



Expanded Duties

This form must be completed and signed by your current employer, the registrar of the school you attend or the school you graduated from.

_____ is an applicant registering for an expanded duty class at the Georgia School of Dental Assisting.

In accordance with the Georgia Board of Dentistry I attest that the applicant meets at least one or more of the following below.

(check all that apply)

- Possesses current certification that the candidate is a Certified Dental Assistant.

- Be a graduate of a one (1) year accredited dental assisting program or a dental assisting program approved by the board or be eligible for graduation.

- Have been employed as a chair side assistant by a licensed dentist for a continuous six (6) month period within the previous three (3) years.

In signing this form, I attest that the information provided is accurate and can be verified through our records.

Registrar Name

Phone

Name of School & Address

Signature and Date

OR

Employer (Licensed Dentist) Name

Phone

Name of School & Address

Signature and Date