

# Wisconsin Department of Safety and Professional Services

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## DENTISTRY EXAMINING BOARD

### DOCUMENTATION OF TRAINING DELEGABLE PROCEDURES TO UNLICENSED PERSON

|   |   |
|---|---|
| <b>Name:</b><br><input style="width: 95%;" type="text"/>  | <b>Dental Office Address:</b><br><input style="width: 95%;" type="text"/> |
| <b>Graduate of accredited dental assisting program?</b> Yes <input type="checkbox"/> If yes, list Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> No <input type="checkbox"/> |   |
| <b>Passed the CDA/DANB examination?</b> Yes <input type="checkbox"/> If yes, list Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> No <input type="checkbox"/>                 |   |
| <b>Educational Background:</b><br><input style="width: 95%; height: 20px;" type="text"/><br><input style="width: 95%; height: 20px;" type="text"/>  |   |

### TRAINING

| Category of Service | Delegable Procedure | Review of Educational Material | Observation | Supervised Application<br>m = model<br>p = patient | Date Training Completed | Signature of Trainee | Signature of Dentist |
|---------------------|---------------------|--------------------------------|-------------|--|-------------------------|----------------------|----------------------|
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