



Continuing Education

Expanded Duties

This form must be completed and signed by the registrar of the school of which you currently attend, the registrar of the school of which you graduated from, or by your current employer who is a licensed dentist.

_____ is an applicant registering for a class in Expanded Duties
(student name)
in Continuing Education at Gwinnett Technical College.

In accordance with the Georgia Board of Dentistry I attest that the applicant meets at least one or more of the following criteria.

(Please check all that apply):

- possesses current certification that the candidate is a DANB (Dental Assisting National Board) Certified Dental Assistant.
- is a graduate of a one (1) year CODA (Commission on Dental Accreditation of the American Dental Association) accredited dental assisting program or a dental assisting program approved by the Board or is eligible for graduation.
- has been employed as a chair side assistant by a licensed dentist for a continuous six month period within the previous three (3) years.

In signing this form, I attest that the information provided is accurate and can be verified through our records.

Registrar Name

Phone Number

Name of School and Address

Date

Signature

or

Employer (Licensed Dentist) Name

Phone Number

Name of Dental Office and Address

Date

Signature