

\*\*THIS IS NOT THE APPLICATION\*\*



**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*).



**Dental Assistant has worked chairside\* since \_\_\_\_\_ (mm/dd/yyyy)\*\***

**\*NOT** how long you have been with your *current* employer (unless it is your *only* employer). If the date above is *less than a year by the course date*, you will **NOT** be allowed to enroll in the course and will have to move to a later date.

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

If the dental assistant graduated from **Tulsa Tech (2018 or later), 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 \_\_\_\_\_

*If you can't sign electronically, print and sign, then scan or take a picture before uploading*