



CORONAL POLISHING CERTIFICATE APPLICATION AND INSTRUCTIONS

TEXAS STATE BOARD OF DENTAL EXAMINERS
333 Guadalupe Street, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
Fax: (512) 463-7452
E-Mail: information@tsbde.texas.gov
Website: www.tsbde.texas.gov

1. THE APPLICATION PROCESS - INSTRUCTIONS

The application, practice and renewal as a dental assistant is governed by the Texas Occupations Code (Dental Practice Act) Section 265 and Texas State Board of Dental Examiners (TSBDE) Rules in Chapter 114.

1. All application fees are non-refundable.
2. All documents must be mailed directly to:

Texas State Board of Dental Examiners
333 Guadalupe Street, Tower 3, Suite 800
Austin, TX 78701-3942

3. Allow fourteen (14) business days for your information to be received and processed. The use of Federal Express, United Parcel Service (UPS) or other special courier services will not reduce the processing time. Additionally, if special courier services are used, you are responsible for contacting the courier to confirm receipt of your package by the TSBDE.
4. If your application is not complete upon receipt by the TSBDE Licensing Division, a deficiency letter will be sent to you along with the return of your application.
5. If you change your mailing address, you must notify the TSBDE, **in writing**, either by mail, e-mail or by fax within 60 days. Failure to notify the TSBDE may impact your certificate, since failure to receive your renewal notification does not relieve you of the responsibility for timely renewal.
6. **ANSWER ALL QUESTIONS ON THE APPLICATION. DO NOT LEAVE ANY AREA BLANK.**

2. THE QUALIFICATION PROCESS

To qualify for the Coronal Polishing Certificate a Dental Assistant must complete **ONE** of the three options listed below and submit proof of work experience and program or course work completion. A checklist on Page 2 provides detailed instructions on submitting proof of course completion and work experience.

OPTION 1:

- Must have at least two years of dental assisting work experience.
- Completed at least eight (8) hours of clinical and didactic education in Coronal Polishing taken through a **Texas** CODA-Accredited Dental Assisting Program with the ADA and approved by the TSBDE. This program must include the following courses on:
 - (A) Principles of Coronal Polishing, including armamentarium, operating and patient position, technique and polishing agents;
 - (B) Oral anatomy and tooth morphology related to retention of plaque and stain;
 - (C) Indications, Contraindications, and Complications of Coronal Polishing;
 - (D) Infection Control Procedures;
 - (E) Polishing coronal surfaces of teeth; and
 - (F) Texas Jurisprudence relating to Coronal Polishing.

OPTION 2:

- Graduate of a **Non-Texas** CODA-Accredited Dental Assisting Program of the ADA that included didactic course work and clinical training in Coronal Polishing.
- Must have at least two years of dental assisting work experience.
- Completed the TSBDE Jurisprudence Assessment for Coronal Polishing. The TSBDE Jurisprudence Assessment Certificate of Completion must be dated within the previous 12 months of making application to the TSBDE.

OPTION 3:

- Hold a current Dental Assistant National Board (DANB) Certification.
- Must have at least two years of dental assisting work experience.
- Completed the TSBDE Jurisprudence Assessment for Coronal Polishing. The TSBDE Jurisprudence Assessment Certificate of Completion must be dated within the previous 12 months of making application to the TSBDE.

3. SELF-QUERY REPORTING REQUIREMENT

1. Complete a National Practitioner Data Bank (NPDB) Self-Query Report.

Instructions - NPDB Self-Query Report: All applicants are required to complete a self-query of the NPDB. *The report results must remain in the original sealed envelope and be attached to your application to the TSBDE.* NPDB self-query reports are valid for 30 days. NPDB charges a minimal fee to furnish this information. You can contact the NPDB at Post Office Box 10832, Chantilly, VA 22021, telephone number (800) 767-6732, or website at: <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

2. Complete a American Association of Dental Boards (AADB) Self-Query Report.

Instructions - AADB Self-Query Report: All applicants are required to complete a self-query to the AADB Clearinghouse. *The report results must remain in the original sealed envelope and be attached to your application to the TSBDE.* AADB charges a minimal fee to furnish this information. The AADB self-query form should be mailed to: American Association of Dental Boards, 211 East Chicago Avenue, Suite 760, Chicago, IL 60611. The AADB telephone number is (312) 440-7464. The AADB self-query form can be downloaded from the AADB website at: <https://www.dentalboards.org/ClearinghouseQueryForm.htm>.

