



Texas State Board of Dental Examiners

333 Guadalupe Street, Tower 3 Suite 800
Austin, Texas 78701-3942
(512) 463-6400 / Fax: (512) 463-7452

2x2 Passport Photo
Required

PLACE HERE

Dental Assistant Registration
Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Select the application type and submit the appropriate fee(s). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Tower 3 Suite 800 Austin, TX 78701. A 2x2 passport photo is required.

Please check (✓) one

- Initial Application (1st time applying)
My RDA registration has cancelled and now I am reapplying. RDA #

Application Fee

\$36

Military Active Duty, Veteran, & Spouse: NO FEE:

- Active Duty**
Veteran**
Active Duty Spouse**

** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge

Form with fields for Social Security #, Date of Birth, Last Name, First Name, Middle, Current Address, Permanent Address, Work Address, Preferred mailing address, Daytime Phone #, Email Address.

State Licensure/Registration: List all state(s) and/or jurisdiction in which you have ever held a Dental Assistant Permit/Registration. A verification of licensure is required from each state in which you have held a permit or registration. A copy of the permit or registration is not acceptable.

State: _____ Number _____ Issue Date _____ Disciplinary Action: _____ Yes or _____ No

Employer Information: All fields are required. You may enter N/A if an area does not apply to you.

Are you currently employed in a dental office?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dentist Name	Dentist License #:	Phone Number	
Address	City	State	Zip
Business Email			
Do you work for a dental corporate practice? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list the name and locations. You may attach another sheet if necessary.			

Education Information: A response is required for each question. Failure to attach and submit a copy of the required document(s) is considered an incomplete application and will delay your process.

Have you successfully graduated from an accredited high school or completed a high school equivalency, General Equivalency Diploma (GED)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a Dental Assisting National Board (DANB-CDA) certification? If, "YES" please attach a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you hold a current DANB CDA certification and are using this as proof of an approved TSBDE course, have you completed the Texas Jurisprudence Assessment? If, "YES", please attach a copy of the completion certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a current Basic Life Support (BLS) CPR certification? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you completed an approved TSBDE Dental Assistant Registration course and exam? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Background Questions: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license/registration refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever voluntarily surrendered any professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you been the subject of disciplinary action not yet reported to the TSBDE? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever been the subject of disciplinary action by any other licensing agency with regard to any other professional license (not including TSBDE)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you currently under investigation by any licensing jurisdiction? If YES, where and when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Have you ever been arrested, charged, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer "YES", you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>7. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?</p> <p>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are you currently abusing or addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dental Assistant in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of permit requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for a permit

Applicant's Signature

Date

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.
Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

Notary Signature

(Seal)

Dental Assistant Requirements

- Submit a fully completed dental assistant registration application and fee. Submitting an incomplete application will delay your application process.
- 2x2 passport photo
 - Your head must face the camera directly with full face in view
 - You must have a neutral facial expression or a natural smile, with both eyes open.
 - Use a plain white or off-white background.
 - Be sized correctly
- Must have graduated from an accredited high school or hold a certificate of high school equivalency, General Equivalency Diploma (GED);
- Submit fingerprint submission for the retrieval of criminal history record information – **This information will be emailed to the applicant once a completed application has been received.** Once you have completed the fingerprint session, applicants will be required to email a copy of their receipt from IdentoGO to licensinghelp@tsbde.texas.gov.
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification.
- Proof of successful completion of a TSBDE approved dental assistant registration course or a copy of your current DANB CDA Card. If you are submitting a DANB card, please note you are also required to complete the Texas Jurisprudence Assessment. The assessment must have been taken within one year prior to submitting your application.
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

Application Process: Once your application has been approved, please allow 7-10 business days to receive your Registered Dental Assistant (RDA) registration in the mail.

- Applications are processed in the order received. Your payment will be processed before your application is reviewed. The estimated processing turnaround time is 3-4 weeks. Applicants with a criminal history or disciplinary action should expect a longer processing time.
- Incomplete applications will not be processed and will be returned to the applicant.
- Please allow two (2) weeks before contact the Licensing Division requesting a status of your application.
- If you change your address after submitting your application, email licensinghelp@tsbde.texas.gov immediately and provide your full name, the type of application you mailed to the TSBDE, the last four (4) numbers of your Social Security Number along with your new mailing address.
- Once the application has been approved, the initial, staggered registration period will range from 18 months to 30 months. The length of the initial registration period will be determined by the registrant's birth month, but will not be less than 18 months.

Continuing Education (CE) Requirements

- A dental assistant must complete six (6) hours of continuing education (CE) each year in areas covering dental assistant duties. At least three (3) of these six (6) must be clinical continuing education.
- Up to 6 hours may be carried forward from the year preceding the current renewal period.
- CE requirement may be fulfilled through board-approved self-study, interactive computer courses, or lecture courses. All continuing education must be offered by providers approved under 22 Texas Administrative Code §104.2.

Guidance on Dental Assistant Certificates Pit and Fissure Sealant and Coronal Polishing

Though the Board will no longer issue dental assistant certificates in pit and fissure sealants or coronal polishing, it is the responsibility of the delegating dentist to ensure that the dental assistant has completed approved courses in coronal polishing and/or pit and fissure as stated in Rule §114.3 and §114.5.