

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4538 www.dhp.virginia.gov/dentistry

FORM C

**CERTIFICATION OF AUTHORIZATION TO PERFORM EXPANDED DUTIES AS A
DENTAL ASSISTANT**

Please forward one form to each state dental board where you hold or have ever held registration as a dental assistant. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

I am making application for registration as a dental assistant II in Virginia

I, _____, was granted License/registration Number _____
on _____ by the State of _____. The Virginia Board of Dentistry
Month Date Year
requests that I submit evidence that my license/registration in the State of _____
is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise directly to the
Virginia Board of Dentistry. Your early attention is appreciated.

Applicant's Signature

Applicant's Typed/Printed Name

Applicant's Address

Executive officer of State Board: Please complete and return this form to the applicant. If disciplinary action has been taken, return the form to the Board of Dentistry.

State of _____ Name of Licensee _____

Graduate of _____ License # _____ Issued _____

By Reciprocity Examination Endorsement with the State of _____

License is: Current-Expires _____ Active Inactive Lapsed-Expired _____

Has applicant's license ever been disciplined, suspended or revoked NO YES

If yes, give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): _____

Derogatory information, if any: _____

Comments, if any: _____

SEAL

Signature

Title

Date