



**Expanded Duties**

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 Modern Dental Career Center 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		Employer (Licensed Dentist) Name
_____		_____
Phone		Phone
_____		_____
_____		_____
_____		_____
Name of School & Address		Name of School & Address
_____		_____
Date		Date