

**DENTAL SEDATION ASSISTANT PERMIT APPLICATION
CERTIFICATION OF WORK EXPERIENCE AS A DENTAL ASSISTANT**

Applicant Name:	SSN/FEIN/ITIN #:
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You must have obtained at least 12 months of work experience as a dental assistant in California or another state **with six (6) months of the work experience completed prior to enrollment in the Dental Sedation Assistant Course.** (BPC § 1750.4). The work experience hours in a dental office may have been paid or unpaid hours as an employee, student, or volunteer and must have equaled 12 months. If the total number of months was obtained by more than one dental office, please have each dentist certify the experience on separate forms. This page may be photocopied as needed. The Declaration section below must be completed and certified by a dentist licensed in the United States.

DECLARATION OF CERTIFYING DENTIST:

Name of Certifying Licensed Dentist: _____

Street Address of Dental office: _____

City/State/Zip: _____

Office Phone: _____ Alt Phone: _____

I declare that _____ was employed by me as a dental assistant, working from _____ (MM/DD/YYYY) to _____ (MM/DD/YYYY).

By signing below, I am agreeing to the following statements:

I certify that the experience obtained by the applicant while in my employ was comprised of performing duties specified in Business and Professions Code Section 1750.1 in a competent manner.

I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Signature of Certifying Dentist _____

Date Signed _____

State in Which Dentist is Licensed _____ Dentist License No. _____