



**Board of Dental Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [BoardOfDentalExaminers@Alaska.Gov](mailto:BoardOfDentalExaminers@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers)

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## Dental Assistant Restorative Function Endorsement Application Instructions

No dental assistant may perform restorative function without certification from the board. A restorative function certification is renewed biennial in the State of Alaska.

It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. AS 08.36.315 of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

**Applications and payments must be submitted via mail or fax;** they cannot be accepted by email for security reasons. Supporting documents can be accepted by email, mail, or fax.

### **AS 08.36.344. Restorative function certificate.**

(a) The board shall issue a restorative function certificate to a dental assistant if the dental assistant furnishes evidence satisfactory to the board that the dental assistant has

- (1) successfully completed a course offered by or under the auspices of a program accredited by the Commission on Dental Accreditation of the American Dental Association or other equivalent course or program approved by the board; and
- (2) passed the Western Regional Examining Board's restorative examination or other equivalent examination approved by the board within the five years preceding the dental assistant's certificate application, or the dental assistant has legal authorization from another state or jurisdiction to perform restorative functions.

(b) A certificate issued under this section authorizes a dental assistant under the direct supervision of a licensed dentist to place restorations into a cavity prepared by the licensed dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration.

(c) The board may by regulation establish fees, renewal, and continuing education requirements for a certificate under this section.

### **12 AAC 28.850. RESTORATIVE FUNCTIONS BY DENTAL ASSISTANTS.**

(a) The board will issue a certificate to perform restorative functions to a dental assistant in this state who meets the requirements of AS 08.36.344 and this section.

(b) An applicant for certification under this section must submit to the department

- (1) a complete, notarized application on a form provided by the department;
- (2) the following fees:
  - (A) \$60 nonrefundable application fee;
  - (B) \$60 certification fee;
- (3) verification that the applicant has successfully completed either
  - (A) a restorative function program accredited by the Commission on Dental Accreditation of the American Dental Association; or
  - (B) another course of instruction approved by the board under 12 AAC 28.860; and
- (4) verification that the applicant either
  - (A) has legal authorization from another state or jurisdiction to perform restorative functions; or
  - (B) within the five years immediately before the date of application for a certificate under this section, the applicant has passed either the restorative function examination of the Western Regional Examining Board or a restorative function examination approved by the board as equivalent to the restorative function examination of the Western Regional Examining Board.

### **12 AAC 28.860. APPROVAL OF RESTORATIVE FUNCTION COURSES FOR DENTAL ASSISTANTS.**

The board may, upon its own motion or upon request of any interested person, approve a course of instruction upon receipt of an application that includes

- (1) the name of the course sponsor;
- (2) the name and credentials of the course presenter; and
- (3) a course outline showing that the course content meets the requirements of 12 AAC 28.870.

**12 AAC 28.870. REQUIREMENTS FOR RESTORATIVE FUNCTION COURSES FOR DENTAL ASSISTANTS.**

- (a) A course of instruction for restorative functions for dental assistants must include
  - (1) the physical, chemical, and biological properties of dental materials, including amalgam and composite materials;
  - (2) the limitations and acceptability of a dental material based on the physical, chemical, and biological properties of the material;
  - (3) proper safety when using dental materials, including appropriate infection control and mercury hygiene;
  - (4) dental anatomy and occlusion;
  - (5) isolation procedures;
  - (6) proper placement and finishing of restorative materials;
  - (7) assessment outcomes that measure the stated goals and objectives;
  - (8) classroom hours sufficient to meet the restorative course requirements of this section;
  - (9) laboratory experience to be able to place and finish all classes of restorations; and
  - (10) a required clinical proficiency to establish a demonstrated ability to place and finish all classes of restorations.

**RESTORATIVE FUNCTION ENDORSEMENT BASED ON TRAINING**

A dental assistant desiring restorative function certification shall apply to the board after registering for and/or successfully passing the restorative examination given by the Western Regional Examining Board (WREB).

For information regarding the WREB examination, please contact:

Western Regional Examining Board  
 Phone: 301.563.3300  
 Fax: 301.563.3307  
 E-mail Address: [generalinfo@wreb.org](mailto:generalinfo@wreb.org)  
 Website: <https://adextesting.org/>

***The following must be received by the division before your application for Restorative Function Endorsement Based on Training can be reviewed:***

**1. APPLICATION**

A completed, signed, and notarized application (#08-4577).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 60.00
Endorsement Fee:	\$ 60.00
<hr/>	
Total Fees Due:	\$120.00

**3. COURSE VERIFICATION**

A completed Course Verification form (#08-4577a), with university or college seal.

**4. WESTERN REGIONAL EXAMINING BOARD (WREB) CERTIFICATE**

A copy of the certificate from the Western Regional Examining Board (WREB) showing successful completion of the restorative portion of the examination.

