



# STATE OF IOWA

## IOWA DENTAL BOARD

TERRY E. BRANSTAD, GOVERNOR  
KIM REYNOLDS, LT. GOVERNOR

MELANIE JOHNSON, J.D.  
EXECUTIVE DIRECTOR

Dear Applicant:

Please find enclosed the application for dental assistant trainee status for Iowa high school students who are enrolled in a cooperative education or work-study program. Complete the trainee application and submit to the office of the Iowa Dental Board within seven days of employment.

Upon receipt of the trainee application in this office, the Board will acknowledge your status as a dental assistant trainee. You will be required within twelve months to successfully complete a Board-approved course of study and examination in the areas of infection control, hazardous materials and jurisprudence. The examinations are available at a number of local community colleges. An information sheet is enclosed with the contact information for the testing sites. The Board has approved an on-the-job training manual available from the Board office. You or your employer may order this manual by checking the order line on page 3 of the trainee application and including a separate \$70 fee.

Trainee status for high school students in an educational or work-study program extends until the trainee is 17 years of age and a high school graduate or equivalent. Once a trainee has reached the age of 17 and has met the graduation requirement, the trainee can apply for dental assistant registration.

Until the trainee has reached the age of 17 and before reaching graduation or equivalent, the trainee must work under the personal supervision of a licensed dentist. **According to Board rules, "personal supervision means the dentist is physically present in the treatment room to oversee and direct all intra-oral services of the dental assistant and a licensee or registrant is physically present to oversee and direct all extra-oral services of the dental assistant."**

**Dental assistant trainees who are part of a high school education or work-study program and are under age 18 are not allowed to train in the area of dental radiography.** These trainees are prohibited from participating in dental radiography before they have reached the age of 18.

Please note the fee for trainee status is \$25. **This fee is non-refundable.**

If you have any questions or need further assistance, please contact Janet Arjes at 515-281-3248, or via email at [janet.arjes@iowa.gov](mailto:janet.arjes@iowa.gov)

# APPLICATION FOR DENTAL ASSISTANT TRAINEE STATUS FOR STUDENTS IN A WORK STUDY PROGRAM

IOWA DENTAL BOARD  
400 SW 8<sup>th</sup> St., Suite D  
Des Moines, IA 50309  
Phone: 515-281-5157; Fax: 515-281-7969

This form must be completed and returned to the Iowa Dental Board within seven days of the time the dental assistant trainee begins work. Include the **non-refundable** application fee of \$25.

## IDENTIFYING INFORMATION

Full Legal Name: (First , Middle, Last)			
Other Last Names Used: (e.g. Maiden, other married names)		E-mail Address:	
Home Address:			
City:	County:	State:	Zip:
Home Phone:	Home Fax:		Gender: Female: <input type="checkbox"/> Male: <input type="checkbox"/>
Social Security Number:	<small><b>Privacy Act Notice:</b> Disclosure of your Social Security Number on this license application is required by 42 U.S.C. § 666(a)(13), Iowa Code §§ 272J.8(1) and 261.126(1), and Iowa Code § 272D.8(1). The number will be used in connection with the collection of child support obligations, college student loan obligations, and debts owed to the state of Iowa, and as an internal means to accurately identify licensees, and may also be shared with taxing authorities as allowed by law including Iowa Code § 421.18.</small>		
Date of Birth:	City of Birth:	State of Birth:	Country of Birth:
Father's Full Name:		Mother's Full Name:	
Full Name & Address of Nearest Relative Not Living With You:			
Name of High School:	City:	State:	

Dental assistant trainees who are part of a cooperative education or work-study program must train under the personal supervision of a licensed dentist in the areas of infection control, hazardous materials and jurisprudence. **Applicants under the age of 18 are prohibited from training in the area of dental radiography.**

## EMPLOYER'S CERTIFICATION

Name of Employer:	
Office Address:	(Where dental assistant will train)
	Phone:
Dentist License Number:	Date Employment as a Dental Assistant Began:

Office Use Only:	Fee Paid:	Date Issued:	Trainee Number:	Expiration Date:
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### STATEMENT OF APPLICANT

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. I am enrolled as a high school student in a cooperative education or work-study program. I understand that trainee status will be extended until I am at least 17 years of age and a high school graduate or equivalent.

I further state that I shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. **I understand that *personal supervision* means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.**

I shall notify the Board within five days of the termination of such employment.

