



For Board Use Only: Permit #: _____ DOP: _____
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**ARKANSAS STATE BOARD OF DENTAL EXAMINERS**

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Little Rock, Arkansas 72201

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**EXPANDED DUTIES ADD-ON FOR REGISTERED DENTAL ASSISTANTS**

**Check Off Expanded Duties Add-On:**

- Radiography       Coronal Polishing       Nitrous Oxide       Sedation Monitoring

**Personal Information**

Please type or print legibly.

Arkansas R.D.A. Permit #: _____	
First Name: _____	Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____	
Home Phone: _____ Office Phone: _____ Supervising Dentist: _____	
_____	_____
Signature of Dental Assistant	Date

**Radiography and/or Coronal Polishing Add-On**

I have carefully observed and tested the above named dental assistant. In my judgment, the dental assistant is competent to perform the expanded duty(s) checked under my personal supervision:	
_____	
Dentist's Signature	AR License Number

**Nitrous Oxide and/or Sedation Monitoring Add-On**

<p><b><u>NITROUS OXIDE:</u></b> Please submit a copy of your nitrous oxide certificate from a Board-approved instructor or an ADA-accredited dental hygiene or dental assistant program.</p> <p><b><u>SEDATION MONITORING:</u></b> Please submit a copy of your D.A.A.N.C.E. from AAOMS. This is the only course accepted by the Board.</p>
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