



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, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2542 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: professionallicense.alaska.gov

DENTAL ASSISTANT RESTORATIVE FUNCTION CERTIFICATE APPLICATION

INSTRUCTIONS TO THE APPLICANT:

It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. AS 08.36.315 of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

A dental assistant desiring restorative function certificate shall apply to the board by either showing successful passing of the restorative examination given by the Western Regional Examining Board (WREB), or other equivalent examination approved by the board, within five years preceding restorative function certificate ;

OR

Showing documentation that the dental assistant is currently licensed or certified in another state or United States territory to perform restorative functions.

RESTORATIVE FUNCTION ENDORSEMENT (BY EXAMINATION)

A dental assistant desiring restorative function certification shall apply to the board after registering for and/or successfully passing the restorative examination given by the Western Regional Examining Board (WREB). For information regarding the WREB examination, please contact:

Western Regional Examining Board
23460 North 19th Avenue, Suite 210
Phoenix, AZ 85027
Telephone: (602) 944-3315
Fax: (602) 371-8131
website: www.wreb.org
E-mail Address: generalinfo@wreb.org

The following documents must be on file before your application will be reviewed for restorative function certificate:

1. Completed, signed and notarized application form;
2. Application fee of \$60.00 (nonrefundable);
3. Endorsement fee of \$60.00;
4. Completed Course Verification, form 08-4577a, with university or college seal;
5. Course description and/or outline from the university or college where you received your training in restorative functions to verify compliance with 12 AAC 28.870; and
6. Copy of certificate from the Western Regional Examining Board (WREB) showing successful completion of the restorative portion of the examination.

RESTORATIVE FUNCTION ENDORSEMENT (CERTIFIED IN ANOTHER LICENSING JURISDICTION)

The following documents must be on file before your application will be reviewed for restorative function certificate:

1. Completed, signed and notarized application form;
2. Application fee of \$60.00 (nonrefundable);
3. Certificate fee of \$60.00.
4. Completed Course Verification, form 08-4577a, with university or college seal;
5. Course description and/or outline from the university or college where you received your training in restorative functions to verify compliance with 12 AAC 28.870; and
6. Verification of licensure, form 08-4577b, sent directly from a jurisdiction where you hold a license/certificate to perform restorative functions. 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 telephone calls regarding the status of application and because of privacy issues, **we prefer to restrict our telephone responses 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 requires 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

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 --- 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.



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For Division Use Only

APPLICATION FOR DENTAL ASSISTANT RESTORATIVE FUNCTION CERTIFICATE

- NONREFUNDABLE APPLICATION FEE: \$60.00**
- PERMIT FEE: \$60.00**
- WALL CERTIFICATE FEE (optional): \$20.00**

Personal check or money order made payable to:
State of Alaska

I hereby apply for certification to perform restorative functions in the State of Alaska, and submit the following statements, under oath, and herewith enclose the required documents and fees.

INSTRUCTIONS TO THE APPLICANT

It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. AS 08.36.315 of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

Type or print all requested data.

1. Name in Full: _____
 Last First M.I.
 Other Name(s) Used: _____
2. Mailing Address: _____
 _____ Zip Code: _____
3. Office Address: _____
 _____ Zip Code: _____
4. Daytime Telephone: _____ Home Telephone: _____
5. Email Address: _____
6. SSN: _____ Date of Birth: _____ Sex: Female Male
 (Required by AS 08.01.060(b))
7. I received my training in restorative function from _____ on _____
 (college or university) (date)
8. How many years have you devoted to the clinical practice of dental assisting? _____
9. List other states where you are currently licensed or certified to perform restorative functions.
 Provide number and date of issuance:

10. Date and location of restorative WREB examination: _____

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 restorative functions in the State of Alaska.

I have read the Alaska Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a certificate to perform restorative functions in Alaska, I will respectfully comply with any law governing the performance of restorative functions 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 allow me to perform restorative function 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 restorative functions. **Please complete this form and attach a course description and/or course outline of the restorative function 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

Signature of Applicant

Other Name(s) Used (if applicable)

Date of Graduation

Name of Institution: _____

Address: _____

Course Title: _____

Course Content: Please check the appropriate box that applies to the course that the applicant attended:

	YES	NO
1. the physical, chemical, and biological properties of dental materials, including amalgam and composite materials.....	<input type="checkbox"/>	<input type="checkbox"/>
2. the limitations and acceptability of a dental material based on the physical, chemical, and biological properties of the material.....	<input type="checkbox"/>	<input type="checkbox"/>
3. proper safety when using dental materials, including appropriate infection control and mercury hygiene.....	<input type="checkbox"/>	<input type="checkbox"/>
4. dental anatomy and occlusion.....	<input type="checkbox"/>	<input type="checkbox"/>
5. isolation procedures.....	<input type="checkbox"/>	<input type="checkbox"/>
6. proper placement and finishing of restorative materials.....	<input type="checkbox"/>	<input type="checkbox"/>
7. assessment outcomes that measure the stated goals and objectives.....	<input type="checkbox"/>	<input type="checkbox"/>

Attach a course description and/or course outline of restorative functions course.

I HEREBY CERTIFY that the above information regarding the training in restorative function that _____ completed is true and correct to the best of my knowledge, and that he/she has acquired the necessary knowledge and proficiency to perform restorative functions.

(University or College Seal)

Signature of Dean

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VERIFICATION OF LICENSURE

(If applying by licensure/certification in another jurisdiction)

TO WHOM IT MAY CONCERN:

I am applying for a license to perform restorative functions as a dental hygienist 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 restorative functions. **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 _____

Restorative Function 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.)