Are you now or have you ever:
Yes No Been convicted of a drug related felony or a felony involving moral turpitude?
Yes No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances?
Yes No Been the subject of a pending prosecution for an offense that is a felony under the law of Texas?

ALL REQUIRED DOCUMENTATION ALONG WITH THE \$50 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)

Attach the following documents to your application:

- ___ **Dental Assistant Registration Application**, completely filled out and signature **notarized**.
- ___ **Application fee of \$50**. (Non-Refundable Fee)
(Personal Check, Cashiers Check or Money Order made payable to the State Board of Dental Examiners)
- ___ A letter of explanation, with legal documents, if you answered yes to any question in the Background Information Section of this application.
- ___ Dental Assistants who have passed a Dental Assistant Course approved by the SBDE provide the following:
 - ___ Copy of a course completion document dated within the preceding 24 months issued by a Dental Assistant Course Provider approved by the SBDE.
- ___ DANB Certified Dental Assistants provide the following:
 - ___ Copy of your SBDE Jurisprudence Assessment dated within the preceding twelve (12) months.
 - ___ Copy of a current your DANB Certified Dental Assistant Credential.
- ___ **OR**
 - ___ Copy of your Certificate of Completion of the DANB Infection Control Examination.
 - ___ Copy of your Certificate of Completion of the DANB Dental Radiation Health and Safety Examination.
 - ___ Copy of your SBDE Jurisprudence Assessment dated within the preceding twelve (12) months.
- ___ **Copy of your Social Security Card** or official government document that validates your Social Security Number (SSN) such as a U.S. passport, a letter from the Social Security Office that clearly displays the SSN that is (or will be) assigned to you, or a military identification card that displays your SSN. (A federal or state income tax document listing your SSN will **not** be accepted)
- ___ **Copy of your current (as indicated on the card) basic life support CPR certification card**. Course must be attended and include a written assessment and a demonstration of skills. Online courses are not acceptable.

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. I agree that any falsification, omission, or withholding or pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from registration by the State Board of Dental Examiners and such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my registration if it is not discovered until after issuance.

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., _____.

(SEAL)

NOTARY PUBLIC IN AND FOR THE

County of _____ State of _____