

LOUISIANA STATE BOARD OF DENTISTRY  
365 CANAL STREET  
SUITE 2680  
NEW ORLEANS, LOUISIANA 70130  
TELEPHONE 504.568.8574 ~ FAX 504.568.8598  
WWW.LSBD.ORG

## **EXPANDED DUTY DENTAL ASSISTANT APPLICATION FOR CERTIFICATION CONFIRMATION**

### **INSTRUCTIONS FOR APPLICANT**

Please complete and sign the following application, and return it to the Louisiana State Board of Dentistry along with each of the following:

- (1) check or money order payable to the Louisiana State Board of Dentistry in the amount of **\$100.00**
- (2) copy of your EDDA course verification of participation;
- (3) copy of proof of completion of approved radiology course; and
- (4) copy of current CPR certification card. **(CPR course must be American Red Cross Professional Rescue Course or American Heart Association Healthcare Provider or ASHI BLS Pro. WE WILL NOT ACCEPT CPR COURSES THAT ARE COMPLETED ENTIRELY ONLINE.)**

Please return this completed application with all of the above enclosures to the following address:

**Louisiana State Board of Dentistry  
365 Canal Street  
Suite 2680  
New Orleans, Louisiana 70130**

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.**

**APPLICATION \$100.00 FEE  
EXPANDED DUTY DENTAL ASSISTANT CERTIFICATION CONFIRMATION**

**FOR OFFICE USE ONLY**

Certificate No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Date received \_\_\_\_\_ Payment \$ \_\_\_\_\_ Check No. \_\_\_\_\_ Total check payment \$ \_\_\_\_\_  
 Signature of staff approving application \_\_\_\_\_

Name \_\_\_\_\_ SS # \_\_\_\_\_

Telephone \_\_\_\_\_ Email address \_\_\_\_\_

\_\_\_\_\_  
 Mailing Address City State Zip

\_\_\_\_\_  
 Home Address City State Zip

**RADIOLOGY COURSE** (mark course you completed and date; attach copy of certificate)

- |  |  |
|--|--|
| <input type="checkbox"/> LSU School of Dentistry<br>Date of Completion _____                             | <input type="checkbox"/> Delta College—Baton Rouge<br>Date of Completion _____         |
| <input type="checkbox"/> University of Louisiana at Monroe<br>Date of Completion _____                   | <input type="checkbox"/> Eastern College—Metairie<br>Date of Completion _____          |
| <input type="checkbox"/> Medcom—Introduction to X-ray and Safety Precautions<br>Date of Completion _____ | <input type="checkbox"/> Southern University at Shreveport<br>Date of Completion _____ |
| <input type="checkbox"/> Blue Cliff—Metairie<br>Date of Completion _____                                 |  |

**EXPANDED DUTY DENTAL ASSISTANT COURSE** (mark course you completed and date; attach copy of verification of participation)

- |  |  |
|--|--|
| <input type="checkbox"/> LSU School of Dentistry<br>Date of Completion _____           | <input type="checkbox"/> University of Louisiana at Monroe<br>Date of Completion _____ |
| <input type="checkbox"/> Southern University at Shreveport<br>Date of Completion _____ |  |

**CPR** (mark the course you completed and relevant dates; attach copy of current CPR card)

- |   |   |
|---|---|
| <input type="checkbox"/> American Heart Association (Healthcare Provider) | <input type="checkbox"/> ASHI—BLS—CPR—PRO |
| <input type="checkbox"/> American Red Cross (Professional Rescue Course)  |   |

Please list names, license numbers and office addresses of each dentist who employs you. If you work for more than two dentists, please provide this information on a separate sheet of paper.

1) Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

\_\_\_\_\_  
 Street or P. O. Box City State Zip

2) Name: \_\_\_\_\_ License #: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

\_\_\_\_\_  
 Street or P. O. Box City State Zip

I certify that I have read the Louisiana Dental Practice Act in full, in particularly R.S. 37:751(A)(6), 37:792, and 37:792.1, and further, Louisiana Administrative Code (Title 46:Professional & Occupational Standards, Part XXXIII, Dental Health Professions) Chapter 5.

\_\_\_\_\_  
 Applicant Signature Date

**\*\*\* NOTICE \*\*\***  
**APPROVED DENTAL ASSISTANTS**  
**RADIOLOGY COURSES**

**YOUR RADIOLOGY COURSE MUST BE ONE OF THE APPROVED COURSES LISTED BELOW.  
ATTACH COPY OF CERTIFICATE SHOWING COMPLETION OF COURSE TO YOUR  
APPLICATION.**

Listed below are the institutions presently approved by the Louisiana State Board of Dentistry offering radiology training courses for dental assistants in compliance with R.S. 37:792.

University of Louisiana at Monroe  
700 University Avenue  
Monroe, Louisiana 71209  
318.342.1621

Louisiana State University School of Dentistry  
1100 Florida Avenue  
New Orleans, Louisiana 70119  
504.941.8193  
504.941.8403 (fax)

Delta College of Arts and Technology  
7380 Exchange Place  
Baton Rouge, Louisiana 70806  
225.928.7770

Blue Cliff College  
3200 Cleary Avenue  
Metairie, Louisiana 70002  
504.456.3141

Medcom, Inc.  
Correspondence Course/Online  
Introduction to the X-ray and Safety Precautions  
6060 Phyllis Drive  
Cypress, California 90630  
714.891.1443  
800.877.1443

Eastern College  
3321 Hessmer Avenue  
Suite 200  
Metairie, Louisiana 70002  
504.885.3353

Southern University at Shreveport  
610 Texas Street, Suite 200  
Shreveport, LA 71101  
318.670.9612