

Application for Coronal Polishing Certificate

Applicant's Name: _____

Address: _____

Phone Number: _____

Email: _____

- 1) ____ Two (2) years of clinical experience
____ Three Thousand (3,000) hours of clinical experience

Supervising Dentist Signature

- 2) ____ Restorative Expanded Duties Course
OR
____ Orthodontic Expanded Duties Course

****Submit a copy of certificate with this application**

- 3) Coronal Polishing Course Approved by the Board

Date Completed _____

****Submit a copy of course certificate with this application**

- 4) Clinical Competency

Patient Experience # 1

Date: _____

Supervising Dentist Signature

Patient Experience # 2

Date: _____

Supervising Dentist Signature

Patient Experience # 3

Date: _____

Supervising Dentist Signature

Patient Experience # 4

Date: _____

Supervising Dentist Signature

Patient Experience # 5

Date: _____

Supervising Dentist Signature

- 5) The fee for the wall certificate is **\$10.00**. Please attach a check made payable to the WV Board of Dentistry to this application.
- 6) Please notify the Board within thirty (30) days of any change of address or employment to ensure accurate information is maintained in the Boards files.

Mail to: WV Board of Dentistry
PO Box 1447
Crab Orchard, WV 25827