I understand that within twelve months of employment, I am required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on-the-job using curriculum approved by the Board for such purpose. Evidence of meeting the training and examination requirement shall be submitted within twelve months to the Board. I understand that in the event I am not registered by the expiration date of my trainee status, I will be prohibited from working as a dental assistant. Prior to expiration of my trainee status, I must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

**I understand that while under trainee status I am prohibited from participating in dental radiography, unless I am 18 years of age or older.**

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Date

Signature of Dental Assistant Trainee

### STATEMENT OF PARENT OR GUARDIAN

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. The applicant is enrolled as a high school student in a cooperative education or work-study program. I understand that trainee status will be extended until the applicant is at least 17 years of age and a high school graduate or equivalent.

I understand that the applicant shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. **I understand that *personal supervision* means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.**

I understand that within twelve months of employment, the applicant is required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on-the-job using curriculum approved by the board for such purpose. Evidence of meeting the training and examination requirement shall be submitted within twelve months to the Board. I understand that in the event the applicant is not registered by the expiration date of the trainee status, the applicant will be prohibited from working as a dental assistant. Prior to expiration of trainee status, the applicant must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

**I understand that while under trainee status an applicant who is under 18 years of age is prohibited from participating in dental radiography.**

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Date

Signature of Parent or Guardian

**STATEMENT OF EMPLOYER**

I certify that the statements of the above applicant relating to employment of the trainee are true. I will also personally supervise the Dental Assistant Trainee and assist the trainee in learning the skills needed. I understand that **personal supervision means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.** The applicant is a high school student who is in a cooperative education or work-study program. I understand that trainee status will be extended until the applicant is at least 17 years of age and a high school graduate or equivalent.

I also understand that within twelve months of employment, the dental assistant trainee shall successfully complete Board-approved education and examinations in the areas of infection control, hazardous materials, and jurisprudence. The trainee will also be required to show current certification in CPR at the time of registration. I understand that the dental assistant trainee will be prohibited from working as a dental assistant if the examinations are not successfully passed within twelve months and if the trainee has not become registered by the expiration date of trainee status. I will ensure the trainee has a current certificate of registration prior to working after expiration of trainee status.

**I also understand that a trainee who is under 18 years of age is prohibited from participating in dental radiology while on trainee status.**

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Date Dentist's Signature

**STATEMENT OF EDUCATION OR WORK-STUDY PROGRAM**

I hereby certify that everything contained in this application is true and accurate to the best of my knowledge. The applicant is enrolled as a high school student in a cooperative education or work-study program. I understand that trainee status will be extended until the applicant is at least 17 years of age and a high school graduate or equivalent. I understand that the applicant shall practice only under the personal supervision of the dentist listed on the front side of this application, who is licensed in this state. I understand that **personal supervision means the dentist is physically present in the treatment room to oversee and direct the services of the dental assistant.**

I understand that within twelve months of employment, the applicant is required to successfully complete a Board-approved course of study and examinations in the areas of infection control, hazardous materials and jurisprudence. The course of study may be taken at a Board-approved postsecondary school or on-the-job using curriculum approved by the Board for such purpose. Evidence of meeting the training and examination requirement shall be submitted within twelve months to the Board. I understand that in the event the applicant is not registered by the expiration date of the trainee status, the applicant will be prohibited from working as a dental assistant. Prior to expiration of trainee status, the applicant must apply to the Board to be reclassified as a registered dental assistant. Current certification in CPR (cardiopulmonary resuscitation) will be required at the time of registration.

I understand that a trainee who is under 18 years of age is prohibited from participating in dental radiography. I also understand that I will need to notify the board in writing if the applicant is no longer enrolled in the education or work-study program.

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Date Signature of School or Program Administrator

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Name and Location of School

Application fee of \$25 made payable to the Iowa Dental Board is enclosed.

Please send me the Dental Assistant Training Manual. I have enclosed the \$70 fee.

## Community College Testing Sites

To schedule a dental, dental hygiene, or dental assistant examination, please contact the testing site of your choice at least 10 days prior to the exam date. A proctor fee will be paid directly to the community college testing site. To sit for the exam, you will need to take verification of trainee status, or pending application (dental & dental hygiene applicants), along with a photo ID. Please contact the Board directly if there is not a site available in your area. The Board will make every effort to accommodate you.

