



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Dentistry

124 Halsey Street, 6th Floor, P.O. Box 45005

Newark, New Jersey 07101

(973) 504-6405

Dental Assistant Application Checklist

There are 3 ways to obtain a license as a dental assistant in the State of New Jersey.

1. Successfully complete an educational program for dental assistants approved by the Commission on Dental Accreditation within the last ten years and successfully complete the Registered Dental Assistant Certification Examination administered by the Dental Assisting National Board (DANB) within ten years prior to the date of application; or
2. Obtain at least two years of work experience as a dental assistant within five years from the date of application; pass the Registered Dental Assistant Certification Examination administered by the Dental Assisting National Board (DANB) within ten years of the date of application; successfully complete a Board-approved program in expanded functions; and pass the New Jersey Expanded Functions Examination administered by DANB; or
3. Obtain at least two years of work experience as a dental assistant within five years from the date of application; pass the Registered Dental Assistant Certification Examination administered by DANB within ten years prior to application; and successfully pass (challenge) the New Jersey Expanded Functions Examination administered by DANB.

Use this check-list to determine that you have complied with all of the requirements. Once your application is received, a file will be established and you will be notified if any documents are missing. The Jurisprudence Exam can be taken at any time during this process. Please refer to the Jurisprudence Examination information enclosed with this packet.

- _____ Complete and return the Certification and Authorization Form For a Criminal History Background Check (now required by law). Instructions will be provided in a follow-up letter once your application has been received and processed.
- _____ Application Fee (*nonrefundable*): \$35.00
Checks should be made payable to "State of New Jersey" and sent with this application to: **NJ Board of Dentistry, P.O. Box 45005, 124 Halsey Street, 6th Floor, Newark, NJ 07101**
- _____ Answer all questions on the application form.
- _____ Staple one passport size photograph to the front page of the application. Please sign and print your name along with the date on the back of the photo.
- _____ Enter your social security number.
- _____ Have your dental assistant school(s) (if applicable) complete the enclosed form verifying that you have completed a CODA approved program in dental assisting.
- _____ Have your dental assistant school(s) (if applicable) complete the enclosed form verifying that you have completed a Board-approved program in expanded functions (if applicable).
- _____ Provide proof of completion of the Registered Dental Assistant Certification Examination administered by DANB.
- _____ Provide proof of completion of the New Jersey Expanded Functions Examination administered by DANB (if applicable).
- _____ If you are applying on the basis of work experience, a Verification of Employment Form must be completed by each employer demonstrating at least two years of work experience during the five year period immediately preceding your application.
- _____ Please use additional paper if you cannot fit all of your information in the space provided on this form. Make a notation by each question that more information has been attached. Please mark your attached answers with the same number corresponding to the question that you are answering.
- _____ If you have answered "Yes," to any of the child support questions, please attach an explanation on a separate piece of paper to this application form.
- _____ Fill out the Medical Conditions form from your packet and send back with your application.
- _____ Once the *entire application* has been completed, have it signed and sealed by a Notary Public.

Upon approval of your application you will be notified by letter and requested to provide your initial biennial license fee.

In this box staple a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.



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For office use only

Application number:

Check or money order:

Date processed:

License number:

Application for a Dental Assistant Registration

Date: _____

A nonrefundable application filing fee of \$35 in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the registration process will be delayed until the fees are paid.)

The Division is precluded by law from disclosing to the public the place of residence of registrants or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address

Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or registration.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et. seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records,
- b. the Probation Division or any other agency responsible for child support enforcement, upon request, and
- c. the National Practitioner Data Bank and the HIP Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

Education

- 5. List, in chronological order, institutions where you attended dental assisting school, or where you completed a Board-approved program in expanded functions.

For each school(s) listed below, the school must complete the Education Verification Form.

Months and Years	Dental School	City, State, County
___ / ___ to ___ / ___	_____	_____
___ / ___ to ___ / ___	_____	_____
___ / ___ to ___ / ___	_____	_____

I received the degree of _____ on the _____ day of _____, _____

Month Year

6. List in chronological order any employment, residencies or postgraduate training you have acquired or participated in since your graduation from dental school. (Please account for all of the years since graduation and include addresses and dates. Use additional sheets of paper if necessary.)

7. Have you ever taken a state board or regional board examination and failed? Yes No

8. N.J. Law and Jurisprudence Exam: Date taken _____ (Leave blank if exam has not yet been taken.)

9. If you are applying on the basis of work experience, list all of your employers below. You also may include experience obtained in the Armed Services as well as positions, held in any health care institution. You must obtain completed Verification of Employment form(s) documenting at least two years' work experience in a dental practice.

