



## Affidavit of Employment as a Dental Assistant

Applicants for dental assistant registration and radiography qualification who are not graduates of a CODA-accredited dental assisting program must have either completed on-the-job training as a dental assistant trainee, or have practiced as a dental assistant in another state within the previous five years. To verify that the applicant meets one of these requirements, a supervising dentist must complete and sign this form. Please complete all applicable sections.

### Dental Assistant Registration

Name of Dental Assistant: \_\_\_\_\_

Dates: From – To: (MM/DD/YYYY)

Location(s): (City, State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the dental assistant complete training in dental radiography or take radiographs under your supervision?\*

Yes  No

\*If yes, please complete the following section of the form. If no, the applicant the dental assistant is ineligible for a radiography qualification at this time, and will not be permitted to take dental radiographs when registration is issued.

### Dental Radiography Qualification

Dates: From – To: (MM/DD/YYYY)

Location(s): (City, State)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the dental assistant listed above has worked as a dental assistant under my supervision on the dates and at the locations indicated above, and has demonstrated clinical competency in the practice of dental assisting.

Yes  No

I certify that the dental assistant has trained in and/or taken dental radiographs under by supervision during the dates and at the locations indicated above, and has demonstrated clinical proficiency. Yes  No

Form Completed by: \_\_\_\_\_

License #: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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