

Supervising Dentist Affidavit

American Dental Academy 9618 SW. Hwy Oak Lawn, IL. 60453 (708) 663-6155

**Coronal Polishing and Application of Pit
& Fissure Sealants Course**

By Section 1220.245 of the Rules for the Administration of the Dental Practice Act of the State of Illinois, a dental assistant must be at least **18 years of age** with **1000 hours** of clinical dental assisting experience **or** have graduated from a dental assisting program accredited by the Commission on Dental Accreditation of the American Dental Association, **or** be certified as designated by the Dental Assisting National Board, Inc to perform Coronal Polishing and Application of Pit and Fissure Sealants.

I, _____, attest that _____ meets or
will meet the above criteria to attend the above courses on / /

Signature of Supervising Dentist

Date

Illinois License # _____

**Note: This form must be returned to the American Dental Academy before _____
or the participant will not be able to attend this course.**

**Please return the form via:
Print and E-mail to americandentalacademycorp@gmail.com
American Dental Academy**