

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4535 www.dhp.virginia.gov/dentistry

Form B

I, _____ D.D.S./D.M.D. certify that
(Print)

_____ was employed

by me from _____ / _____ / _____ to _____ / _____ / _____
Month Day Year Month Day Year

as a dental assistant in performing the following duties.

Check each that apply:

- _____ 1. Performing pulp capping procedures;
- _____ 2. Packing and carving of amalgam restorations;
- _____ 3. Placing and shaping composite resin restorations;
- _____ 4. Taking final impressions;
- _____ 5. Use of a non-epinephrine retraction cord;
- _____ 6. Final cementation of crowns and bridges after adjustment and fitting by the dentist.

Signature/Date

Phone

Address

Notary

State of _____

County/City of _____

Sworn and subscribed to, before, this (day) _____ day of (Month) _____, Year _____.

My Commission expires on _____.

Signature of Notary Public