



For Board Use Only: Permit #: _____ DOP: _____

Arkansas State Board of Dental Examiners

101 East Capitol Avenue, Suite 111

Little Rock, Arkansas 72201

Phone: 501.682.2085

Web: www.healthy.arkansas.gov Email: asbde@arkansas.gov

Expanded Duties Add-On for Registered Dental Assistants

Check Off Expanded Duties Add-On:

- Radiography Coronal Polishing Nitrous Oxide Sedation Monitoring

Personal Information

Please type or print legibly.

Arkansas R.D.A. Permit #: _____	
First Name: _____	Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____	
Home Phone: _____ Office Phone: _____ Supervising Dentist: _____	
_____ Signature of Dental Assistant	_____ Date

Radiography and/or Coronal Polishing Add-On

I have carefully observed and tested the above named dental assistant. In my judgment, the dental assistant is competent to perform the expanded duty(s) checked under my personal supervision:	
_____ Dentist's Signature	
_____ AR License Number	

Nitrous Oxide and/or Sedation Monitoring Add-On

<p><u>NITROUS OXIDE:</u> Please submit a copy of your nitrous oxide certificate from a Board-approved instructor or an ADA-accredited dental hygiene or dental assistant program.</p> <p><u>SEDATION MONITORING:</u> Please submit a copy of your D.A.A.N.C.E. from AAOMS. This is the only course accepted by the Board.</p>
