

College of Dentistry  
Continuing Dental Education

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## Restorative Function Certification Form

This form must be completed and returned to the Continuing Dental Education at least one week prior to the start of the Restorative Functions as Permitted by Florida Law course.

### TO BE COMPLETED AND SIGNED BY PARTICIPANT

#### Participant Name

By my initials below, I certify that I:

| Initial | Dental Assistant Requirements*  |
|---------|---|
|         | I am at least 18 years of age.  |
|         | I am a high school graduate or have a High School Equivalency Certificate.  |
|         | I have a current Basic Life Support for Healthcare Provider certificate.  |
|         | I am a graduate of a dental assisting program that is accredited by a dental accrediting entity recognized by the United States Department of Education, or shall have received formal training in expanded duties. |
|         | I never had a dental assisting license suspended or revoked in any jurisdiction.  |
|         | Within 24 months prior to being admitted to the mandatory training course, I have documented proof of 2400 hours of clinical work experience in either a dental office or as an educator of dental assisting.       |

| Initial | Dental Hygienist Requirements*  |
|---------|---|
|         | I am at least 18 years of age.  |
|         | I am a high school graduate or have a High School Equivalency Certificate.  |
|         | I have a current Basic Life Support for Healthcare Provider certificate.  |
|         | I have an unrestricted dental hygiene license from any U.S. state or territory.   |
|         | I never had a dental assisting license suspended or revoked in any jurisdiction.  |
|         | Within 24 months prior to being admitted to the mandatory training course, I have documented proof of 2400 hours of clinical work experience in either- <ul style="list-style-type: none"> <li>• a dental office <b>or</b></li> <li>• as an educator of a dental hygiene program <b>or</b></li> <li>• as a graduate of a dental hygiene program, accredited by a dental accrediting entity recognized by the United States Department of Education, within 24 months prior to being admitted to the mandatory training course.</li> </ul> |

\*I understand that if one or more of the instructors of the Restorative 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.

Participant Signature

Date

Printed Name

University of Florida College of Dentistry Continuing Dental Education  
Certification of Participants for Restorative Functions as Permitted by Florida Law

**TO BE COMPLETED AND SIGNED BY DENTIST**

Please select the most common restoration used in your practice-

Class I, II, III and V Composites Restorations

Class I, II, V Amalgam Restorations

Placing & removing rubber dams

Stainless Steel Crowns

Placing and removing tofflemire bands or sectional matrices

By my signature below, I certify that the information provided by the dental auxiliary above is accurate and that they possess the basic dental assistant knowledge and skills necessary to perform well in this course.

Dentist Signature

Date

Printed Name