**RESTORATIVE FUNCTION ENDORSEMENT BASED ON CERTIFICATION IN ANOTHER JURISDICTION**

***The following must be received by the division before your application for Restorative Function Endorsement Based on Certification In Another Jurisdiction can be reviewed:***

**1. APPLICATION**

A completed, signed, and notarized application (#08-4577).

**2. FEES**

Fees made payable to "State of Alaska."

Nonrefundable Application Fee:	\$ 60.00
Endorsement Fee:	\$ 60.00
<hr/>	
Total Fees Due:	\$120.00

### **3. COURSE VERIFICATION**

A completed Course Verification form (#08-4577a), with university or college seal.

### **4. VERIFICATION OF LICENSURE**

Verification of licensure (#08-4577b), sent directly from a jurisdiction where you hold a license/certificate to perform restorative functions. The license/certificate must be current and in good standing.

Applications are processed as quickly as possible. Telephone calls or emails to our office asking for status updates or if documents were received will delay processing. If you are concerned about your application being received in our office, mail it "Certified – Return Receipt Requested." You will receive a delivery notice from the post office. Please only email or call the office asking for a status update if you haven't heard from the office more than six (6) weeks after your application has been received.

Because of privacy issues, telephone calls regarding the status of application **will be restricted to the applicant only** unless the applicant submits authorization in writing for details of their application file to be shared with a named third party.

## General Information

### APPLICATION PROCESSING:

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a “certified true copy of the original document”. To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, “I certify this is a true copy of the original document” and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*

### STALE DOCUMENTS:

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

**PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

**PRESCRIPTION DRUG MONITORING PROGRAM:**

All actively licensed practitioners with a DEA registration number valid to use in any state or practice location must register with the Alaska Prescription Drug Monitoring Program (PDMP) within 30 days of initial licensure and use the PDMP to review a patient's prescription history each time before prescribing, administering, or dispensing a federally scheduled II or III controlled substance. For more information, please visit *PDMP.Alaska.Gov*

**STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



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**Dental Assistant Restorative Function Endorsement Application**

**PART I Payment of Fees**

<b>Required Fees:</b>	<input type="checkbox"/> Nonrefundable Application Fee	<b>\$60.00</b>
	<input type="checkbox"/> Endorsement Fee	<b>\$60.00</b>

**PART II Personal Information**

<b>Full Legal Name:</b>			
<p><b>Provide all other names used (maiden, nicknames, aliases).</b> If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>			
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Contact Phone:</b>		<b>Date of Birth:</b>	
<p><b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.</p>			
<b>Email Address:</b>		<b>Select One:</b>	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><b>Note: If both boxes are selected above, you will receive correspondence electronically.</b></p>			
<p><b>SOCIAL SECURITY NUMBER:</b> AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>			

**PART III Restorative Function Training Information**

<b>Name of College or University:</b>			
<b>Location:</b> (City, State)			
<b>Dates Attended:</b>		<b>Degree:</b>	

**PART IV Professional History**

<b>Number of Years Devoted to the Clinical Practice of Dental Assisting?</b>			
<b>AK Dental Assistant License Number:</b>		<b>Original Issue Date</b>	
List all other states where you are currently licensed or certified to perform restorative functions.			
<b>State or Jurisdiction</b>	<b>License Number</b>	<b>Issue Date</b>	

**PART V Examination Information**

<b>Restorative Function WREB Examination Location:</b>	
<b>WREB Exam Date:</b>	

## **PART VI** Required Supporting Documents

I understand that the following must be on file before my application for a dental assistant restorative function endorsement will be considered complete:

### ***If Applying by Examination:***

- A complete, signed, and notarized application as required by 12 AAC 28.850(b)(1).
- The \$120 in fees as required by 12 AAC 28.810(b)(2).
- A complete and signed course verification form (#08-4577a) either submitted directly to the State of Alaska or including the university, college, or sponsor seal as required by 12 AAC 28.850(b)(3).
- A course description and/or outline confirming the coronal polishing course included instruction on the following, as required by 12 AAC 28.850(b)(3):
  - Characteristics of abrasives used for polishing;
  - Aerosol production during polishing;
  - Effects of heat production during polishing;
  - Removal of tooth structure by polishing;
  - Indications and contraindications of polishing;
  - Selective polishing techniques;
  - Coronal polishing by removing soft plaque and stain from exposed enamel utilizing appropriate rotary instrument and suitable polishing agent; **and**
  - Proper infection control techniques while performing rotary coronal polishing.

- and -

- Copies of scores received within the five years immediately preceding the date of your application showing passage of the WREB restorative function examination.

