



Dental Quality Assurance Commission  
 PO Box 47877  
 Olympia, WA 98504-7877  
 360.236.4700

## Dental Assistant Sealant/Fluoride Varnish Endorsement Packet

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### Important Social Security Number Information:

Social Security Number: You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### In order to process your request:

#### Mail your application with your check or money order payable to:

Department of Health  
 PO Box 1099  
 Olympia, WA 98507-1099

#### Send additional documents to:

Dental Quality Assurance Commission  
 PO Box 47877  
 Olympia, WA 98504-7877

#### Contact us:

360.236.4700



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## General Instructions Checklist

### Purpose

The dental assistant sealant/fluoride varnish endorsement program is intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental assistants to provide dental sealant and fluoride varnish treatments in school based programs, [RCW 43.70.650](#).

- ▶ Dental assistants may work in school based programs under the “general” supervision of a Washington State licensed dentist. In settings outside of the school based programs, dental assistants must work under the “close” supervision of a Washington licensed dentist.
- ▶ Dental assistants employed by a Washington State licensed dentist on or before April 19, 2001, are not required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements of [RCW 18.32.226](#).
- ▶ Dental assistants employed by a Washington State licensed dentist for 200 hours after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in [RCW 18.32.226](#) and must submit (a) an application for endorsement, (b) fee \$50, (c) proof of 200 hours of employment by a Washington State licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training.

All information should be typed or printed clearly. It is your responsibility to submit the correct forms required.

**Application and Sealant/Fluoride Varnish Endorsement Fee.** (This fee is non-refundable). You can check the [fee page](#) for most current fees.

**#1: Demographic Information:**

**Social Security Number:** You are required by state and federal law to provide a social security number with your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

**Name:** List your full name with first, middle, and last.

**Address:** List the address we should use to deliver any information about your credential. Be sure to include the city, state, zip code, and country. This will become your address of record for the Department of Health credentialing transactions until we are notified of a change.

**Phone, Fax, and Cell Numbers:** Enter your phone, fax, and cell numbers.

**Email:** Enter your email address, if applicable.

**#2: Personal Data Questions:**

All applicants for credentialing are required to answer the same personal data questions. These are narrowly focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation and the documentation listed in the note following the question. If you do not provide the documents, your application is incomplete and your application will not be considered.

- ▶ Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can obtain copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.

## General Instructions Checklist cont.

- ▶ For question 5, you must answer yes if you were convicted as either a juvenile or an adult. The question includes misdemeanors, gross misdemeanors and felonies. "Another jurisdiction" means any other country, state, federal territory, or military authority.

**#3 Other Licensure, Certification, or Registration:**

List all health care licenses you hold or have held in Washington State. Be sure to include the original license issue date, the expiration date and method of licensure for each license held

**Note: Many states charge a processing fee, please contact them prior to request to prevent a delay.**

**#4 Declaration Of Training Affidavit:**

Provide proof of the completion of training as contained in the Washington State Department of Health sealant/fluoride varnish program guidelines.

Applicants for endorsement must obtain the training as contained in the Washington State Department of Health sealant/fluoride varnish program guidelines, which can be met through any one of the following methods:

- a. Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.
- b. Continuing education courses which teach the Washington State Department of Health sealant/fluoride varnish program guidelines.
- c. Individual training provided by a Washington licensed dentist, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

**#5 Applicant's Attestation:**

You must sign and date this for us to process the application. Read thoroughly to ensure you understand the provisions in this section.

We appreciate your interest in obtaining this endorsement. Our office needs eight weeks to process your application. Please do not call regarding the status of your application in order to ensure processing happens in a timely matter. If your application is incomplete, you will be mailed a letter regarding the deficiencies.

- ▶ The application is considered incomplete if requested information is left blank (indicate N/A or place a line through a section instead of leaving it blank).



## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach an explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....
4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another state or jurisdiction? .....

**Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

**2. Personal Data Questions (cont.)**

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....





