



The Commonwealth of Massachusetts  
Bureau of Health Professions Licensure  
**Board of Registration in Dentistry**  
250 Washington Street  
Boston, MA 02108  
(617) 973-0971  
[www.mass.gov/dph/dentalboard](http://www.mass.gov/dph/dentalboard)

## INITIAL DENTAL ASSISTANT LICENSURE

### Applicant Instructions

The Board may grant a license to an applicant provided the applicant is at least 18 years of age, of good moral character, has met all of the eligibility requirements, and has submitted the necessary information and documentation to the Board. Please note additional specific documents or information will be required as determined by the category of dental assistant licensure indicated: **On-The-Job Trained, Formally-Trained, Certified or Expanded Functions.**

#### ALL applicants must submit the following documents:

- An accurate, complete and signed application;
- Payment of the \$60 nonrefundable, nontransferable initial licensing fee;
- Documentation demonstrating current certification in American Red Cross Cardiopulmonary Resuscitation/Automated External Defibrillation for the Professional Rescuer (CPR/AED) or current certification in the American Heart Association Basic Life Support for Healthcare Providers (BLS);
- An attestation that the applicant has obtained, within one year prior to the date of application, a written statement from a physician, nurse practitioner or physician assistant attesting to the applicant's health and fitness to practice dental assisting, which applicant shall make available to the Board upon request;
- An attestation that the applicant has read, understands and agrees to comply with *The Policy on Principles of Ethics and Code of Professional Conduct*, published by the American Dental Assistants Association;
- Certified letters of standing from all jurisdictions in which the applicant has ever been issued a license to practice dental assisting, dental hygiene or dentistry attesting to the standing of his/her license, including a report of any past or pending disciplinary action, or any pending complaints against the applicant;
- A color photograph, passport-sized (2 x 2) or larger;
- A statement disclosing any disciplinary, civil and/or criminal action taken against the applicant at any time prior to the date of application, with supporting documentation (including certified copies of court document(s) pertaining to any out-of-state criminal action) as may be required by the Board;

- An attestation that the applicant has complied with all state tax laws pursuant to M.G.L. c.62C, §49A and child support laws pursuant to M.G.L. c. 119A, §16(a);
- A score of 75% or higher (15 correct answers out of 20 questions) on the dental assistant ethics and jurisprudence exam. To request a copy of the exam, send an email to [dentistry.admin@state.ma.us](mailto:dentistry.admin@state.ma.us); a copy of the exam will be sent to you as an email attachment. Make sure to include only your answer sheet with your application. You may keep the copy of the actual exam; and
- Proof satisfactory to the Board of good moral character.

**Please see the following categories of dental assistant licensure for the list of additional information or documents required to be submitted with the application for initial licensure as a dental assistant:**

**On-The-Job Trained:**

- Documentation of a completed continuing education course, either online or in person, on the *CDC Guidelines for Infection Control in Dental Health-Care Settings*; and
- Proof of the successful completion of Board-recognized radiation health and safety training OR proof of a passing score on the DANB Radiation Health and Safety Examination.

**Formally-Trained, Certified and/or Expanded Functions:**

- Documentation demonstrating successful completion of a dental assisting program as follows:
  1. Proof of current certification from DANB or other Board-approved certifying body; or
  2. An official, original transcript including the date of graduation and degree awarded, licensed or certified by the Massachusetts Department of Higher Education (DHE), or the New England Association of Schools and Colleges (NEASC) or both; or
  3. An original, official transcript including the date of graduation and degree awarded from a CODA-accredited, Chapters 69 and 74 Approved Program in dental assisting; or
  4. An original, official transcript including the date of graduation or a letter including the school or program's seal which is signed by the appropriate authority and attests to the applicant's degree, diploma or certificate from either a Chapters 69 and 74 Approved Program in dental assisting or a Chapter 112 Approved Program in dental assisting, provided that such program meets the criteria set forth at 234 CMR 4.10; or
  5. Such proof of completion of a Chapter 112 Approved Program in dental assisting, as the Board may declare to be acceptable via an advisory ruling, provided that such program meets the criteria set forth at 234 CMR 4.10; and
- Documentation satisfactory to the Board that the applicant has achieved a minimum score, as specified by the Board, on a Board-designated test of English language proficiency (such as the TOEFL exam) if the applicant graduated from a dental assistant school or program where the language of written or oral instruction (including textbooks) or both, was in a language other than English.

