

## Documentation of Training in Expanded Functions

In order to qualify to train in expanded functions, you must meet one of the following requirements:

- Graduated from a CODA-accredited dental assisting program and hold a current registration;
- Certified by the Dental Assisting National Board (DANB);
- Minimum of three months of clinical practice as a registered dental assistant, or of clinical practice in another state that does not require registration; or
- Hold an active dental hygiene license.

Yes  No  Do you meet one of the requirements listed above?

Yes  No  Have you completed the required clinical experience for the functions for which you are seeking approval?

- If yes, completely fill out the form and submit to the Iowa Dental Board for review.
- If no, please detail your plans to complete the clinical experiences under observational supervision.

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### Required Documentation

1. Transcript or certificate verifying completion of training in the expanded functions; and
2. Detailed course syllabus or curriculum providing specific information on the expanded functions covered in the training.

**IMPORTANT!** Requests with incomplete forms or lacking the required documentation will be returned and need to be re-submitted as a whole upon completion.

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**Note:** Certificate(s) of completion of board-approved expanded function training must be maintained on file in the office where expanded function services will be provided. The documentation must be provided upon request. If you are unable to document completion of board-approved expanded functions training, you are ineligible to perform expanded functions in Iowa.

For further information concerning expanded functions, please refer to [IAC 481—Chapter 577](#).



Name: \_\_\_\_\_

Tel. #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Clinical Supervising Dentist: \_\_\_\_\_

Work Address: \_\_\_\_\_

Training Provider: \_\_\_\_\_

Course Location: \_\_\_\_\_

Check all that apply.

Requesting Approval for:

Level 1 Expanded Function Training

Level 2 Expanded Function Training

Documentation Enclosed:

Transcript/Certificate Completion

Detailed Curriculum/Syllabus

## Level 1 Expanded Functions Training

Taking Occlusal Registrations	
<b>Didactic Training (minimum 1 hour):</b> Date completed:	<b>Clinical Training (minimum 5 patient experiences):</b> Date completed: Trainer Initials:

Placement & Removal of Gingival Retraction Material	
<b>Didactic Training (minimum 2 hours):</b> Date completed:	<b>Laboratory Training (minimum 1 hour, 3 experiences):</b> Date completed: Trainer initials:
<b>Clinical Training (minimum 5 patient experiences):</b> Date completed: Trainer initials:	

Fabrication, Temporary Cementation, Recementation and Removal of Provisional Restorations	
<b>Didactic Training (minimum 4 hours):</b> Date Completed:	<b>Laboratory Training: (minimum 4 hours, 5 experiences):</b> Date completed: Trainer initials:
<b>Clinical Training: (minimum 10 patient experiences):</b> Date completed: Trainer initials:	



Name: \_\_\_\_\_

Applying Cavity Liners and Bases and Desensitizing Agents	
<b>Didactic Training (minimum 1 hour):</b> Date Completed:	<b>Laboratory Training (minimum 1 hour, 2 patient experiences):</b> Date completed: Trainer initials:
<b>Clinical Training</b> Applying cavity liners and bases (minimum 5 each patient experiences): Date completed: Trainer initials:	
<b>Clinical Training</b> Applying desensitizing agents (minimum 5 each patient experiences): Date completed: Trainer initials:	

Applying Bonding Systems, May Include Placement of Attachments Used in Clear Aligner Systems, following Review of the Fit and Function by Supervising Dentist	
<b>Didactic Training (minimum 2 hours):</b> Date completed:	<b>Laboratory Training: (minimum 1 hour, 2 patient experiences):</b> Date completed: Trainer initials:
<b>Clinical Training (minimum 5 patient experiences):</b> Date completed: Trainer initials:	

Placement, Bonding and Removal of Orthodontic Brackets and Bands or Provisional Orthodontic Appliances	
<b>Didactic Training (minimum 2 hours):</b> Date completed:	<b>Laboratory Training: (minimum 1 hour, 2 patient experiences):</b> Date completed: Trainer initials:
<b>Clinical Training (minimum 5 patient experiences):</b> Date completed: Trainer initials:	

Taking Final Impressions	
<b>Didactic Training (minimum 3 hours):</b> Date completed:	<b>Clinical Training (minimum 6 patient experiences):</b> Date completed: Trainer initials:

Placement of Temporary Restorative Materials following Preparation of the Tooth by the Dentist	
<b>Didactic Training (minimum 1 hour):</b> Date Completed:	<b>Clinical Training (minimum 5 patient experiences):</b> Date completed: Trainer initials:



Name: \_\_\_\_\_

### Extraoral Adjustment to Acrylic Dentures without Making Adjustments to Prosthetic Teeth

**Didactic Training** (minimum 1 hour):

Date completed:

**Laboratory Training:** (minimum 1 hour, 2 patient experiences):

Date completed:

Trainer initials:

**Clinical Training** (minimum 5 patient experiences):

Date completed:

Trainer initials:

### Tissue Conditioning (Soft Reline Only)

**Didactic Training** (minimum 1 hour):

Date completed:

**Laboratory Training:** (minimum 1 hour, 2 patient experiences):

Date completed:

Trainer initials:

**Clinical Training** (minimum 5 patient experiences):

Date completed:

Trainer initials:

### Placement, management, and removal of an intravenous (IV) infusion line for moderate sedation, deep sedation, or general anesthesia

**Didactic Training** (minimum 12 hours or DAANCE certification):

Date Completed:

**Laboratory Training:** (minimum 8 hours):

Date/initial for each experience

**Clinical Training:** (minimum 6 venipunctures with 2 patient experiences):

Date completed:

Trainer initials:

### Monitoring of Patients Receiving Nitrous Oxide Inhalation Analgesia

(Expanded Function for RDAs)

**Didactic Training** (minimum 2 hours):

Date completed:

**Laboratory Training:** (minimum 1 hour):

Date completed:

Trainer initials:

**Clinical Training** (minimum 5 patient experiences):

Date completed:

Trainer initials:

### Removal of Adhesives Using Nonmotorized Hand Instrumentation

(Expanded Function for RDAs. Scope of practice for RDHs.)

**Didactic Training** (minimum 1 hour):

Date completed:

**Clinical Training** (minimum 5 patient experiences):

Date completed:

Trainer initials:



Name: \_\_\_\_\_

## Level 2 Expanded Functions Training

### Placement and shaping of amalgam following preparation of a tooth by a dentist

Date completed:

Trainer initials:

### Placement and shaping of adhesive restorative materials following preparation of a tooth by a dentist

Date completed:

Trainer initials:

### Polishing of adhesive restorative material using a slow-speed handpiece

Date completed:

Trainer initials:

### Fitting of stainless-steel crowns on primary posterior teeth, and cementation after fit verification by a dentist

Date completed:

Trainer initials:

### Placement of Sealants (by dental assistants)

Date completed:

Trainer initials:

By signing this form, you certify that the information regarding the successful completion of training in the expanded functions, as indicated above, is accurate, and that clinical competency has been achieved where applicable. Include a written explanation for any training components that have not been successfully completed. (e.g. Didactic and laboratory training completed, needs to complete clinical experiences.)

**Signature RDA/RDH:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature DDS:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Training Provider:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email or Phone of Training Provider:** \_\_\_\_\_

#### Professional Licensing Division

Iowa Dental Board  
6200 Park Ave. #100  
Des Moines, IA 50321