

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS
QUALIFIED MONITOR APPLICATION**

First Name: _____ MI: _____ Last Name: _____
Former Last Names: _____

*Social Security #: _____

Date of Birth: _____

Employer/Dentist: _____

Office Address: _____

County: _____

Office Phone: _____

Home Address: _____

County: _____

Home Phone: _____

Alternate Phone: _____

Email Address: _____

HIGHEST LEVEL OF SEDATION TO BE MONITORED:

Class 2

Class 3A

Class 3B

Class 4

PLEASE ATTACH THE REQUIRED DOCUMENTATION FOR THE HIGHEST LEVEL YOU HAVE INDICATED ABOVE (SEE NEXT PAGE OF APPLICATION)

I understand it is my responsibility to keep required certifications current in order to comply with the laws of the State of West Virginia for qualified monitors. I will notify the Board Office of any change of employment immediately or my home address within thirty days.

Signature

*Social Security Number is not subject to disclosure as public information. It is used for identification purposes only.

FEE: \$50.00

Make checks payable to WV Board of Dental Examiners

