



**Meharry Medical College School of Dentistry
Certification Course in Expanded Functions in
Restorative Function Application**

Limited attendance and seating available. Attendance is reported to the Tennessee Board of Dentistry.

- **Deposit of \$500 (US) is due within 7 days of application approval letter receipt**
- **Final Payment must be made no later than 30 days prior to beginning course**

Please return the application to:

EMAIL: efdainfo@mmc.edu

(Please write legibly)

Name _____

Address _____

City _____ State _____ Zip Code _____

TN Region: East Central West County _____

Phone Numbers _____ (Home) _____ (Mobile) _____ (Other)

E-mail Address _____

Dental Assistant License Number _____

Please list last two employers:

1.) Current Employer _____

Dentist's Name _____ E-mail: _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

2.) Previous Employer _____

Dentist's Name _____ E-mail _____

Address _____

City _____ State _____ Zip Code _____

Telephone number _____

T-Shirt Size: _____

In the box below, briefly state why you are interested in attending the course in Expanded Restorative Functions:

Rule 0460-05-.02 (c) 1

The certification course shall admit only those dental assistants/dental hygienists who are currently licensed, pursuant to Rule 0460-03-.01, .02, or .03, and who submit proof of a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a dental assistant and/or dental hygienist.

Applicant Signature _____ Date _____

Attest – Employer Dentist’s Signature _____ Date _____

Course choice:

Winter Spring Summer I Summer II Fall

- *Attendees must participate in all zoom lectures to participate in lab portion of course.*
- *All lab days must be attended for CE Credit to be received.*

(Please be sure to e-mail this completed form back to efdainfo@mmc.edu and be sure to include the applicant’s dental assistant license, signed conflict of interest form, and your COVID-19 Vaccination card.)

Contact: Dr. Julie Gray

Office of Community Based
Collaboration

Phone: (615) 327-6084 • Fax: (615) 327-6213