

RESTORATIVE

Education Requirements:

Applicant's Name: _____

Address: _____

1) Six (6) hours of didactic instruction;

_____ Course

_____ Instructor's signature

_____ Date

2) Written exam score _____;

_____ Instructor's signature

_____ Date

3) Clinical Experiences;

(a) the application of topical anticariogenic agents for four (4) patients (subparagraph 15.)

_____ Supervising Dentist's signature Date

(b) the application of six (6) pit and fissure sealants (subparagraph 16.)

_____ Supervising Dentist's signature Date

(c) the topical chemical conditioning of six (6) teeth to accept a restoration and/or bracket (subparagraph 22.)

_____ Supervising Dentist's signature Date

(d) using a power-driven hand piece with rubber cup and/or brush for preparing six (6)(subparagraph 23.)

_____ Supervising Dentist's signature Date

(e) placing retraction cord for crown impressions for six (6) teeth (subparagraph 24.)

_____ Supervising Dentist's signature Date

WV Board of Dentistry, PO Box 1447, Crab Orchard, WV 25827

Print Supervising Dentist's Name _____

APPLICATION FEE \$25.00