**ANKENY:** Des Moines Area Community College, Assessment Center Bldg. 6, 2006 S. Ankeny, Ankeny, IA 50021, Cindy Keese or Lee Lyons 1-800-362-2127 or 515-964-6595

**BETTENDORF:** Eastern Iowa Community College, Scott Community College Testing Center, 500 Belmont Road, Bettendorf, IA 52722-6804, Lisa Miller 1-888-336-3907 or 563-441-4012

**W. BURLINGTON:** Southeastern Community College, 1500 West Agency Road, West Burlington, IA 52655, Angela Darnall 1-800-828-7322 or 866-722-4692 ext. 8128

**CALMAR:** Northeast Iowa Community College, Highway 150 South, Box 400, Calmar, IA 52132, Mary Winters 1-800-728 2256 or 563-562-3263 ext. 222

**CEDAR RAPIDS:** Kirkwood Community College, Test Center Room 139, 6301 Kirkwood Blvd. S.W., P.O. Box 2068, Cedar Rapids, IA 52406, Dave Kerton 1-800-332-2055

**CLINTON:** Clinton Community College, Testing Center, 1000 Lincoln Blvd, Clinton, IA 52732, Roxanne Otto, 1-563-244-7001

**COUNCIL BLUFFS:** Iowa Western Community College, 2700 College Rd., P.O. Box 4C, Council Bluffs, IA 51502, Michael Mott 1-800-432-5852 or 712-325-3219 ext. 3219

**CRESTON:** Southwestern Community College, 1501 West Townline St., Creston, IA 50801, Marilyn Werner 1-800-247-4023 ext. 330, or 641-782-1330

**DUBUQUE:** Northeast Iowa Community College, Town Clock Center for Professional Development, 680 Main St. Dubuque, IA 52001, Rosalie Hughes, 1-888-642-2338 ext 234, or 563-557-8271 ext. 234. Fax: 563-557-0319

**EMMETSBURG:** Iowa Lakes Community College, Allied Health, 3200 College Drive, Emmetsburg, IA 50536, Rosemary Coleman 800-242-5108, Ext. 227 or 712-852-5227. Fax: 712-852-5324. E-mail: [rcoleman@iowalakes.edu](mailto:rcoleman@iowalakes.edu)

**FORT DODGE:** Iowa Central Community College, 330 Avenue M, Fort Dodge, IA 50501, Shelly Lundeen 1-800-362-2793 or 515-576-0099 ext. 2254

**MARSHALLTOWN:** Iowa Valley Community College, 3702 South Center Street, Marshalltown, IA 50158, Jim Merritt 1-800-284-4823 or 641-752-4645 ext. 346

**MASON CITY:** North Iowa Area Community College, Independent Study Lab, 500 College Drive, Mason City, IA 50401, Kay Haugen 1-888-466-4222 or 641-422-4266 ext. 4266

**OTTUMWA:** Indian Hills Community College, Health Occupations, Bldg. 10, 525 Grandview, Ottumwa, IA 52501, Mary Stewart 1-800-726-2585 ext. 5180, or 641-683-5142

**SHELDON:** Northwest Iowa Community College, 603 West Park, Sheldon, IA 51201, Marlys Schwebach 1-800-352-4907 or 712-324-5061 ext. 118

**SIoux CITY:** Western Iowa Tech Community College, Testing Center, 4647 Stone Ave., Building A , Sioux City, IA 51102-5199, 1-800-352-4649 or 712-274-8733 ext. 6443

**WATERLOO:** Hawkeye Community College, Student Development Center, 1501 E. Orange Rd., P.O. Box 8015, Waterloo, IA 50704, Kris Owens 1-800-670-4769 or 319-296-4014 Ext. 1369

## Dental Assistant Registration Checklist – Trainees in Work-Study Program

- Dental Assistant Trainee application mailed to Board office within 7 days of employment
- Verification of Dental Assistant Trainee Status form received from Board office (Post this form in your dental office. This form is also REQUIRED to sit for the exams.)
- Study the Dental Assistant Trainee Manual – the manual and exams must be completed within twelve months of employment
- Schedule the infection control and jurisprudence exams (allow 10 days for scheduling).
- Successfully complete Board-approved infection control exam or Dental Assisting National Board Infection Control Examination within twelve months of employment
- Successfully complete jurisprudence exam within twelve months of employment
- Obtain certification in CPR prior to registration as a dental assistant CPR must be taken from a nationally recognized provider. No special “level” or other type of CPR is required.

Effective July 1, 2005

**All application forms are available on the Board website at [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).**