

Atlanta Pediatric Dental Assistant School

Coronal Polishing 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 an expanded duty 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)

- ☐ Be a graduate of a one (1) year accredited dental assisting program or a dental assisting program approved by the board or be eligible for graduation.
- ☐ 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.

Registrar Name

Phone

Name of School & Address

Signature and Date

OR

Employer (Licensed Dentist) Name

Phone

Name of School & Address

Signature and Date