

**UNIVERSITY OF FLORIDA COLLEGE OF DENTISTRY
CONTINUING DENTAL EDUCATION**

**CERTIFICATION OF PARTICIPANTS FOR EXPANDED FUNCTIONS AS PERMITTED
BY FLORIDA LAW**

*****Please note that this form must be signed and mailed/faxed back to the Continuing Dental Education at least one week prior to the start of the Expanded Functions as Permitted by Florida Law course.**

By my signature below, I certify that I possess a minimum of three (3) months of chairside experience as a dental assistant or dental hygienist in general dentistry, or an equivalent combination of education and experience*. I understand that if one or more of the instructors of the Expanded Functions as Permitted by Florida Law course determines during any part of the course that I do not have the appropriate dental experience or background as stipulated above, that I can be excused from the course without receiving a refund of any registration fees.

TO BE COMPLETED AND SIGNED BY PARTICIPANT

Describe the length and type of on-the-job chairside dental assisting experience in general dentist office(s) and/or education you have received: (Receptionist and Lab Tech's are not qualified for this course, unless they have the above-mentioned chairside dental assisting experience.

Signature of Participant _____ Date _____

Printed Name _____

Dentist Signature _____ Date _____

Printed Name _____

*Please feel free to contact the Continuing Dental Education Office by phone (352-273-8480) or fax (352-392-2805) to discuss special circumstances involving internships, partial educational training, etc.