

Karen Wallace, RDH, CDA
Illinois Dental Assisting
307-250-5158
www.idacourses.com

Dear Doctor,

Please complete and sign the Hours Verification Form (page 2), which is needed for your Dental Assistant to participate in the expanded function course in which they have enrolled. The assistant must have worked a minimum of 1000 hours as a dental assistant as of the date of your signature. The completed form must be returned to Karen Wallace prior to the course. Please fax the signed form to 309-277-7901 or scan and email an attachment to idadcourses@yahoo.com before the enrollee attends the course.

FOR SEALANT PLACEMENT (ONLY)

Following completion of the course, the dental assistant must perform a minimum of (6) sealant placements under your direct supervision. At that time, please complete and sign the Sealant Placement Verification Form (page 3). This requirement is set by the State of Illinois to be granted an expanded function certificate in Sealant Placement. Following successful performance of the clinical procedures and receipt of the signed Sealant Placement Verification Statement, a certificate will be emailed to the enrollee.

Sincerely,

Karen L Wallace, RDH

Hours Verification Form

FOR ALL COURSES

I verify that _____ (enrollee's name) has worked at least 1000 hours as a dental assistant of today's date. This verification is required by the State of Illinois in order to participate in the above listed expanded function course.

Print Doctor's Name: _____

Doctor's Signature: _____ Date: _____

Sealant Placement Verification Form

FOR SEALANT PLACEMENT

I verify that _____ (enrollee's name) has successfully performed at least (6) sealant placements under my direct supervision. This verification is required by the State of Illinois in order to receive a certificate for the Sealant Placement course.

Print Doctor's Name: _____

Doctor's Signature: _____ Date: _____