10. Have you previously applied for a license as a dentist in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," when and where? _____

11. Do you currently hold, or have you ever held a professional license of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license held, provide the date(s) held and the number(s). If the license was issued under a different name, please provide that name. _____

	Last name	First name	Middle initial
State or jurisdiction that issued the license or certificate	_____	_____	_____
_____	Type of license or certificate	Number	Date issued/expired
State or jurisdiction that issued the license or certificate	_____	_____	_____
_____	Type of license or certificate	Number	Date issued/expired
State or jurisdiction that issued the license or certificate	_____	_____	_____
_____	Type of license or certificate	Number	Date issued/expired
State or jurisdiction that issued the license or certificate	_____	_____	_____
_____	Type of license or certificate	Number	Date issued/expired

12. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in this or any other state or in a foreign country? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

13. Have you ever been convicted of any crime or offense under any circumstances such as, but not limited to, a plea of guilty, non vult, nolo contendere, no contest, etc., or a finding of guilt by a judge or jury? Yes No

14. Have you ever been disciplined or denied a dental assistant license, registration or any other professional license in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Have you ever had a professional license, certificate or registration of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

Medical Conditions Questions

Questions 24 through 29 pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for registration will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a dental assistant” is to be construed to include all of the following:

- a. The cognitive capacity to exercise reasonable dental assisting judgments and to learn and keep abreast of professional developments;
- b. The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- c. The physical capability to perform the duties of a dentist assistant, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“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, H.I.V. disease, tuberculosis, drug addiction, and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescribers direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on ones functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

24. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? Yes No
25. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? Yes No Not applicable
26. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? Yes No Not applicable
27. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No Not applicable
28. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes No
29. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) Yes No

If you answered “Yes” to question 29, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license, registration or certification should be issued, whether conditions should be imposed or whether you are not eligible for licensure or registration.

Signature of applicant

Date

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey State Board of Dentistry for registration under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey State Board of Dentistry, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny registration or to withhold renewal of or suspend or revoke a registration issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:6-1 et seq., together with the Rules and Regulations of the New Jersey State Board of Dentistry, N.J.A.C. 13:30-1.1, and fully understand that in receiving registration from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public



For office use only

Date received _____

D.A.N.B. Certification date _____

Application number _____

License number _____

D.A.N.B. scores

Comp. _____

Clinical _____



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**Verification of Employment / Education
Dental Assisting**

A separate form must be used for each state.

(This form may be reproduced.)

Name of applicant: _____
Last name First name Middle initial

Note: This section should be completed if the applicant is applying on the basis of work experience.

The above-named applicant is / was employed by me from _____ until _____.

The applicant was employed on a full time / part time basis.

If part time, list the average number of hours worked per week: _____.

**Note: This section should be completed if the applicant is applying on the basis of education.
The Verification Form should contain the raised seal of the educational institution.**

The above-referenced individual successfully completed the following academic programs:

A CODA approved program in Dental Assisting on _____
Date

A Board-approved program in "Expanded Functions" on _____
Date

Certification

I hereby certify that to the best of my knowledge and belief, the foregoing is a true statement of the record of the individual on this form.

Name of Board

Name of person completing this form

(Board Seal)

Title

Signature Date

Official Use Only

Dual License

License Type 1

Applicant's Number

License Type 2

Applicant's Number



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Official Use Only

Resubmit

Board or Committee

CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK

Directions: Answer all of the questions on this form.

1. Name _____ (_____)
Last First Middle Maiden Name

2. Address _____
Street or P.O. Box City State ZIP code

3. Date of birth ____/____/____ Sex: Male Female
Month Day Year

4. Social Security number _____/_____/_____

5. Have you completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since November 2003? Yes No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history background process. Please send no payment now.
If "Yes," please provide the following information and follow the instructions outlined below:

_____ Board or committee requiring the fingerprinting

_____ Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure, registration or certification by any other Board or Committee of the New Jersey Division of Consumer Affairs, you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure, registration or certification. The fee for this background check will be \$17.50. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation must be submitted with this form. Failure to follow these instructions may result in the denial of an initial application.

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You must notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification, registration or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification, registration or licensure or to withhold renewal of or suspend or revoke a certificate, registration or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification, registration or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date



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Jurisprudence Examination/Orientation

As of April 2017, the Board has determined that all applicants for licensure must complete an online orientation that focuses candidates on a number of statutes and regulations that are specific to the practice of dentistry, dental hygiene and dental assisting in the State of New Jersey. This orientation is free and available 24/7 through the Internet. Links to each of the orientations are on the application section of the Board's website at: www.njconsumeraffairs.gov/den.

It is also suggested that you review the "Application Process Overview" that is listed above the application packet under your license category. This slide show will give you useful information about how to navigate the licensing process.

NOTE: It is requested that you submit your application to the Board office prior to completing the orientation. This will assist the Board with compiling your materials in a timely manner