



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 (externship can count IF you had your DA permit at the time of your externship).**

<p>Dental Assistant has worked chair side* since _____ (mm/dd/yyyy)**</p> <p>*NOT how long you have been with your <u>current</u> employer (unless it is your <i>only</i> employer). If the date above is <u>less than a year by the course date</u>, you will <u>NOT</u> be allowed to enroll in the course and will have to move to a later date.</p> <p>**Month/Year sufficient for those working for <u>more</u> than one year.</p>

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 (see ↑) _____ Graduation Date: _____

Today's Date _____

Employing Dentist Signature _____

Applicant's Signature _____