



**REQUIREMENTS FOR CERTIFICATION IN THE EXPANDED FUNCTION OF
PIT AND FISSURE SEALANTS**

All licensing information provided is public information
(Incomplete Applications will be returned)

CERTIFICATION BY EXAMINATION:

1. Completed Dental Assistant Application for Expanded Function Certification with Passport Quality Photo. Each applicant for an expanded function dental assistant certificate must submit the required fee of **\$50.00** check or money order and the following documentation.
(note: when submitting a check as payment, you are authorizing the State of New Mexico to process as a one-time electronic fund transfer or a check transaction) **(If adding an additional function to an active certification, please submit the application, passport quality photo and the required documentation. No fee is required; fee is only required for initial function.)**
2. Letter from supervising Dentist or Dental Hygienist stating the applicant has assisted with and/or observed placement of twelve (12) Pit and Fissure Sealants.
OR
a copy of your certificate of completion for a training course in Pit and Fissure Sealants.
3. Proof of successfully passing the written Pit and Fissure examination given by the Dental Assisting National Board (DANB). ****Note:** an applicant cannot apply for DANB Pit and Fissure until they have passed the DANB Coronal Polishing and are certified by the Board.
Applications for the written Pit & Fissure are available thru DANB. Call 1-800-FOR-DANB
4. Following successful completion of the exam (DANB), apply Pit and Fissure Sealants under the direct supervision of a licensed Dentist or Dental Hygienist on six (6) patients.
5. Proof of 2080 hours of chair side dental assisting experience in the two years immediately prior to the application.

A Dentist Affidavit along with a Clinical Practice Sheet will be sent to the applicant for this process. The Affidavit and Clinical Practice Sheet must be signed and returned to the New Mexico Board of Dental Health Care, P.O. Box 25101, Santa Fe, NM 87505

6. Pass the take home jurisprudence examination.

CERTIFICATION BY CREDENTIALS:

1. Verification of a current valid certificate from another state, the applicant must have been in good standing for two years prior to application or
2. An official letter from the director of an accredited dental hygiene program indicating the applicant has completed coursework in the requested expanded function, or
3. A copy of your current, valid certification as a CDA issued by DANB.
4. All certifications, letters and validations must be received directly by the NM Board of Dental Health Care office from the state, institution, or DANB.

5. Pass the take home jurisprudence examination



NEW MEXICO BOARD OF DENTAL HEALTH CARE
NEW MEXICO DENTAL HYGIENIST COMMITTEE

New Mexico Regulation and Licensing Department
BOARDS AND COMMISSIONS DIVISION
P.O. Box 25101 • Santa Fe, New Mexico 87505
(505) 476-4680 • Fax (505) 476-4545 • www.RLD.state.nm.us/boards/dental_health_care.aspx

DENTAL ASSISTANT
APPLICATION FOR EXPANDED FUNCTION CERTIFICATION

All licensing information provided is public information

Attach a Passport
Quality Photo Here

Please send this form, \$50 check or money order and required documentati
NM Board of Dental Health Care, P.O. Box 25101, Santa Fe, NM 87505-5101.

PLEASE DO NOT SEND CASH. NO REFUNDS

Please check all that apply:

- Dental Radiography
Pit and Fissure Sealant Application
Rubber Cup Coronal Polishing
Topical Fluoride Application

Based on:

- DANB Examination
Credentials in another State/DANB
Dental Hygiene Education
Dental School Education

Please print with black ink or type

1. Personal Information

Name: First Middle Last

Mailing Address:

City: State: Zip:

E-Mail Address:

Contact Phone Number Date of Birth Social Security Number

Place of Birth:

2. Employment Information

Employer Phone

Address

City State Zip

**New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee**
Dental Assisting Pit and Fissure Application

3. Education/Training

Radiation Health and Safety Training Certificate School or letter: _____

DANB Certificate type: _____
(CDA, RHS, Rubber Cup Coronal Polishing and Topical Fluoride or Pit and Fissure Sealants)

Effective Date Issued by DANB: _____

Topical Fluoride, Coronal Polishing, and Pit & Fissure education information:

Course & School Attended	Date Completed	Hours Completed

4. Licensure Information

List all states in which you are, or have been certified, regardless of current status:

State Exam/Credentials Cert. No. Cert. Status Issue Date Expiration Date

5. PLEASE ANSWER THE FOLLOWING QUESTIONS:

Give details for any "YES" answers on a separate sheet of paper

A. Have you ever held an expanded function certificate with the New Mexico Board of Dental Health Care? YES _____ NO _____ If yes, certificate number: _____

B. Have you ever used another name under which records relating to your application, education, training or experience may be filed? YES _____ NO _____

If yes, please enter name(s) used: _____

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Dental Assisting Pit and Fissure Application

C. Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in New Mexico or any other state? YES _____ NO _____

D. Are you currently engaged in the illegal use of controlled dangerous substances? YES _____ NO _____

I hereby certify that all information contained herein is true and correct to the best of my knowledge, that I have read the Board rules pertaining to dental assisting and agree to abide by them.

Signature _____ Date: _____

All requested information is essential and must be provided. Failure to present a completed application by omitting information sought, having less than a full and complete disclosure, or failure to have the required documentation provided as required in this application, will result in delay or cause return of the application. The board shall neither approve nor deny an application until it is received in proper form, contains the information required by law and as requested by this application. The responsibility for completing the application is solely that of the applicant. The burden of proof in satisfying the Board that you are entitled to a certification as a Dental Assistant is upon you.

THE BOARD DOES NOT HAVE THE AUTHORITY TO GRANT A WAIVER OF ANY REQUIREMENT.

