



State of Alaska  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing  
**BOARD OF DENTAL EXAMINERS**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2542 ★ Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [professionallicense.alaska.gov](http://professionallicense.alaska.gov)

## **CERTIFICATION TO PERFORM CORONAL POLISHING**

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No dental assistant may perform coronal polishing without certification from the board. A coronal polishing certification is renewed biennially in the State of Alaska.

A dental assistant desiring certification shall apply to the Board by either showing successful completion of a course of instruction approved by the Board.

**OR**

If the applicant is currently licensed or certified in another licensing jurisdiction to perform coronal polishing, evidence showing that the applicant's license or certificate to perform coronal polishing is current and in good standing in that licensing jurisdiction, and a list of course of instruction for coronal polishing; the Board will only approve the course of instruction if it substantially complies with the requirements set out in 12 AAC 28.830.

### **CORONAL POLISHING CERTIFICATION (BY EXAMINATION)**

The following documents must be on file before your application will be reviewed for certification to perform coronal polishing:

1. Complete, signed and notarized application form;
2. Application fee of \$60.00 (nonrefundable);
3. Certification fee of \$60.00;
4. Completed Course Verification, form 08-4561a, with name and address of sponsor and name of professional presenting the course;
5. Course description and/or outline from the course sponsor where you received your training in coronal polishing to verify compliance with 12 AAC 28.830.

### **CORONAL POLISHING CERTIFICATION (CERTIFIED IN ANOTHER LICENSING JURISDICTION)**

1. Complete, signed and notarized application form;
2. Application fee of \$60.00 (nonrefundable);
3. Certification fee of \$60.00;
4. Completed Course Verification, form 08-4561a, with name and address of sponsor and name of professional presenting the course;
5. Course description and/or outline from the course sponsor where you received your training in coronal polishing to verify compliance with 12 AAC 28.830;
6. Verification of licensure or certificate to perform coronal polishing, form 08-4561b, sent directly from a jurisdiction where you hold a license/certificate to perform coronal polishing. The license/certificate must be current and in good standing.

## **GENERAL INFORMATION**

Make any checks or money orders payable to the State of Alaska.

## **APPLICATION REVIEW**

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed.

Average processing time to complete the file is from four to six weeks.

Applications are processed as quickly as possible. Unnecessary telephone calls to our office delay processing. Because of privacy issues, telephone calls regarding the status of application **will be restricted to the applicant only**. If you are concerned about your application being received in our office, mail it "Certified – Return Receipt Requested." You will receive a delivery notice from the post office.

## **RENEWAL INFORMATION**

All certificates expire on February 28 of odd-numbered years, regardless of when issued, except certificates issued within 90 days of the expiration which are issued through the next biennium.

## **ADDRESS CHANGE**

In accordance with 12 AAC 02.900, a person must notify the division, in writing, of a change of address.

## **SOCIAL SECURITY NUMBERS**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at: [professionallicense.alaska.gov](http://professionallicense.alaska.gov) --- or contact the division for a copy of the form.

## **PUBLIC INFORMATION**

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at [professionallicense.alaska.gov](http://professionallicense.alaska.gov) under License Search.

## **PAYMENT OF CHILD SUPPORT AND STUDENT LOANS**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.



**I HEREBY CERTIFY** that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a certificate to perform coronal polishing in the State of Alaska.

**I have read the Alaska Dental Practice Act. I solemnly declare upon my honor that, if granted certification to perform coronal polishing in Alaska, I will respectfully comply with any law governing the performance of coronal polishing in this state, and I will do my best to uphold and maintain the ethics of the profession.**

SIGN HERE 

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

My Commission Expires: \_\_\_\_\_

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**COURSE VERIFICATION**

**TO WHOM IT MAY CONCERN:**

I am applying for certification to perform coronal polishing in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in coronal polishing. **Please complete this form and attach a course description and/or course outline of coronal polishing course and return it directly to the address above.**

I hereby release all academic records necessary to complete the following questionnaire to the Board of Dental Examiners.

\_\_\_\_\_  
Name as Given on Diploma/Certificate

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Other Name(s) Used (if applicable)

\_\_\_\_\_  
Date of Course Completion

\_\_\_\_\_  
Name of Institution/Sponsor:

\_\_\_\_\_  
Name of Instructor Presenting the Course:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Course Title:

Course Content: Please check the appropriate box that applies to the course that the applicant attended. A course of instruction in coronal polishing must include didactic and clinical instruction in:

	YES	NO
1. characteristics of abrasives used for polishing; .....	<input type="checkbox"/>	<input type="checkbox"/>
2. aerosol production during polishing; .....	<input type="checkbox"/>	<input type="checkbox"/>
3. effects of heat production during polishing; .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Removal of tooth structure by polishing; .....	<input type="checkbox"/>	<input type="checkbox"/>
5. indications and contraindications of polishing; .....	<input type="checkbox"/>	<input type="checkbox"/>
6. selective polishing techniques; .....	<input type="checkbox"/>	<input type="checkbox"/>
7. coronal polishing by removing soft plaque and stain from exposed enamel utilizing appropriate rotary instrument and suitable polishing agent; and .....	<input type="checkbox"/>	<input type="checkbox"/>
8. proper infection control techniques while performing rotary coronal polishing. ....	<input type="checkbox"/>	<input type="checkbox"/>
9. an explanation of the evaluation procedures used to determine successful completion of the course:		



**Attach a course description and/or course outline of coronal polishing course.**



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I HEREBY CERTIFY that the above information regarding the training in coronal polishing that \_\_\_\_\_ completed is true and correct to the best of my knowledge, and that \_\_\_\_\_ has acquired the necessary knowledge and proficiency to perform coronal polishing.

(University, College or  
Sponsor Seal)

\_\_\_\_\_  
Signature of Sponsor

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**VERIFICATION OF LICENSURE/CERTIFICATE**  
*(If applying by licensure/certification in another jurisdiction)*

**TO WHOM IT MAY CONCERN:**

I am applying for a certificate to perform coronal polishing as a dental assistant in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the jurisdiction in which I hold a current license or certification to perform coronal polishing. **Please complete the form and return it directly to the Board of Dental Examiners at the above address.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

**PLEASE DO NOT DETACH. The information below must be completed by the state licensing board, and not by the applicant.**

State of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_ Year \_\_\_\_\_

Coronal Polishing License or Certification No. \_\_\_\_\_ Issued Effective \_\_\_\_\_

License or certification is current \_\_\_\_\_ Lapsed \_\_\_\_\_ Expiration Date \_\_\_\_\_

Has the applicant's license or certification ever been suspended, revoked, voluntarily suspended, placed on probation, or restricted in any other way?  Yes  No

If so, for what reason? \_\_\_\_\_  
\_\_\_\_\_

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

Signed: \_\_\_\_\_

Contact Telephone No.: \_\_\_\_\_

Title: \_\_\_\_\_

State Board: \_\_\_\_\_

Date: \_\_\_\_\_

(BOARD SEAL)  
(All verifications must have board seal.)