4. **TSBDE JURISPRUDENCE ASSESSMENT FOR CORONAL POLISHING**

Option 1 applicants proceed directly to Section V.

Option 2 or Option 3 Applicants will need to take the TSBDE Jurisprudence Assessment for Coronal Polishing to qualify.

General Information about the TSBDE Jurisprudence Assessment

- No study materials are needed. The assessment is considered a learning tool to familiarize you with Texas Laws and Rules.
- The assessment is presented in a "No Fail" Question & Answer Format. Questions must be answered correctly to advance forward in the assessment.
- The Rule or Law pertaining to each question will be made available to you before the question is presented.
- Take the Jurisprudence Assessment at your convenience 24 hours a day, 7 days a week.
- Take all the time you need to complete your Jurisprudence Assessment. Log out at any time to finish later.
- No cost for duplicate certificates of completion.
- Payment can be made with a major credit card, bank card or by electronic check. Your purchase is confirmed by e-mail.
- Through the Jurisprudence Assessment website, Help Desk staff are available to assist you with questions regarding your purchase or accessing your online learning account. Click the **Red Help Button** to obtain information for the Help Desk.

TAKE THE TSBDE TEXAS JURISPRUDENCE ASSESSMENT FOR CORONAL POLISHING AT: www.tsbde.texas.gov/Jurisprudence

5. **ORDERING DUPLICATE CERTIFICATES**

An original certificate must be displayed where services are provided.

To order a duplicate certificate, complete a [Duplicate Certificate Request Form](#) and mail it to the TSBDE along with your non-refundable fee. This form is available on the Dental Board Website under the Main Menu. Select "Forms and Applications". TSBDE Website: www.tsbde.texas.gov

6. **REPORTING A CHANGE OF ADDRESS**

Notify the Board within 60 days of a change in your primary mailing address.

Changes can be sent by e-mail, fax or you can send a [Change of Address Form](#) by ground mail. All forms and applications are available on the TSBDE Website at www.tsbde.texas.gov Send the following information:

Your Full Name
 Dental Assistant
 RDA # (If you have one)
 Clearly List Your Old Address & Phone Number
 Clearly List Your New Address & Phone Number

Send Address Changes:

E-Mail: info@tsbde.texas.gov **Fax:** (512) 463-7452
Ground Mail: State Board of Dental Examiners
 333 Guadalupe, Tower 3, Suite 800, Austin, TX 78701-3942

7. **NAME CHANGE REQUEST**

A name change can only be made by mail. To make a name change, fill out and mail a [Dental Assistant Name Change Request Form](#) along with your non-refundable fee to the TSBDE. All forms and applications are available on the Dental Board Website under the Main Menu. Select "Forms and Applications". TSBDE Website: www.tsbde.texas.gov

8. **CHECKLIST - Use to complete your application.**

DONE

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|---|---|
| <ol style="list-style-type: none"> 1. Complete all sections of the application. 2. Submit letters, preferably on letterhead, from current or former employers showing proof that you have at least two (2) total years of Dental Assistant work experience. Letters must identify the dental professional(s) you are/were employed with. 3. Military Active Duty, Veterans or Military Active Duty Spouses must provide a copy of your Military Orders or Military I.D. Card. 4. Sealed envelopes containing your AADB and NPDB Self-Query Report results. 5. Certification/Education Requirements: (Select <u>one</u> that applies to you)
 <u>Option 1.</u> If you qualify under Option 1 submit the following: <ul style="list-style-type: none"> • Attach a copy of your proof of completion of a Texas CODA-Accredited Coronal Polishing Course. <u>Option 2.</u> If you qualify under Option 2 submit the following: <ul style="list-style-type: none"> • Attach a copy of your proof of completion of a Non-Texas CODA-Accredited Dental Assisting Program. • Attach a copy of your SBDE Texas Jurisprudence Assessment Certificate of Completion in Coronal Polishing dated within the previous 12 months of making application to the Dental Board. <u>Option 3.</u> If you qualify under Option 3 submit the following: <ul style="list-style-type: none"> • Attach documentation showing successful completion from DANB. • Attach a copy of your SBDE Texas Jurisprudence Assessment Certificate of Completion in Coronal Polishing dated within the previous 12 months of making application to the Dental Board. 6. If you answer "Yes" to either question asked in the "Background Information" Section of the application you must submit with the application a letter of explanation and provide <u>certified</u> copies of court documents concerning each conviction or deferred adjudication. 7. Enclose your check or money order made payable to the "Texas State Board of Dental Examiners". Military Active Duty, Veterans and Military Active Duty Spouses do not pay an application fee. 7. Sign your application in front of a Notary Public. | <p>_____</p> |
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Coronal Polishing Certificate Application

