

LOUISIANA STATE BOARD OF DENTISTRY  
P.O. BOX 5256  
BATON ROUGE, LOUISIANA 70821-5256  
TELEPHONE 225.219.7330 ~ FAX 225.219.0707  
WWW.LSBD.ORG

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

### **INSTRUCTIONS FOR APPLICANT**

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 or other previously Louisiana State Board of Dentistry approved equivalent. 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  
P.O. Box 5256  
Baton Rouge, Louisiana 70821-5256**

**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 \_\_\_\_\_

**EXPANDED DUTY DENTAL ASSISTANT COURSE** (mark course you completed, and attach copy of certificate of completion)

- |  |  |
|--|--|
| <input type="checkbox"/> Louisiana Dental Association      | <input type="checkbox"/> University of Louisiana at Monroe |
| <input type="checkbox"/> Southern University at Shreveport | <input type="checkbox"/> LSU School of Dentistry           |

**RADIOLOGY COURSE** (mark course you completed, and attach copy of certificate of completion)

- |  |   |
|--|---|
| <input type="checkbox"/> Louisiana Dental Association                                  | <input type="checkbox"/> Louisiana Dental Center School of Dental Assisting |
| <input type="checkbox"/> LSU School of Dentistry                                       | <input type="checkbox"/> Delta College—Baton Rouge                          |
| <input type="checkbox"/> University of Louisiana at Monroe                             | <input type="checkbox"/> Southern University at Shreveport                  |
| <input type="checkbox"/> Vandelay Education (see Radiology Courses page for locations) | <input type="checkbox"/> Accelerated Dental Assisting Academy               |

**CPR** (mark the course you completed, and attach copy of current CPR card)

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

List the name and license number of each dentist who employs you. If you work for more than two dentists, provide this information on a separate sheet of paper.

1) Name: \_\_\_\_\_ LA license #: \_\_\_\_\_

2) Name: \_\_\_\_\_ LA license #: \_\_\_\_\_

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.

Louisiana Dental Association  
5637 Bankers Ave.  
Baton Rouge, Louisiana 70808

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

Accelerated Dental Assisting Academy  
137 Aspen Square  
Suite E  
Denham Springs, Louisiana 70726

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

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

Louisiana Dental Center School of Dental Assisting  
40470 Germany Rd.  
Gonzales, LA 70737  
225.622.2022

Vandelay Education through one of the following:  
Baton Rouge Dental Assistant Academy  
Houma Dental Assistant School  
Lafayette Dental Assistant School  
New Orleans Dental Assistant School  
Shreveport Dental Assistant School