



Rick Scott
Governor

**Application for Approval of Expanded Duties Program
Chapter 64B5-16.002(3)(a-e)(4), Florida Administrative Code**

Name of Program: _____

Address: _____

Contact Person: _____ **Telephone:** _____

The following information must be attached for Board review:

- **Documentation of training and experience of faculty members qualified to teach specified subject areas: (64B5-16.002(b))**
- **Detailed syllabus of the course or program (64B5-16.002(c))**
- **Documentation of clinical or written examination which adequately tests competency in each subject area (64B5-16.002(d))**
- **A sample certificate of completion (see 64B5-16.002(e))**
- **Name and license number & curriculum vita of the Florida licensed dentist who assumes full responsibility for assuring that the dental assistant so trained is competent to perform the tasks (64B5-16.002(4))**

Name of Florida licensed dentist _____ **License #** _____

Has the Florida licensed dentist had any action initiated against the Florida license or a license in another state?

Yes _____ No _____

Are there any disciplinary or litigation proceedings being conducted?

Yes _____ No _____

If yes, please submit a complete detailed report including all Board and/or civil documentation. This application cannot be presented for approval until the complete documentation is received.

Signature of Program/Course Director

Date

Revised 1/7/08

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