



ELIGIBILITY VERIFICATION FOR EMPLOYMENT
SEALANTS 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 Sealant Application Course, which are set by the Board of Dentistry:

- **Participant has a MINIMUM of one year active chair side experience as a 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 _____