**Please Note:**

- Incomplete applications will delay licensure processing.
- Please retain a copy of all application documents for your records.
- Confirmation of your license status is available under the “Check a License” link on our website at [www.mass.gov/dph/dentalboard](http://www.mass.gov/dph/dentalboard) as soon as the Board issues your license.

---

**Notice of Intent to Apply as a First-Time Dental Assistant Trained On-The-Job (234 CMR 4.13):**

- A person who is at least 18 years of age, who has not been previously licensed or registered as a dentist, dental hygienist or dental assistant and who is not in violation of any rule or regulation adopted by the Board may practice as a dental assistant under the supervision of a licensed dentist without being registered by the Board for a preliminary and one-time period of up to six consecutive months to commence from the beginning of the initial period of on-the-job training.
- Prior to the commencement of the unlicensed on-the-job training, the person notifying the Board of his or her intent shall provide written notification of the intent to commence training on a letter to the Board and shall submit the following documentation to the Board:
  1. A complete, accurate, signed, and notarized notice of intent;
  2. Attestation that the person named in the notice of intent has never practiced, has never attended dental, dental hygiene or dental assisting school or has never been licensed as a dentist, dental hygienist or dental assistant;
  3. Submission of the name and Massachusetts license number of the supervising dentist; and
  4. Date when the six-month unlicensed on-the-job training will commence.
- Upon receipt of a written request, the Board may extend the on-the-job training period for up to an additional six months for a dental assistant who is enrolled in a program of professional educational training for dental assistants offered by a college, university or dental school authorized to confer degrees or by another dental institution or association recognized by the Board. The written request must include:
  1. Name and signature of the supervising dentist responsible for the on-the-job training of the dental assistant; and
  2. Proof satisfactory to the Board of the on-the-job trained dental assistant’s enrollment in a dental assisting program that meets the requirements for licensure pursuant to 234 CMR 4.11(3).



The Commonwealth of Massachusetts  
Bureau of Health Professions Licensure  
**Board of Registration in Dentistry**  
250 Washington Street  
Boston, MA 02108  
(617) 973-0971  
[www.mass.gov/dph/dentalboard](http://www.mass.gov/dph/dentalboard)

|                              |             |
|------------------------------|-------------|
| <b>BOARD USE ONLY</b>        |             |
| Receipt # _____              |             |
| Fee: _____                   |             |
| Ethics & Jurisprudence Exam: |             |
| Date _____                   | Score _____ |

**APPLICATION FOR INITIAL  
DENTAL ASSISTANT LICENSURE**

1. APPLICANT NAME \_\_\_\_\_  
(Last) (First) (Middle)

2. MAIDEN OR OTHER NAME \_\_\_\_\_

3. ADDRESS \_\_\_\_\_  
(No.) (Street) (Apt. #)  
\_\_\_\_\_  
(City/Town) (State) (Zip Code)

**Note:** The address of record may be a home or a business address and is considered public information.

4. PHONE NUMBER: Day: \_\_\_\_\_ Cell: \_\_\_\_\_

5. EMAIL ADDRESS: \_\_\_\_\_

6. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EYE COLOR: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Place of Birth (city/state/country)

HEIGHT: \_\_\_\_\_ Feet \_\_\_\_\_ Inches WEIGHT: \_\_\_\_\_ Lbs. MOTHER'S MAIDEN NAME: \_\_\_\_\_

7. SOCIAL SECURITY NUMBER (SSN) (disclosure is mandatory): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pursuant to M.G.L. c. 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your SSN and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws pursuant to M.G.L. c. 62C, s. 47A and child support laws pursuant to M.G.L. c. 119A, s.16.



## GOOD MORAL CHARACTER QUESTIONS

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES AND ALL RELEVANT DOCUMENTATION INCLUDING FINAL DISPOSITION.**

NOTE: An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

11. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction?

Yes  No

12. Has any licensing or certification board, government authority, hospital or health care facility or professional medical association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes  No

13. Are you the subject of pending disciplinary actions by any licensing or certification board, government authority, hospital or health care facility or professional medical association located in the United States or any country or foreign jurisdiction?

Yes  No

14. Have you ever voluntarily surrendered any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes  No

15. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$100 or less was imposed.

Yes  No  No Record

## RELEASE

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and dental associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration in Dentistry any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration in Dentistry to release information contained in this application in association with its processing.

