



# STATE OF IOWA

## IOWA DENTAL BOARD

KIM REYNOLDS, GOVERNOR  
ADAM GREGG, LT. GOVERNOR

JILL STUECKER  
EXECUTIVE DIRECTOR

### **Application for Dental Assistant Trainee Status**

Enclosed is the Application for Dental Assistant Trainee Status. Please submit a completed trainee application with a fee of \$25 to the Iowa Dental Board. This fee is non-refundable. Do not submit payment in cash.

**Please note:** Effective May 1, 2013, an active dental assistant trainee status must be issued by the Iowa Dental Board prior to a trainee starting work as a dental assistant. Please contact the Board office if you have an emergency situation that would require an expedited application review and issuance.

To be eligible to make application, you must be at least 17 years of age and a high school graduate. If you are a high school student enrolled in a cooperative education or work-study program through an Iowa high school, please contact the Board office for the appropriate trainee application form.

*Dental assistant trainee status requires that you train and work under the **personal supervision** of a licensed dentist. Board rules state “personal supervision means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.”*

Once your trainee application has been issued by the Board office, you will be sent a trainee certificate confirming the expiration date. The certificate needs to be posted in the office of practice. Trainee status shall not exceed twelve (12) months from your first date of employment as a dental assistant in Iowa.

Upon receipt of the certificate of trainee status, the Iowa Dental Board will send an authorization which will allow you to sit for the required examinations. You should test within the first six months to prepare you for the on the job training. This will allow you time to complete remedial education, if necessary. *While trainee status is valid for practice for a maximum of twelve months, you are encouraged to complete the requirements for registration as soon as possible.*

#### **On-The-Job Training Manual Available**

To adequately prepare for the examinations, the Board has approved an on-the-job training manual. The trainee manual is available through the Board office for \$70. Mark the appropriate box on page 2 of the dental assistant trainee application and submit the correct fee if you would like to purchase this resource.

#### ***Prior to your trainee status expiration date you are required to:***

- a. Complete a Minimum of 6 months training under the personal supervision of a licensed dentist.
- b. Pass Examinations in Infection Control/Hazardous Materials and Jurisprudence. You must successfully complete a Board-approved course of study and examination in the areas of infection control/ hazardous materials and jurisprudence. If you have taken the DANB CDA or ICE exam after June 1991, you will *not* need to pass a separate state examination in infection control and hazardous materials, only the state exam in jurisprudence. The examination is available at a number of local community colleges. A list of testing sites is available at <http://www.dentalboard.iowa.gov/forms/docs/TestingSites.pdf>.

c. Become Registered as a Dental Assistant. You must submit an application for registration to become registered as a dental assistant.

### **On-The-Job Training in Dental Radiography**

While on trainee status, you should train under the personal supervision of your employer dentist in the area of *dental radiography*. The manual includes dental radiography study materials which will prepare you to successfully complete a radiography exam and to obtain your radiography qualification. If you have taken the DANB CDA or radiation exam (after 1986), you will not need to pass a separate state exam in radiography. Dental assistants are encouraged to make every effort to obtain their radiography training and pass a radiography exam while on trainee status.

*Be advised that if you do not train in dental radiography during this trainee status period, you will be unable to train on the job in dental radiography after you become registered. You must take a formal course of study from an accredited school for future qualification in dental radiography if you did not train in dental radiography while on dental assistant trainee status.*

### **Nurses and Dental Radiography**

Licensed Iowa Nurses are eligible to apply for trainee status to complete training in dental radiography. A licensed nurse should submit proof of current licensure with the Iowa Board of Nursing with the application for trainee status. Training in dental radiography must occur under the personal supervision of a licensed dentist.

### **Disclosure of Medical Conditions and Criminal History**

Be advised that the application for registration and radiography qualification asks about any medical conditions you have that might impair your ability to practice the profession.

The Board also considers criminal history when issuing registrations. As part of the application process you will be asked questions about your criminal history. If you have a criminal history you will be asked to provide documents such as copies of court documents, copy of compliance with court conditions, or certified copy of criminal history from DCI. The Board considers a number of factors when determining whether to issue registration. This includes number and nature of the offense, time since the offense and whether or not court ordered terms or conditions were met.

