



**Charlotte Area Health Education Center (AHEC)**

PO Box 32861

Charlotte, NC 28232-2861

Phone 704.512.6523 Fax 704.512.6568, [www.charlotteahec.org](http://www.charlotteahec.org)

**Certification of Dental Assisting Employment and Professional Liability Insurance Coverage**

**Professional Liability Insurance:** Course participants will be both recipients and providers of direct treatment procedures in laboratory portions of the course. Charlotte AHEC **requires** that you maintain professional liability coverage that extends to the training situation, outside of your dentist/employer's office, and under the supervision of a Charlotte AHEC instructor. You may have your own professional liability insurance or you may be covered under a blanket policy provided by your dentist/employer. Full membership in the American Dental Assistants Association (ADAA) includes professional liability insurance coverage in a training situation. If you are covered under another policy, verify with the insurance company that coverage extends to the training situation. Some companies will write an endorsement to provide training coverage; other policies automatically provide coverage. Ask the insurance company to provide you with a Certificate of Insurance naming you as the insured or as an insured employee in your dentist/employer's office with coverage for training outside of the office. Any change in insurance status must be reported immediately to Charlotte AHEC.

If you would like to become a member of the American Dental Assistants Association (ADAA), contact:

American Dental Assistants Association  
203 North LaSalle Street, Suite 1320  
Chicago, IL 60601-1210  
(312) 541-1550, fax (312) 541-1446

I understand that I must maintain dental assisting professional liability insurance coverage or I must be covered under a blanket professional liability insurance policy provided by my dentist/employer. I certify that I am covered for training purposes under the dental assisting professional liability coverage as indicated below. I understand that this form **or** a copy of my current American Dental Assistants Association full membership card must be provided to Charlotte AHEC prior to attending the Coronal Polishing course.

Name of Registered Participant \_\_\_\_\_

Name of Insured/Policy Holder \_\_\_\_\_

Professional Liability Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Period of Coverage: From \_\_\_\_\_ To \_\_\_\_\_

Print Full Name of Dental Assistant \_\_\_\_\_

Dental Assistant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Dentist/Employer Certification**

I certify that the above-named Dental Assistant is currently employed in my institution/dental practice and is covered for training situations outside my office under the professional liability insurance policy listed above.

Print Name of Dentist/Employer \_\_\_\_\_

Dentist/Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete and return this certification form to Charlotte AHEC prior to attending the Coronal Polishing course. If you have any questions please call**

**704.512.6584**



## Charlotte Area Health Education Center (AHEC) Verification of Dental Assistant II Status

The North Carolina State Board of Dental Examiners has ruled that coronal polishing is a legal function for trained Dental Assistant IIs. To be accepted in Charlotte AHEC's Coronal Polishing course, the participant must submit documentation of status as a Dental Assistant II.

Please indicate which training you completed to be classified as a Dental Assistant II. Verify successful completion by attaching documentation or having your employer sign below.

### Approved Education and Training Programs

To be classified as a Dental Assistant II, an assistant must meet one of the following criteria:

- Successful completion of:
  1. an ADA-accredited dental assisting program and current certification in CPR; **or**
  2. one academic year or longer in an ADA-accredited dental hygiene program, and current certification in CPR; **or**
  
- Successful completion of:
  1. full-time employment and experience as a chairside assistant for two years (3,000 hours) of the preceding five, during which period the assistant may be trained in any dental delivery setting and allowed to perform the functions of a Dental Assistant II under the direct control and supervision of a licensed dentist;
  2. a 3-hour course in sterilization and infection control;
  3. a 3-hour course in dental office emergencies;
  4. radiology training consistent with G.S 90-29(c)(12) bi-laws of the North Carolina State Board of Dental Examiners; **and**
  5. current certification in CPR; **or**
  
- Successful completion of the certification examination administered by the Dental Assisting National Board, and current certification in CPR.

\*I have attached documentation supporting the above classification as a Dental Assistant II.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name

### AND

I verify that my employee has completed the above requirements and is classified as a Dental Assistant II.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Printed Name