

**Commonwealth of Virginia  
BOARD OF DENTISTRY  
Department of Health Professions  
9960 Mayland Drive, Suite Suite 300  
Henrico, VA 23233-1463**

[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) (804) 367-4538 [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov)

**APPLICATION FOR REGISTRATION TO PRACTICE AS A DENTAL ASSISTANT II**

See the attached regulations and then  Applying education pursuant to 18VAC60-20-61  
Check the box that applies  Applying by endorsement pursuant to 18VAC60-20-72

Type or print clearly. Complete all sections. If the space provided for any section is insufficient, submit information on a separate page. Enclosed the \$100 application Fee as a certified check, cashier's check or money order, made payable to the Treasurer of Virginia. Pursuant to 18VAC60-20-40 fees are non-refundable. A \$35 processing fee will be charged for any check or money order returned unpaid.

Name: Last*	First	Middle/Maiden	Suffix
Address of record (Mailing Address)	City	State	Zip Telephone Number
Public Disclosable Address	City	State	Zip Telephone Number
E-mail Address	Fax#		
Date of Birth ____/____/____	Social Security Number or Virginia DMV control Number* ____-____-____		
Graduation Date	Dental Assisting Expanded Duties Program/School: Name: Address: Telephone number:		
Print Name as you wish it to appear on your registration	Place of Birth		

**APPLICANTS DO NOT USE SPACES BELOW THIS LINE –FOR OFFICE USE ONLY**

Date received	Fee	Applicant #	Exam
Registration #	Date Issued		

**\*In accordance with §54.1-116 of the Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions or identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

**I am applying to perform; check all that apply:**

- 1. Performing pulp capping procedures
- 2. Packing and carving of amalgam restorations;
- 3. Placing and shaping composite resin restorations;
- 4. Taking final impressions;
- 5. Use of a non-epinephrine retraction cord;
- 6. final cementation of crowns and bridges after adjustment and fitting by the dentist.

Dental Assisting National Board Certification as a Certified Dental Assistant

Certification Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all jurisdictions in which you are or have been registered as a dental assistant.

Jurisdiction	License Number	Date Issued	Date Expired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Have a Form C completed by each jurisdiction listed above**

If you have ever been convicted of a violation or plead Nolo Contedere, to any federal, state or local statute, regulations or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence), Please give details, jurisdiction(s) and date(s) on a separate page.

I declare and certify under penalty of perjury that all answers given and all statements made in this application are true and correct. I hereby agree that furnishing any false information in this application constitutes cause for the denial, suspension, or revocation of registration to practice in the Commonwealth of Virginia. Further, I have carefully read the laws and regulations applicable to the practice of dentistry, dental hygiene and dental assisting. I hereby agree to abide by and remain current with the applicable laws and regulations which are available online at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**VIRGINIA BOARD OF DENTISTRY**  
Excerpts from the **Regulations governing Dental practice on**  
**Registration and Practice of Dental Assistants**

Page 1 of 2

**18VAC60-20-61. Educational requirements for dental assistants II.**

A. A prerequisite for entry into an educational program preparing a person for registration as a dental assistant II shall be current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board.

B. To be registered as a dental assistant II, a person shall complete the following requirements from an educational program accredited by the Commission on Dental Accreditation of the American Dental Association:

1. At least 50 hours of didactic course work in dental anatomy and operative dentistry that may be completed on-line.

2. Laboratory training that may be completed in the following modules with no more than 20% of the specified instruction to be completed as homework in a dental office:

a. At least 40 hours of placing, packing, carving, and polishing of amalgam restorations;

b. At least 60 hours of placing and shaping composite resin restorations;

c. At least 20 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 30 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

3. Clinical experience applying the techniques learned in the preclinical coursework and laboratory training that may be completed in a dental office in the following modules:

a. At least 80 hours of placing, packing, carving, and polishing of amalgam restorations;

b. At least 120 hours of placing and shaping composite resin restorations;

c. At least 40 hours of taking final impressions and use of a non-epinephrine retraction cord; and

d. At least 60 hours of final cementation of crowns and bridges after adjustment and fitting by the dentist.

4. Successful completion of the following competency examinations given by the accredited educational programs:

a. A written examination at the conclusion of the 50 hours of didactic coursework;

b. A practical examination at the conclusion of each module of laboratory training; and

c. A comprehensive written examination at the conclusion of all required coursework, training, and experience for each of the corresponding modules.

C. All treatment of patients shall be under the direct and immediate supervision of a licensed dentist who is responsible for the performance of duties by the student. The dentist shall attest to successful completion of the clinical competencies and restorative experiences.

**18VAC60-20-70. Licensure examinations; registration certification.**

C. Dental assistant II certification. All applicants for registration as a dental assistant II shall provide evidence of a current credential as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another certification from a credentialing organization recognized by the American Dental Association and acceptable to the board, which was granted following passage of an examination on general chairside assisting, radiation health and safety, and infection control.

**VIRGINIA BOARD OF DENTISTRY**  
Excerpts from the **Regulations governing Dental practice on**  
**Registration and Practice of Dental Assistants**

Page 2 of 2

**18VAC60-20-72. Registration by endorsement as a dental assistant II.**

A. An applicant for registration by endorsement as a dental assistant II shall provide evidence of the following:

1. Hold current certification as a Certified Dental Assistant (CDA) conferred by the Dental Assisting National Board or another national credentialing organization recognized by the American Dental Association;
2. Be currently authorized to perform expanded duties as a dental assistant in another state, territory, District of Columbia, or possession of the United States;
3. Hold a credential, registration, or certificate with qualifications substantially equivalent in hours of instruction and course content to those set forth in [18VAC60-20-61](#) or if the qualifications were not substantially equivalent the dental assistant can document experience in the restorative and prosthetic expanded duties set forth in [18VAC60-20-230](#) for at least 24 of the past 48 months preceding application for registration in Virginia.

B. An applicant shall also:

1. Be certified to be in good standing from each state in which he is currently registered, certified, or credentialed or in which he has ever held a registration, certificate, or credential;
2. Be of good moral character;
3. Not have committed any act that would constitute a violation of § [54.1-2706](#) of the Code of Virginia; and
4. Attest to having read and understand and to remain current with the laws and the regulations governing dental practice in Virginia.

**18VAC60-20-230. Delegation to dental assistants.**

A. Duties appropriate to the training and experience of the dental assistant and the practice of the supervising dentist may be delegated to a dental assistant under the direction or under general supervision required in 18VAC60-20-210, with the exception of those listed as nondelegable in 18VAC60-20-190 and those which may only be delegated to dental hygienists as listed in 18VAC60-20-220.

B. Duties delegated to a dental assistant under general supervision shall be under the direction of the dental hygienist who supervises the implementation of the dentist's orders by examining the patient, observing the services rendered by an assistant and being available for consultation on patient care.

C. The following duties may only be delegated under the direction and direct supervision of a dentist to a dental assistant II who has completed the coursework, corresponding module of laboratory training, corresponding module of clinical experience, and examinations specified in 18VAC60-20-61:

1. Performing pulp capping procedures;
2. Packing and carving of amalgam restorations;
3. Placing and shaping composite resin restorations;
4. Taking final impressions;
5. Use of a non-epinephrine retraction cord; and
6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.