

Dental Anesthesia Assistant Supervisor's Attestation

Applicant:

To act as a supervisor for a certified dental anesthesia assistant, the supervisor must meet the following as shown in <u>WAC 246-817-205</u> and <u>WAC 246-817-771</u>.

- Have an active dental license.
- Have an active general anesthesia permit.
- The credential or credentials must be in good standing while serving as supervisor.

Note: If you have multiple supervisors, each supervisor must attest that they meet the above requirements. Please print a copy for each supervisor that you have.

Complete the information in section one and forward to your supervisor for completion of section two.

1. Print clearly:				
Nam	e Last	First	Middle	
Birth Date (mm/dd/yyyy)		Social Se	Social Security Number	
Address				
City		State	Zip Code	
2. Supervisor:				
I certify that I: Have an active dental license. Have an active general anesthesia permit. The credential or credentials must be in good standing while serving as supervisor. 				
Supervisor Name				
License #		General a	General anesthesia permit number	
Signature of Dentist		Date	Date	

This form may be duplicated.