



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
 Health Professional Licensing Administration
 899 North Capitol Street, NE - First Floor
 Washington, DC 20002
 BOARD OF DENTISTRY**

DENTAL ASSISTANT APPLICANTS: This form must be returned in a sealed envelope and hand delivered to the office of Health Professional Licensing Administration by the applicant. Please note: You must have a Dental Assistant application on file.

SUPERVISED PRACTICE FORM TO BE COMPLETED BY
 THE DENTAL ASSISTANT APPLICANT'S SUPERVISOR OF RECORD

TO THE SUPERVISOR:

This form must be completed if you are supervising an applicant for registration as a dental assistant. An eligible applicant may work under supervised practice **only between July 15, 2012 and July 15, 2014.**

Supervisor's Name and License Number (Please Print):

 LAST NAME FIRST NAME MI LICENSE NUMBER

Applicant's Name (Please Print):

 LAST NAME FIRST NAME MI DIPLOMA OR DEGREE EARNED

Location of supervised practice (Facility Name):

Brief description of applicant's duties and responsibilities:

SUPERVISOR'S SIGNATURE	PHONE NUMBER	DATE

FOR OFFICE USE ONLY

Date Supervision Form Submitted: _____ Date Supervision Will End: **July 15, 2014**

Date of Board Review: _____ Board Action: _____

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HPLA Staff Signature: _____