



Dental Quality Assurance
 Commission Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360-236-4700

Dental Anesthesia Assistant Supervisor Change Form

Note: The Supervisor must be an oral and maxillofacial surgeon or dental anesthesiologist with a valid Washington General Anesthesia permit.

Check One: Add Supervisor Remove Supervisor Change Supervisor

Name of certified dental anesthesia assistant	Credential number
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Name of supervisor of record	License Number
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Supervisor of Dental Anesthesia Assistant

Name of new delegated supervisor _____

License Number _____	General Anesthesia Permit # _____
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Supervisor's Attestation (must be completed by the supervisor)

As shown in [WAC 246-817-205](#) and [WAC 246-817-771](#). I have met the following requirements:

- Have an active dental license.
- Have an active general anesthesia permit.
- The credential or credentials must be in good standing while serving as supervisor.

I, _____, am a licensed Dentist with
 license number _____ and general anesthesia permit number _____

 Signature of Dentist Date

Certified Dental Anesthesia Assistant

I, _____, attest the information above is true and correct.
 (Print name of dental anesthesia assistant)

 (Signature of dental anesthesia assistant) (Date mm/dd/yyyy)

Note: If you have multiple supervisors, you must complete this form for each supervisor. Attach additional pages as necessary.