## AFFIDAVIT OF APPLICANT

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support. I am aware of my professional obligations under M.G.L. c. 119 s. 51A, regarding the reporting of suspected child abuse.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a dental assistant I understand that a CORI check may be conducted by the

Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed dental assistant in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a dental assistant shall be deemed no longer valid if the requirements for licensure as a dental assistant are not met within one (1) year from the date of Board's receipt of my application. I also understand that licensure fees are non-refundable and non-transferable.

I hereby attest that I:

- Have read, understand and agree to comply with *The Policy on Principles and Ethics and Code of Professional Conduct*, published by the American Dental Assistants Association; and
- Have obtained, within one year prior to the date of this application, a written statement from a physician, nurse practitioner or physician assistant that I am in good health and fit to practice dental assisting.

I hereby attest that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration in Dentistry to deny the issuance of a license to me, to suspend or revoke a license issued to me, and to deny the renewal of a license issued to me, all in accordance with Massachusetts law.

***TO BE COMPLETED, SIGNED AND WITNESSED BY THE APPLICANT AND A NOTARY PUBLIC.***

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal or stamp]

**DO NOT FORGET TO INCLUDE THE NON-REFUNDABLE, NON-TRANSFERABLE FEE OF \$60.00 (CHECK OR MONEY ORDER; NO CASH) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS.**

**Attach a recent color photo here (passport sized or larger)  
NO STAPLES.**

## **CHECKLIST FOR APPLICATION SUBMISSION**

**IF YOU QUALIFY AS ON-THE-JOB TRAINED (SEE PAGES 1 AND 2 FOR MORE DETAIL), YOU WILL NEED TO SUBMIT THE FOLLOWING WITH THIS APPLICATION AND \$60 FEE:**

- (1) **PROOF OF CURRENT CERTIFICATION IN BASIC LIFE SUPPORT (CPR/AED FOR ALL AGES). MUST HAVE A HANDS-ON COMPONENT**
- (2) **PROOF OF SUCCESSFUL COMPLETION OF A COURSE IN CDC GUIDELINES IN INFECTION CONTROL**
- (3) **PROOF OF SUCCESSFUL COMPLETION OF A COURSE IN DENTAL RADIOGRAPHY OR A LETTER SIGNED BY YOU AND YOUR SUPERVISING DENTIST STATING THAT YOU WILL NOT TAKE RADIOGRAPHS UNTIL YOU COMPLETE THE APPROPRIATE TRAINING OR CERTIFICATION**
- (4) **COMPLETED ANSWER SHEET FOR THE ETHICS AND JURISPRUDENCE EXAMINATION**
- (5) **A COLOR PHOTO, ATTACHED BY TAPE (NO STAPLES) TO PAGE 7.**
- (6) **IF YOU ANSWERED "YES" TO ANY QUESTIONS ON PAGE 6, A SIGNED AND NOTARIZED CORI ACKNOWLEDGMENT FORM (AVAILABLE ON THE BOARD'S WEBSITE)**
- (7) **IF APPLICABLE, LETTERS OF VERIFICATION FROM STATE BOARDS WITH WHICH YOU HAVE HELD A LICENSE AS A DENTAL PROFESSIONAL**

**IF YOU QUALIFY AS FORMALLY-TRAINED (SEE PAGES 1 AND 2 FOR DETAILS), YOU WILL NEED TO SUBMIT THE FOLLOWING WITH THIS APPLICATION:**

- AN OFFICIAL TRANSCRIPT FROM YOUR FORMAL TRAINING PROGRAM (THE SCHOOL MAY SEND THIS DIRECTLY TO THE BOARD, OR YOU MAY SUBMIT IT IN AN ENVELOPE SEALED BY THE SCHOOL.)**
- ITEMS (1), (4), (5), (6), AND (7) ABOVE.**

**IF YOU QUALIFY AS CERTIFIED OR EXPANDED FUNCTIONS (SEE PAGES 1 AND 2 FOR DETAILS), YOU WILL NEED TO SUBMIT THE FOLLOWING WITH THIS APPLICATION:**

- A COPY OF YOUR CURRENT CERTIFICATION FROM DANB.**
- IF APPLICABLE, AN OFFICIAL TRANSCRIPT FROM YOUR FORMAL TRAINING PROGRAM (THE SCHOOL MAY SEND THIS DIRECTLY TO THE BOARD, OR YOU MAY SUBMIT IT IN AN ENVELOPE SEALED BY THE SCHOOL.)**
- ITEMS (1), (4), (5), (6), AND (7) ABOVE.**