For Board Use Only:

Permit #: _____

DOP: _____

Arkansas State Board of Dental Examiners
4815 W. Markham Street, Slot 79
Little Rock, Arkansas 72205
Phone: 501.682.2085
Web: www.healthy.arkansas.gov Email: asbde@arkansas.gov

Expanded Duties Add-On for Registered Dental Assistants

Check Off Expanded Duties Add-On:

☐ Radiography ☐ Coronal Polishing ☐ Nitrous Oxide ☐ Sedation Monitoring

Personal Information

Please type or print legibly.

Arkansas R.D.A. Permit #:_____

First Name:_____ Last Name:_____

Address:_____ City:_____ State:_____ Zip:_____

Home Phone:_____ Office Phone:_____ Supervising Dentist:_____

_____

Signature of Dental Assistant Date

Radiography and/or Coronal Polishing Add-On

I have carefully observed and tested the above named dental assistant. In my judgment, the dental assistant is competent to perform the expanded duty(s) checked under my personal supervision:

_____

Dentist's Signature AR License Number

Nitrous Oxide and/or Sedation Monitoring Add-On

NITROUS OXIDE: Please submit a copy of your nitrous oxide certificate from a Board-approved instructor or an ADA-accredited dental hygiene or dental assistant program.

SEDATION MONITORING: Please submit a copy of your D.A.A.N.C.E. from AAOMS. This is the only course accepted by the Board.