### ***If Applying by Certification in Another State:***

- A complete, signed, and notarized application as required by 12 AAC 28.850(b)(1).
- The \$120 in fees as required by 12 AAC 28.810(b)(2).
- A complete and signed course verification form (#08-4577a) either submitted directly to the State of Alaska or including the university, college, or sponsor seal as required by 12 AAC 28.850(b)(3).
- A course description and/or outline confirming the coronal polishing course included instruction on the following, as required by 12 AAC 28.830:
  - Characteristics of abrasives used for polishing;
  - Aerosol production during polishing;
  - Effects of heat production during polishing;
  - Removal of tooth structure by polishing;
  - Indications and contraindications of polishing;
  - Selective polishing techniques;
  - Coronal polishing by removing soft plaque and stain from exposed enamel utilizing appropriate rotary instrument and suitable polishing agent; **and,**
  - Proper infection control techniques while performing rotary coronal polishing.

- and -

- Verification of active licensure or certification verifying authorization to perform restorative functions.





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**Notary Signature Page**

**PART VII Notarized Signature**

I HEREBY CERTIFY that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a certificate to perform restorative functions as a dental assistant in the State of Alaska.

I have read the Alaska Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a certificate to perform restorative functions as a dental assistant in Alaska, I will respectfully comply with any law governing the performance of restorative functions in this state, and I will do my best to uphold and maintain the ethics of the profession.

Notary Stamp	<b>Applicant Printed Name:</b>			
	<b>Applicant Signature:</b>			
	<b>Notary Public for State of:</b>		<b>Subscribed and Sworn to Before me on this Day:</b>	
	<b>Notary Signature:</b>		<b>My Commission Expires:</b>	



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## Course Verification

I am applying for certification to allow me to perform restorative function in the State of Alaska. The Board of Dental Examiners requires that this form be completed by the institution where I received my training in restorative functions.

Please complete this form and attach a course description and/or course outline of restorative functions curriculum and return it directly to the address or email address noted above.

I hereby release all academic records necessary to complete the following form for the Board of Dental Examiners.

<b>Name on Diploma:</b>		<b>Course Completion Date:</b>	
<b>Other Names Used:</b>			
<b>Signature:</b>		<b>Date Signed:</b>	

➔ **Applicant: Do Not Write Below This Line - Institution or Sponsor Use Only**

<b>Institution or Sponsor Name:</b>				
<b>Institution or Sponsor Address:</b>	Street	City	State	Zip
<b>Course Instructor Name:</b>				
<b>Course Title:</b>				
<b>The course attended by the applicant named above was:</b>				
<input type="checkbox"/> A restorative program accredited by the Commission on Dental Accreditation of the American Dental Association.				
- or -				
<input type="checkbox"/> Another course of instruction approved by the Alaska Board of Dental Examiners under 12 AAC 28.860				

### Signature

I have attached verification that this program is accredited by ADA's CODA or has been approved by the Board of Dental Examiners (as applicable).

I hereby certify that the above information regarding the training in restorative functions that the above-named applicant completed is true and correct to the best of my knowledge, and that she/he has acquired the necessary knowledge and proficiency to perform restorative functions in Alaska.

University or College Seal	<b>Dean, Sponsor or Instructor Printed Name:</b>	
	<b>Dean, Sponsor or Instructor Signature:</b>	



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## Verification of Licensure

(If applying by certification in another jurisdiction)

→ **Applicant:**

The Board of Dental Examiners requires verification of licensure or certification to perform restorative functions in another jurisdiction be verified by that jurisdiction. Complete this form and mail it to the applicable licensing jurisdiction(s) for them to either complete or replace with the verification form used by that state, then submit directly back to the Alaska Board of Dental Examiners.

<b>Full Legal Name:</b>		<b>License Number:</b>	
<b>Mailing Address:</b>	P.O. Box or Street	City	State Zip
<b>Applicant Signature:</b>		<b>Date Signed:</b>	

→ **Licensing Agency or State Board:**

Please complete this bottom part for the applicant identified above and return the form directly to the Alaska State Board of Dental Examiners at the letterhead address or email address above.

<b>Licensee Name:</b> (As Shown in Your Records)		<b>State or Jurisdiction:</b>	
<b>Graduate Of:</b>		<b>Year:</b>	
<b>Coronal Polishing License or Certificate Number:</b>		<b>Issue Date:</b>	
<b>License Status:</b>	<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Expiry Date: _____		
<b>Derogatory Comments:</b> (If Any)			

1. Has the applicant's license or certification ever been suspended, revoked, voluntarily suspended, placed on probation, or restricted in any way?  Yes  No

"Yes" Answers

If you answered "yes" to the question above, please attach a detailed explanation or documentation signed and dated by the person whose signature appears below.

Comments: \_\_\_\_\_

Board Seal	<b>Signature:</b>		<b>Date Signed:</b>	
	<b>Printed Name:</b>		<b>Title:</b>	
	<b>Email:</b>		<b>Phone:</b>	



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Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.