

COMMONWEALTH OF VIRGINIA  
BOARD OF DENTISTRY  
Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463  
(804) 367-4535 [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

**Form B**

I, \_\_\_\_\_ D.D.S./D.M.D. certify that  
(Print)

\_\_\_\_\_ was employed

by me from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year

as a dental assistant in performing the following duties.

Check each 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.

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Notary**

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Sworn and subscribed to, before, this (day) \_\_\_\_\_ day of (Month) \_\_\_\_\_, Year \_\_\_\_\_.

My Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public