

# Atlanta Pediatric Dental Assistant School

## Coronal Polish Affidavit Form

***This form must be completed and signed by your current employer, the registrar of the school you attend or the school you graduated from.***

\_\_\_\_\_ is an applicant registering for a coronal polishing class at the Atlanta Pediatric Dental Assistant School.

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

(check all that apply)

- Possesses current certification that the candidate is a Certified Dental Assistant.
  
- Have been employed as a chair side assistant by a licensed dentist for a continuous six (6) 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.

OR

\_\_\_\_\_  
Registrar Name

\_\_\_\_\_  
Dentist Name and GA license #

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Name of School & Address

\_\_\_\_\_  
Name of Practice & Address

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Signature and Date