

New Mexico Board of Dental Health Care  
P. O. Box 25101  
Santa Fe, NM 87505  
Phone: (505) 476-4680 Fax: (505) 476-4545

**Verification of Clinical Practice  
Topical Fluoride**

Following successful completion of a Board approved training program and passing the Dental Assisting National Board (DANB) written exam on topical fluoride application. The Board requires you to apply topical fluoride under the personal supervision of a licensed New Mexico dentist, dental hygienist, certified dental assistant on 5 children (age 14 and under).

For certification, submit this completed form to the New Mexico Board of Dental Health Care, P.O. Box 25101, Santa Fe, NM 87505.

No.	Date of Treatment	Child Patient Name	Date of Birth	DDS/RDH/CDA Initials
1.				
2.				
3.				
4.				
5.				

**Dental Assistant Name:** \_\_\_\_\_ **Certificate #:** \_\_\_\_\_  
(please print)

**Supervising dentist, dental hygienist or dental assistant certified in topical fluoride:**  
\_\_\_\_\_  
(please print)

**Supervising dentist, dental hygienists or dental assistant license/certificate #:** \_\_\_\_\_

**Supervising dentist, dental hygienists or dental assistant signature:**  
\_\_\_\_\_

**Signature date:** \_\_\_\_\_