If you have specific questions concerning medical conditions or criminal history, contact the Board office. This can help avoid unnecessary delays at the time of registration.

**Military Service & Veterans Preference:** Pursuant to the 2014 Home Base Iowa Act, if you are currently serving in the military or are a veteran, you may be eligible to request credit towards licensure for verified military education, training, or service toward licensing experience or education requirements by submitting a (separate) military service application form to the Board office. Please contact Board staff at 515-281-5157 for further information or to obtain military service application form.

Veterans who have a fully completed application for licensure will be given priority and will be expedited. Veterans who hold an unrestricted professional license in another jurisdiction may be eligible for licensure through reciprocity.

**Military Service:** “Military service” means honorably serving on federal active duty, state active duty, or national guard duty, as defined in Iowa Code section 29A.1, in the military services of other states, as provided in 10 U.S.C. section 101(c), or in the organized reserves of the United States, as provided in 10 U.S.C. section 10101.

**Veteran:** A “veteran” means an individual who meets the definition of “veteran” in Iowa Code section 35.1(2).

**Spouse of Veteran:** A “spouse of a veteran” means a spouse of a qualified veteran.

**Contact Us**

If you have any questions, or need further assistance, please feel free to contact the office at [IDB@iowa.gov](mailto:IDB@iowa.gov), or Janet Arjes at 515-281-3248

**Testing Sites**

A list of testing sites is available at <http://www.dentalboard.iowa.gov/forms/docs/TestingSites.pdf>.

Board website:

[www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).



# APPLICATION FOR DENTAL ASSISTANT TRAINEE STATUS

## IOWA DENTAL BOARD

400 S.W. 8<sup>th</sup> Street, Suite D, Des Moines, Iowa 50309-4687

Ph. (515) 281-5157 <http://www.dentalboard.iowa.gov>

This form must be completed and returned to the Iowa Dental Board. Include the application fee of \$25. Do not submit payment in cash. **The application fee is non-refundable.** Complete each question on the application. If not applicable, mark "N/A."

Full Legal Name: (First, Middle, Last)			
Other Last Names Used: (e.g. maiden name, other married names)		Email Address:	
Home Address:		Home Phone	Home Email Address:
City:	County:	State:	Zip Code:
Social Security Number:	<b>Privacy Act Notice:</b> Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.		
Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>	Date of Birth:		
Work Address:		Work Phone:	Work Fax:
City:	State:	Zip:	Work Email:
City of Birth:	State of Birth:	Country of Birth:	Are you a US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you currently serving in the military?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you the spouse of a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

Anticipated Start Date*:	Name of Employing Dentist: (First, Last)	IA License Number of Employing Dentist:
Have you previously been issued trainee status in Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously held a qualification in dental radiography by the Iowa Dental Board? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, qualification number: _____. If yes, contact the Board office for information about reinstating your radiography qualification.	
Are you a licensed nurse in Iowa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach proof of current licensure with the Iowa Board of Nursing. Nursing License Number: _____		

**\* Dental assistant trainees may not begin work in Iowa until an active trainee status has been issued by this office.**

High School Name:	High School City/State:	From (Mo/Yr):	To (Mo/Yr):	<input type="checkbox"/> Diploma <input type="checkbox"/> GED
College Name:	College City/State:	From (Mo/Yr):	To (Mo/Yr):	Degree:

Office Use Only:	Fee:	Date issued:	Trainee #:	Exp. Date:
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## STATEMENT OF APPLICANT

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. I am a high school graduate and I am 17 years of age or older.

***I further state that I shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.*** I shall notify the Board within five days of the termination of such employment.

