RESTORATIVE

Education Requirements:		Applicant's Name:	oplicant's Name:	
		Address:		
1) Six (6) hours of didactic instruction;		Course		
		Instructor's signature		
2) Written exam score;		Date		
		Instructor's signature		
3) Clinical Experiences;		Date		
(a)	the application of topical anticariogenic agents for four (4) patients (subparagraph 4.1.15.)	Supervising Dentist's signature	Date	
(b)	the application of six (6) pit and fissure sealants (subparagraph 4.1.16.)	Supervising Dentist's signature	Date	
(c)	the topical chemical conditioning of six (6) teeth to accept a restoration and/or bracket (subparagraph 4	l.1.22.)		
		Supervising Dentist's signature	Date	
(d)	using a power-driven hand piece with rubber cup and/or brush for preparing six (6) (subparagraph 4.1.23.)	Supervising Dentist's signature	Date	
(e)	placing retraction cord for crown impressions for six (6) teeth (subparagraph 4.1.24.)	Supervising Dentist's signature	Date	
		Dentist's Printed Name		
		Address		