



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

PIT AND FISSURE SEALANT CERTIFICATE APPLICATION AND INSTRUCTIONS

I. 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, et. seq. and Texas State Board of Dental Examiners (TSBDE) Rules in Chapter 114, et. seq.

1. All application fees are non-refundable. Military Active Duty, Veterans and Military Active Duty Spouses do not pay an application fee however, they are required to provide a copy of their Military Orders or Military Identification Card or proof of Honorable or General Discharge.
2. All documents and the fee are required to be submitted by you and should 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 delivery of your package to 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 should 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.**

II. THE QUALIFICATION PROCESS

A checklist on Page 2 in this application provides detailed instructions on submitting proof of course completion and work experience.

1. Pay the application fee;
2. Provide proof of the following:
 - (A) At least two years of experience as a dental assistant;
 - (B) Successful completion of a current course in basic life support; and,
 - (C) Successful completion of a minimum of 8 hours of clinical and didactic education in pit and fissure sealants taken through a CODA-accredited dental hygiene or dental assisting program approved by the TSBDE whose course of instruction includes:
 - (i) infection control;
 - (ii) cardiopulmonary resuscitation;
 - (iii) treatment of medical emergencies;
 - (iv) microbiology;
 - (v) chemistry;
 - (vi) dental anatomy;
 - (vii) ethics related to pit and fissure sealants;
 - (viii) jurisprudence related to pit and fissure sealants; and
 - (ix) the correct application of sealants, including the actual clinical application of sealants.
3. National Practitioner Database Self-Query Report.
4. American Association of Dental Boards Self-Query Report.
5. Hold a current Basic Life Support (BLS) CPR Certification.

III. SELF-QUERY REPORT 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>.

IV. 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 TSBDE Website at www.tsbde.texas.gov.

V. 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 TSBDE Website at www.tsbde.texas.gov

VI. CHECKLIST - Use to complete your application.

Note: Your application must be dated and received within 12 months of receipt by the TSBDE or it will be rejected.

DONE

1. Complete all sections of the application. _____
2. Application Fee of \$30.00. _____
3. Submit letters, preferably on letterhead, from current or former employers showing proof that you have at least two **total** years of Dental Assistant work experience. Letters must identify the dental professional(s) you are/were employed with. _____
4. Copy the front and back of your current CPR card on a full-sized sheet of paper. CPR certification in Basic Life Support must comply with the TSBDE Policy: CPR training must include a written assessment and a demonstration of skills by the applicant. Computer and video-based CPR training courses given by an instructor that include training taken by the applicant on a hands-on practice manikin and a written assessment of skills are acceptable. Online courses that do not include a hands-on training by the applicant or a written assessment of skills are not acceptable. _____
5. Copy the front of your Social Security Card on a full-sized sheet of paper. If you do not have a copy of your card, you may submit a copy of the letter issued from the Social Security Administration showing proof a Social Security Number has been issued to you in lieu of sending a copy of your Social Security Card. To obtain a Social Security Number visit: www.socialsecurity.gov/ssnumber _____
6. Copy of your Certificate of Completion showing proof of successful completion of a Pit and Fissure Sealant Course approved by the SBDE and offered by a Dental Hygiene or Dental Assisting Program Accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association. _____
7. Attach the sealed envelope containing your NPDB Self-Query Report results to your application. _____
8. Attach the sealed envelope containing your AADB Self-Query Report results to your application. _____
9. 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 certified copies of court documents concerning each conviction or deferred adjudication. _____
10. Enclose your payment made payable to the "Texas State Board of Dental Examiners". Military Active Duty, Veterans or Military Active Duty Spouses are not required to pay an application fee. _____
11. Military Active Duty, Veterans, and Military Active Duty Spouses must provide a copy of their Military Orders or Military I.D. Card or a document showing proof of Honorable or General Discharge. _____
12. **Sign your application in the presence of a Notary Public.** A Notary Public needs to witness and verify your signature then sign and stamp your application. Notary services are often available, for a fee, at some banks, postal and courier facilities, copy centers, and at city, county, state and federal offices. _____



Pit and Fissure Sealant Certificate Application

APPLICATION FEE \$30.00

MILITARY ACTIVE DUTY, VETERANS, MILITARY ACTIVE DUTY SPOUSES: NO FEE
PERSONAL CHECK OR MONEY ORDER ACCEPTED

FOR STAFF USE ONLY:

1. PRESENT LEGAL NAME:

First Name Middle Name Last Name

Registered Dental Assistant
(RDA) Number:

(Leave Blank if you do not have an RDA #) _____ Other Last Names (If Used)

E-Mail Address: _____

2. DATE OF BIRTH:

_____|_____|_____
DD MM YYYY

3. SOCIAL SECURITY NUMBER*:

4. TELEPHONE NUMBER:

_____|_____
(AREA CODE) 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: (Check One)

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 Active Duty Military Veteran Active Duty Military Spouse

7. PRIMARY EMPLOYER INFORMATION: (LEAVE BLANK IF NOT CURRENTLY EMPLOYED)

_____|_____|_____|_____|_____
Dentist Name Area Code Telephone Number

_____|_____|_____|_____
Number and Street City State Zip Code

8. BACKGROUND INFORMATION:

If you answer **YES** to any question below you **must** write a letter of explanation and provide **certified** copies of official court documents concerning each conviction or deferred adjudication.

- 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 a felony within the past **five** (5) years or been convicted of a misdemeanor within the last **two** (2) years?

9. SELF-QUERY REPORT RESULTS:

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

10. ATTESTATION AND NOTARY PUBLIC VERIFICATION:

By my signature below, I am stating that:

- a. All information provided to the State Board of Dental Examinations in this application is true and correct to the best of my knowledge.
- b. I may only apply Pit and Fissure Sealants following delegation by a licensed Texas Dentist.
- c. If I apply pit and fissure sealants outside of these parameters, I am in violation of the Dental Practice Act and will be held accountable by the TSBDE.

APPLICANT SIGNATURE (Sign this application **in the presence** of a Notary Public)

DATE

State of _____

County of _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20_____, to certify which witness my hand and seal of office.

(SEAL)

NOTARY PUBLIC SIGNATURE