IF THIS APPLICATION IS INCOMPLETE UPON ONE (1) YEAR OF RECEIPT, THE APPLICATION AND SUPPORTING DOCUMENTATION WILL BECOME NULL AND VOID.

Application fee payment method: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card Type: <input type="checkbox"/> MC <input type="checkbox"/> Visa
Credit Card #: _____ Expiration date: _____ Amount \$ _____

New Mexico Board of Dental Health Care and
New Mexico Dental Hygienist Committee
Dental Assisting Pit and Fissure Application

New Mexico Board of Dental Health Care
Dental Assistant Jurisprudence Examination

Applicant Name: _____ Date: _____
(Please Print)

SPECIAL INSTRUCTIONS:

The purpose of this examination is to test the applicant's familiarity with the law and rules that govern the practice of dental assisting in New Mexico. *Your responsibility is to read the entire Dental Assisting section within the Dental Health Care Rules.*

This is an "open book" exam based on the Dental Health Care Rules.

ALL ANSWERS MUST BE CLEARLY MARKED IN BLACK OR BLUE INK.

Section I: Multiple Choice- Please circle the letter for the correct answer.

1. Dental assistants in New Mexico are regulated by:
 - A. The Dental Health Care Act, (Statue/Law)
 - B. Dental Assistant National Board
 - C. New Mexico Dental Hygienists Committee
 - D. Board of Pharmacy

2. In the definitions of the Act "general supervision" means that the dentist is in The office while you are following the treatment plan.
 - A. True
 - B. False

3. In the definitions of the Act "certified dental assistant" refers to a dental assistant who meets specific qualifications set forth by the rule of the New Mexico Board of Dental Health Care.

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Dental Assisting Pit and Fissure Application

- A. True
 - B. False
4. C.D.A. is a designation given by the Dental Assistant National Board (DANB).
- A. True
 - B. False
5. A Dental assistant certified by the New Mexico Board of Dental Health may use the initial C.D.A. even if they did not take the exam.
- A. True
 - B. False
6. All dental assistants certified in expanded functions by the Board are required to renew their certification every:
- A. Year
 - B. Two Years
 - C. Three Years
 - D. Never
7. Only dentists and dental hygienists may be disciplined by the Board:
- A. True
 - B. False
8. All of the following can be used for grounds for disciplinary action except:
- A. Is guilty of willfully practicing beyond the scope of practice for which certification applies.
 - B. Has failed to furnish the Board, its investigations or representatives with Information requested by the board in the course of an official investigation.
 - C. Follows proper infection control for all procedures.
 - D. Is guilty of fraud or deceit in procuring or attempting to procure a certificate.
9. Disciplinary action can be taken against a licensee or certificate holder if they are guilty of aiding or abetting an individual to practice dentistry or dental hygiene without a license.
- A. True
 - B. False

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10. There is a fee for the following items in the Dental Assistants Fee section of the Rules.
 - A. Late Penalty Fee
 - B. Application Fee
 - C. Triennial Renewal Fee
 - D. All of the above

11. The Rules address applicants becoming certified via the following tracks.
 - A. Independent preparation for the requirements
 - B. Use of credentials from another State
 - C. Attending a dental assisting program
 - D. All of the above

12. Dental assistants in New Mexico must be certified to take dental radiographs only if they are working without the dentist being present.
 - A. True
 - B. False

13. The technique test for radiography certification must be taken on a human patient.
 - A. True
 - B. False

14. If an applicant chooses to only submit a panoramic film they are limited to taking only extraoral radiographs.
 - A. True
 - B. False

15. The full mouth intraoral radiographs series submit must be:
 - A. Of diagnostic quality
 - B. Taken without assistance
 - C. Submitted with an affidavit
 - D. All of the above

16. Passing a written examination is required prior to exposing radiographs in a office while being trained by a licensee or a dental assistant certified in dental radiography.

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Dental Assisting Pit and Fissure Application

- A. True
 - B. False
17. When submitting an application by July 1st of a renewal year, the assistant does not have to pay a late or reinstatement fee.
- A. True
 - B. False
18. When renewing your certification which of the following is correct:
- A. If application, continuing education, and triennial renewal fee is received by July 1 there is no late fee
 - B. If application, continuing education, and triennial renewal fee is received by August 1 there is no late fee
 - C. If application, continuing education, triennial renewal fee, late fee, and reinstatement fee are received between August 1 and September 1 the certificate will be renewed.
 - D. Both A and C
19. Continuing education hours required in a full renewal cycle are:
- A. Ten (10) hours
 - B. Twenty (20) hours
 - C. Twenty-five (25) hours
 - D. Thirty (30) hours
20. The required courses for each renewal are:
- A. CPR, Radiology Safety, and Risk Management
 - B. Infection Control, Patient Management, Radiology Safety
 - C. Radiology Safety, CPR, Infection Control
 - D. Patient Management, Jurisprudence, Radiology Safety
21. Proof of compliance with continuing education courses is only required:
- A. Every third renewal
 - B. Every renewal
 - C. If renewal notice requests an audit
 - D. Never

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Dental Assisting Pit and Fissure Application

22. Dental assistant should keep records of continuing education courses Submitted for renewal:
- A. For at least one (1) year
 - B. For at least five (5) years
 - C. Do not need to be kept after receiving renewal certificate
 - D. For at least seven (7) years
23. If renewal is not sent in by September 1 the certificate is automatically revoked:
- A. True
 - B. False
24. Certification is required for all expanded functions of dental assistants working under indirect supervision:
- A. True
 - B. False
25. If there are circumstances which cause an assistant to be unable to acquire the needed continuing education hours:
- A. That is too bad, they must apply
 - B. They should put down courses they did not actually attend
 - C. They should request a deferral from the Board of up to four (4) months to obtain the hours
 - D. They should just continue working without certification