Dental Assistant Sealant/Fluoride Varnish Endorsement Form

This endorsement is required if a dental assistant works in a school based program under a dentist's general supervision. The endorsement is not required to provide sealants in a dental office.

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, (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.

Note:

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Please check the online fee page for current fees.
Dental Assistant Sealant/Fluoride Varnish Endorsement Form

Applicant Demographics

<table>
<thead>
<tr>
<th>Name</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
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Credential # (if available) | Birth date (mm/dd/yyyy)

Applicant Attestation

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the department may request additional information, if it is needed, to evaluate my application.

Applicant Signature

Date (MM/DD/YYYY)

Declaration Of Training Affidavit

Please select one:

☐ I was employed by a Washington State licensed dentist on or before April 19, 2001, and am voluntarily applying for the dental assistant sealant/fluoride varnish endorsement.

☐ I became employed by a Washington State licensed dentist after April 19, 2001, and have been employed for 200 hours. I am required to obtain this endorsement to work in a school based setting and understand I must meet the requirements of RCW 18.32.226, in addition to providing the required application, fee, and proof of clinical and theoretical training in the application of sealants and fluoride varnish treatments. I have also completed training which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

Applicant’s Initials | Date

Affidavit Of Employing/Training Dentist

I hereby attest that the above named applicant became employed by me after April 1, 2001, and has completed at least 200 hours of employment.

Name of Employing Dentist

Credential #

Signature of Employing Dentist

Date (MM/DD/YYYY)

I hereby attest that I have provided theoretical and clinical training in the application of sealants and fluoride varnish treatments to, as named above. I further attest that the training incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines as described in WAC 246-814-040(3).

Signature of Training Dentist

Date (MM/DD/YYYY)