



ELIGIBILITY VERIFICATION FOR EMPLOYMENT

CORONAL POLISHING & TOPICAL FLUORIDE APPLICATION

Applicant's Name _____

Okla. Dental Assistant Permit# _____

Home Address _____

Home Phone () _____

Employing Dentist _____

Office Address _____

Office Phone () _____

FOR THE EMPLOYING DENTIST (Please read carefully):

I hereby certify that the dental professional named above meets the eligibility requirements for participating in the ODF Coronal Polishing Course, which are set by the Board of Dentistry **(ALL requirements below must be met)**

- Participant has a **MINIMUM of one year active chair side experience** as a dental assistant
- **--AND--**
- Participant has worked for at least one dental practice for **NO LESS than six (6) months** since being employed as an active chair side dental assistant.

Dental Assistant has worked chair side since _____ (mm/dd/yyyy)

*Month/Year sufficient for those working for **more** than one year.

If the dental assistant graduated from **Rose State, Moore Norman, Francis Tuttle, Metro Tech, or Western Tech** (which are the Okla. CODA approved dental assisting programs), the above requirements are waived.

CODA Approved Program _____ Graduation Date: _____

Today's Date _____

Employing Dentist Signature _____

Applicant's Signature _____