

ORTHODONTIC

Education Requirements:

Applicant's Name: _____

Address: _____

1) Four (4) hours of didactic instruction;

_____ Course

_____ Instructor's signature

_____ Date

2) Written exam score _____;

_____ Instructor's signature

_____ Date

3) Clinical Experiences;

(a) the topical chemical conditioning of six (6) teeth to accept a restoration and/or bracket (subparagraph 4.1.22.)

_____ Supervising Dentist's signature

_____ Date

(b) using a power-driven hand piece with rubber cup and/or brush for preparing six (6) teeth for accepting a restoration and/or appliance (subparagraph 4.1.23.)

_____ Supervising Dentist's signature

_____ Date

(c) I have observed and documented clinical experiences and attest that the dental assistant whose name appears at the top of this application is competent to perform those duties set forth in Title 5 Series 13 Section 4.1 (30) of the Board's rules.

_____ Supervising Dentist's signature

_____ Date

Print Supervising Dentist's Name _____

WV Board of Dentistry, PO Box 1447, Crab Orchard, WV 25827

APPLICATION FEE \$23.00