

Atlanta Pediatric Dental Assistant School

Expanded Duties 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)

- Possesses current certification that the candidate is a Certified Dental Assistant.

- 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.

OR

Registrar Name

Dentist Name and GA license #

Phone

Phone

Name of School & Address

Name of Practice & Address

Signature and Date

Signature and Date