

If you have not met the minimum number of Continuous Practice hours for the period of January 01, 2009 through December 31, 2011 and wish to hold practising certification, a written proposal is required outlining what you propose to do to demonstrate your competency. This might include successful completion of the National Dental Assisting Examining Board written and clinical examinations, a refresher course, a guided clinical mentorship, or an approved educational program. The Certification Committee or Quality Assurance Committee will approve proposals on an individual basis.

Please complete this form *and* attach your proposed program for competency verification (on a separate sheet) and return *both* to CDSBC as soon as possible for consideration by the Certification Committee.

Name _____ **Cert. #** _____ **Date** _____

#1 How long is it since you have practised? _____

#2 How long did you practise prior to this? _____

#3 Why did you stop practising? _____

#4 What type of practice did you work in? _____

#5 What are your intentions now? _____

#6 Have you practised at all in the past 3 years? Yes _____ No _____

If yes, provide details. _____

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#7 What continuing education have you done over the past three years? Clinical?
Didactic?

Any additional comments?

Thank-you for providing this information. A representative of CDSBC will contact you shortly.