APPLICATION FEE \$12.00

Military Active Duty, Veterans, Military Active Duty Spouses: No Fee

FOR STAFF USE ONLY:

1. PRESENT LEGAL NAME:

FIRST _____ MIDDLE _____ LAST _____
 MAIDEN NAME (If Applicable) _____ OTHER LAST NAMES (If Used) _____ E-MAIL ADDRESS _____

2. DATE OF BIRTH:

____ / ____ / ____
 DD MM YYYY

3. SOCIAL SECURITY NUMBER*:

4. TELEPHONE NUMBER:

____ - ____
 (AREA CODE) PHONE NUMBER

* - The TSBDE requires an applicant to provide a SSN as a part of the licensure, certification or registration process. The SSN of an applicant for a license, certificate, or registration or other legal authorization issued by the TSBDE is confidential and not subject to disclosure under Chapter 552 of the Texas Government Code.

5. MAILING ADDRESS:

NUMBER AND STREET _____ CITY _____ STATE _____ ZIP CODE _____

6. MILITARY STATUS: If you are military, include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.

____ Not Military ____ Military Active Duty ____ Veteran ____ Military Active Duty Spouse

YOU MUST COMPLETE ONE OF THE OPTIONS LISTED BELOW AND SUBMIT PROOF OF SUCCESSFUL PROGRAM COMPLETION TO QUALIFY FOR CORONAL POLISHING CERTIFICATION

I QUALIFY UNDER: (Check the OPTION that applies to you)

____ **OPTION #1:** Have at least two **total** years of Dental Assisting work experience, have completed at least eight hours of clinical and didactic education in Coronal Polishing taken through a CODA-Accredited Dental Assisting Program approved by the TSBDE that includes courses on:

Principles of coronal polishing, including armamentarium, operator and patient positioning, technique and polishing agents; (B) Oral anatomy and tooth morphology related to retention of plaque and stain; (C) Indications, Contraindications, and Complications of Coronal Polishing; (D) Infection Control Procedures; (E) Polishing coronal surfaces of teeth; and (F) Jurisprudence relating to coronal polishing.

SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- Proof of successful completion of a **Texas** CODA-Accredited Coronal Polishing Course.
- Letters, preferably on letterhead, from current or former employers showing proof that you have at least two **total** years of Dental Assisting work experience. Letters must identify the dental professional(s) you are/were employed with.

____ **OPTION #2:** Graduate of a CODA-Accredited Dental Assisting Program, have at least two **total** years of Dental Assisting work experience and have completed the SBDE Jurisprudence Assessment in Coronal Polishing. (The CODA-Accredited Dental Assisting Program must have included specific didactic course work and clinical training in Coronal Polishing)

SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- Proof of successful completion of a **Non-Texas** CODA-Accredited Dental Assisting Program.
- Copy of TSBDE Jurisprudence Assessment Certificate of Completion in Coronal Polishing dated within the last 12 months.
- Letters, preferably on letterhead, from current or former employers showing proof that you have at least two **total** years of Dental Assisting work experience. Letters must identify the dental professional(s) you are/were employed with.

____ **OPTION #3:** Hold current certification through the Dental Assistant National Board (DANB), have at least two **total** years of Dental Assisting work experience and have completed the SBDE Jurisprudence Assessment in Coronal Polishing.

SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

- Proof showing successful completion from DANB.
- Copy of your SBDE Texas Jurisprudence Assessment Certificate of Completion in Coronal Polishing dated within last 12 months of making application.
- Letters, preferably on letterhead, from current or former employers showing proof that you have at least two **total** years of Dental Assisting work experience. Letters must identify the dental professional(s) you are/were employed with.

BACKGROUND INFORMATION If you answer "YES" to any question below you **MUST** write a letter of explanation and provide certified copies of court documents concerning each conviction or deferred adjudication. **Have you:**

____ Yes ____ No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances?
 ____ Yes ____ No Have you received a deferred adjudication, been arrested, or been convicted of an illegal offense?

SELF-QUERY REPORT RESULTS

____ Yes ____ No I have attached the sealed envelopes containing my NPDB and AADB Self-Query Reports to this application?

ATTESTATION

By my signature below I hereby attest that I have completed one of the program options listed above and fully meet the requirements for Coronal Polishing Certification in accordance with the State Board of Dental Examiners Rules and Regulations.

DATE: _____ APPLICANT'S SIGNATURE: _____