



Dental Assistant Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Dental Assistant Sealant/Fluoride Varnish Endorsement Form

This endorsement is required if a dental assistant works in a school based program under a dentist's general supervision. The endorsement is not required to provide sealants in a dental office.

The dental assistant sealant/fluoride varnish endorsement program is intended to improve access to dental care for low-income, rural, and other at-risk children by enhancing the authority of dental assistants to provide dental sealant and fluoride varnish treatments in school based programs, [RCW 43.70.650](#).

- Dental assistants may work in school based programs under the “general” supervision of a Washington State licensed dentist. In settings outside of the school based programs, dental assistants must work under the “close” supervision of a Washington licensed dentist.
- Dental assistants employed by a Washington State licensed dentist on or before April 19, 2001, are not required to obtain an endorsement but may voluntarily do so without having to meet the additional requirements of [RCW 18.32.226](#).
- Dental assistants employed by a Washington State licensed dentist for 200 hours after April 19, 2001, must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in [RCW 18.32.226](#) and must submit (a) an application for endorsement, (b) fee, (c) proof of 200 hours of employment by a Washington State licensed dentist that has included theoretical and clinical training in the application of dental sealants and fluoride varnish treatments, verified by a declaration provided by the licensed dentist who provided the training.

Note:

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Please check the online [fee page](#) for current fees.



Washington State Department of

Health

Dental Assistant Credentialing

P.O. Box 47877

Olympia, WA 98504-7877

360-236-4700

Date Stamp Here

Rev 0299090000

Dental Assistant Sealant/Fluoride Varnish Endorsement Form

Applicant Demographics

Name	First	Middle	Last
------	-------	--------	------

Credential # (if available)	Birth date (mm/dd/yyyy)
-----------------------------	-------------------------

Applicant Attestation

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that the department may request additional information, if it is needed, to evaluate my application.

Applicant Signature	Date (MM/DD/YYYY)
---------------------	-------------------

Declaration Of Training Affidavit

Please select one:

- I was employed by a Washington State licensed dentist on or before April 19, 2001, and am voluntarily applying for the dental assistant sealant/fluoride varnish endorsement.
- I became employed by a Washington State licensed dentist after April 19, 2001, and have been employed for 200 hours. I am required to obtain this endorsement to work in a school based setting and understand I must meet the requirements of [RCW 18.32.226](#), in addition to providing the required application, fee, and proof of clinical and theoretical training in the application of sealants and fluoride varnish treatments. I have also completed training which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

Applicant's Initials	Date
----------------------	------

Affidavit Of Employing/Training Dentist

I hereby attest that the above named applicant became employed by me after April 1, 2001, and has completed at least 200 hours of employment.

Name of Employing Dentist	Credential #
---------------------------	--------------

Signature of Employing Dentist	Date (MM/DD/YYYY)
--------------------------------	-------------------

I hereby attest that I have provided theoretical and clinical training in the application of sealants and fluoride varnish treatments to, as named above. I further attest that the training incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines as described in [WAC 246-814-040\(3\)](#).

Signature of Training Dentist	Date (MM/DD/YYYY)
-------------------------------	-------------------