



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR EXPANDED FUNCTIONS PERMITS

PLEASE TYPE OR PRINT
LEGIBLY IN BLACK INK

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 PO BOX 1367
 JEFFERSON CITY, MO 65102-1367
 TELEPHONE (573) 751-0040
 TDD (800) 735-2966

INSTRUCTIONS	OFFICE USE ONLY
<ul style="list-style-type: none"> Provide complete information. (Incomplete information will delay processing of your application) <p>DENTAL ASSISTANTS</p> <ul style="list-style-type: none"> To qualify for a board-issued permit to perform expanded functions duties, the dental assistant must provide the Board with the following: <ol style="list-style-type: none"> Evidence of current certification in the American Heart Association's Basic Life Support for the Healthcare Provider (BLS), or the equivalent certification approved by the Missouri Dental Board. Online only courses will not be accepted to satisfy the BLS requirement; and Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence showing graduation from an accredited dental assisting program in which competency testing in the appropriate expanded functions category was completed; or Proof of certification as a certified dental assistant from the Dental Assisting National Board and proof of competence showing the dental assistant has completed a board-approved expanded functions training course; or Proof of competence showing that the dental assistant has passed the board's Missouri Test of Basic Dental Assisting Skills and that the dental assistant has completed a board-approved expanded functions training course. <p>20 CSR 2110-2.120 (1)(I) Proof of competence – Documentation, such as a diploma, a certificate of mastery, or a letter from an approved course provider or competency testing agent stating that the dental auxiliary has successfully completed a board-approved course of training and competency testing of that training.</p> <ul style="list-style-type: none"> The Board shall issue the appropriate expanded functions permit upon receipt of completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof of competence as defined in 20 CSR 2110-2.170 (1)(I) that the dental assistant has complied with the requirements of 20 CSR 2110-2.170 (4)(A). <p>DENTAL HYGIENISTS</p> <ul style="list-style-type: none"> Neither a Missouri basic skills test nor certification in dental assisting is required for a dental hygienist to take expanded functions courses. The Board shall issue the appropriate expanded functions permit upon receipt of completed application form, payment of the appropriate fee specified in 20 CSR 2110-2.170, and proof that the dental hygienist has completed a board-approved expanded functions training course. 	<p>RESTORATIVE I PERMIT ISSUED</p> <hr/> <p>RESTORATIVE II PERMIT ISSUED</p> <hr/> <p>REMOVABLE PROSTHODONTICS PERMIT ISSUED</p> <hr/> <p>FIXED PROSTHODONTICS PERMIT ISSUED</p> <hr/> <p>ORTHODONTICS PERMIT ISSUED</p>

SECTION I – APPLICANT DATA

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX	FORMER/MAIDEN NAME	
SSN*	DATE OF BIRTH		MISSOURI DENTAL HYGIENE LICENSE NO., IF APPLICABLE		
TELEPHONE NUMBERS: HOME		BUSINESS	FAX		
HOME STREET ADDRESS			CITY	STATE	ZIP CODE
NAME OF CURRENT EMPLOYER AND BUSINESS STREET ADDRESS			CITY	STATE	ZIP CODE
USE AS MY MAILING ADDRESS (CHECK ONLY ONE BOX) <input type="checkbox"/> HOME OR <input type="checkbox"/> BUSINESS			E-MAIL ADDRESS		

SECTION II – PERMIT DATA

I AM APPLYING FOR THE FOLLOWING EXPANDED FUNCTIONS PERMIT(S)

<input type="checkbox"/> YES <input type="checkbox"/> NO	Restorative I	\$10 permit fee	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fixed Prosthodontics	\$10 permit fee
<input type="checkbox"/> YES <input type="checkbox"/> NO	Restorative II	\$10 permit fee	<input type="checkbox"/> YES <input type="checkbox"/> NO	Orthodontics	\$10 permit fee
<input type="checkbox"/> YES <input type="checkbox"/> NO	Removable Prosthetics	\$10 permit fee			

YES – I HAVE ATTACHED DOCUMENTATION THAT I COMPLETED A BOARD-APPROVED EXPANDED FUNCTIONS TRAINING COURSE FOR THE CATEGORIES IN WHICH I AM APPLYING FOR EXPANDED FUNCTION PERMIT(S).

SECTION III – SWORN AFFIDAVIT

MUST BE SIGNED IN THE PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	

USE RUBBER STAMP IN CLEAR AREA BELOW.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

You must provide your social security number pursuant to state and federal law. ¹

If you fail or refuse to provide your social security number, we will consider your initial application or renewal application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application and could result in the imposition of late fees, administrative revocation of your license, a lapsed license or disciplinary action against your license.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue child support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193