I understand that prior to my trainee status expiration date (12 months from first date of employment as a dental assistant), I am required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on the job, using curriculum approved by the Board for such purpose. Evidence of meeting the training and examination requirement shall be submitted to the Board prior to my trainee status expiration date. I understand that in the event I am not registered before my trainee status expiration date, I will be prohibited from working as a dental assistant. Prior to my trainee status expiration date, I must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

I understand that while under trainee status I may also train in the area of dental radiography. I must also pass an approved radiography exam to obtain my radiography qualification. I understand that if I do not obtain my radiography training or pass a radiography exam while on trainee status, a formal course of study in radiography may be required to obtain my qualification in dental radiography at a later date.

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Date

Signature of Dental Assistant Trainee

## STATEMENT OF EMPLOYER

I certify that the statements of the above applicant relating to employment of the trainee are true. ***I will also personally supervise the Dental Assistant Trainee and assist the trainee in learning the skills needed. I understand that personal supervision means the dentist is physically present in the treatment room to oversee and direct all intraoral or chairside services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extraoral services of the dental assistant.*** I also understand that prior to the trainee status expiration date (12 months from first date of employment as a dental assistant), the dental assistant trainee shall successfully complete Board-approved education and examinations in the areas of infection control, hazardous materials, and jurisprudence. The trainee will also be required to show current certification in CPR at the time of registration. I understand that the dental assistant trainee will be prohibited from working as a dental assistant if the examinations are not successfully passed and if the trainee has not become registered before the trainee status expiration date. I will ensure the trainee has a current certificate of registration prior to working after expiration of trainee status. I also understand that the trainee is encouraged to train in dental radiography while on trainee status. If the assistant does not train in dental radiography and pass an approved radiography exam while on trainee status, I understand the trainee may be required to complete a formal course of study and examination in radiography to obtain qualification to take dental x-rays at a later date.

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Date

Dentist's Signature

\_\_\_\_\_ Please send me the on-the-job Dental Assistant Training Manual. I have enclosed the fee of \$70 made payable to the Iowa Dental Board.

***Attach copies of your examination results if you have already completed the DANB IC or Radiation Safety examinations.***

## Dental Assistant Registration Checklist – New Trainees

- Certificate of dental assistant trainee status form received from Board office (post this certificate in your office of practice).
- Study the Dental Assistant Trainee Manual – utilizing the manual to successfully complete the exams within the first six months and at least by your trainee status expiration date (12 months from your first date of employment as a dental assistant).
- Schedule the infection control, jurisprudence, and radiography exams, if possible, within the first six months.
- Successfully complete Board infection control exam or Dental Assisting National Board (DANB) Infection Control Exam prior to your trainee status expiration date.
- Successfully complete jurisprudence exam prior to your trainee status expiration date.
- If you also want to be able to take x-rays: Study the radiography portion of this manual and train for dental radiography under the supervision of a dentist. You must be 18 years of age to train in radiography.
- Successfully complete Board radiography exam, or DANB Radiation, Health & Safety Exam, prior to your trainee expiration date if you intend to apply for a qualification in dental radiography.
- Complete CPR certification prior to your trainee expiration date (CPR must be taken from a nationally recognized provider. No special “level” or other type of CPR is required.).
- Apply for registration and radiography qualification. This may be done: a) no later than your trainee expiration date; or b) if you are a graduate of a dental assisting program, you may apply after obtaining CPR and completing the exams; or c) once you have six (6) months of dental assisting experience, you may also apply immediately after obtaining CPR and completing the exams. If you worked as dental assistant out of state and you have a total of six months of dental assisting experience within the past two years, you may apply for registration in Iowa.
- Be Advised! If you do not obtain your radiography qualification at the same time as your registration certificate, you will need to submit a separate application and fee once you have met the radiography requirements. If you trained in radiography while on trainee status, you must successfully complete the exam and apply for your certificate within two years. If you did not train in radiography while on trainee status or do not apply for your radiography qualification within two years, you will be required to complete a formal course of study (e.g. at a community college) and pass a radiography exam to obtain your qualification at a later date.
- IMPORTANT! *You cannot work as a dental assistant if trainee status has expired and you have not been issued registration status.*

All application forms are available on the Board website at [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).  
A list of testing sites is available at <http://www.dentalboard.iowa.gov/forms/docs/TestingSites.pdf>.