

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 (517) 335-0918 www.michigan.gov/bpl BPLHelp@michigan.gov

Date of Birth

VERIFICATION OF 35 HOURS OF SPECIFIC R.D.A. FUNCTIONS TRAINING

Authority: 1978 PA 368

This certification form must be submitted directly to this office by the R.D.A. school where the 35 hours of specific R.D.A. functions was completed. This form is only required for individuals who completed their Michigan R.D.A. educational program prior to March 2004 or individuals who completed their dental assisting education outside of Michigan.

Name of School		Date of Completion
Applicant's Signature		Date
Remainder of Form to be Completed by R.D.A. School:		
CERTIFICATION AND SIGNATURE		
I certify the applicant named above has completed instruction as follows:		
A course in the assisting and monitoring of the administration of nitrous oxide analgesia containing a minimum of 5 hours of didactic instruction and includes content in all of the following nitrous oxide analgesia medical emergencies techniques, pharmacology of nitrous oxide, and nitrous oxide techniques.		
A course with a minimum of 20 hours didactic instruction followed by a comprehensive clinical experience of sufficient duration that validates clinical competence through a criterion based assessment instrument for taking final impressions and placing, condensing, and carving amalgam restorations.		
For performing intraoral dental procedures a course containing a minimum of 10 hours of didactic and clinical instruction in performing pulp vitality testing, placing and removing matrices and wedges, applying cavity liners and bases, placing and packing nonepinephrine retraction cords, applying desensitizing agents, taking an impression for orthodontic appliances, mouth guards, bite splints, and bleaching trays, drying endodontic canals with absorbent points and etching and placing adhesives prior to placement of orthodontic brackets.		
Authorized Signature	Date	e
Print/Type Name and Title	(Sea	al)