Registered Dental Assistant (RDA) Course Provider Application

Texas State Board of Dental Examiners
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Austin, Texas 78701
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Instructions: Fill out the application form completely. If questions are not applicable, enter "NA". Do not leave questions blank. The Texas State Board of Dental Examiners (TSBDE) does not discriminate on the basis of race, color, national origin, sex religion, age or disability. This application becomes public record and is subject to disclosure in accordance with the Public Information Act. Acceptable forms of payment include personal check, cashier's check, or money order.

Part I. General Information		
Name of Program		
Type of Program (check one and Complete either Part II or Part III, whichever applies, and Part IV)	□ CODA-Accredited School	□ Dental Industry Professional Association
List other Educational Programs conducted by your organization/school (If none, put "NA")	URL for the Program	

Part II. Information Specific to Dental Professional Organization-Sponsored Programs			
Sponsor' s Name	Address	City/State	Zip Code
Business Phone Number	Fax Number	Email Address	
Program Director's Name			
Program Director's Qualifications (check one)	□ Dentist	□ Dental Hygienist	□ Registered Dental Assistant
Other (Please Specify)			
Does the program have a dental advisor?	□ YES or □ NO		
If yes, provide the dentist's full name and Texas dental license number below.			
Name	Address	City/State	Zip Code
Business Phone Number	Fax Number	Email Address	
Texas Dental License Number			

Part III. Information Specific to Educational Programs (CODA-Accredited)			
Name of Institution	Address	City/State	Zip Code
The agency(ies) which accredit the institution			
Business Phone Number	Fax Number	Email Address	
Program Director's Name			

Program Director's Qualifications (check one)	□ Dentist	□ Dental Hygienist	□ Registered Dental Assistant
Other (Please Specify)			
Does the program have a dental advisor?		□ YES or □ NO	
If yes, provide the dentist's full name and Texas dental license number below.			
Name	Address	City/State	Zip Code
Business Phone Number	Extension	Fax Number	
Texas Dental License Number			

Part IV. Other Information - You must submit the following documentation with this application

A. All course materials that you will be providing attendees.
B. A copy of the pool of examination items from which you will generate forms of the exam
C. A copy of your plan for maintaining examination integrity.

Part V. Agreements – In accordance with the rules adopted by the TSBDE the applicant program agrees to comply with the requirements for program approval, which include but are not limited to the following in items: **Program Director of Independent Sponsor must acknowledge agreement to comply by initiating in the space provided to the left of each item).**

A.	To teach and instruct the curriculum as submitted to and approved by the TSBDE.
B.	To abide by admissions policies and graduation requirements which accompany this application and which have been provided to all students upon course enrollment, including refund policies and conditions for dismissal and re-entrance.
C.	To provide appropriate supervision by a licensed Texas dentist if the course has a clinical component involving live patients.
D.	To require all students to complete the required number of hours of classroom instruction in accordance with TSBDE Rules.
E.	To maintain a record of each student's attendance, evaluation instruments, grades, and subjects completed for no less than two (2) years from the last date of the student's attendance, and make records available to the TSBDE upon request.
F.	To administer examinations in a safe, secure environment and to maintain exam integrity according to the plan submitted to the TSBDE.
G.	To issue to each student, upon successful completion of the program, a certificate, which includes the program name, student's name, date of completion, and signature of the dental advisor and/or independent sponsor and program director.
H.	To allow site inspections by a TSBDE representative to observe a training and/or examination program in accordance with TSBDE Rules.
I.	To surrender to the TSBDE, the program approval and cease representing the program as approved if requested or instructed by the TSBDE, if the graduates' success rate(s) on the appropriate examination(s) is unsatisfactory, as determined by the TSBDE as grounds for revocation of program approval.

J.	To be responsible for the overall administration of the program including the performance of any subcontractors you employ.

Part VI. Attestation

I certify that the information provided on this application is true and correct. I have read, understand and agree to abide by the Dental Practice Act and the rules adopted by the TSBDE.

I understand that providing false information of any kind may result in the voiding of this application, the denial of program approval, or revocation of program approval. **I understand that the $100 fee submitted is non-refundable**. I also understand that a site visit may be made prior to and after approval.

_____ _____

Date Signature of Program Director or Independent Sponsor

The State of _____

County of _____

BEFORE ME, the undersigned authority, on this day personally appeared known to me to be the person whose name is subscribed to the foregoing instrument, and having been by me duly sworn on oath, acknowledged that he/she had executed the same for the purposes and considerations therein expressed and that the foregoing statements are true and correct.

Given under my hand and seal of the office, this _____day of _____, 20_____.

Notary Public in and for the State of Texas or _____

_____
Signature of Notary Public

_____
Printed Name of Notary

(Seal)

_____
Month, Day,