



Washington State Department of  
**Health**  
 Dental Quality Assurance Commission  
 Credentialing  
 P.O. Box 47877  
 Olympia, WA 98504-7877  
 360-236-4700

## Dental Anesthesia Assistant Supervisor's Attestation

**Applicant:**

To act as a supervisor for a certified dental anesthesia assistant, the supervisor must meet the following as shown in [WAC 246-817-205](#) and [WAC 246-817-771](#).

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

**Note: If you have multiple supervisors, each supervisor must attest that they meet the above requirements. Please print a copy for each supervisor that you have.**

Complete the information in section one and forward to your supervisor for completion of section two.

<b>1. Print clearly:</b>			
Name	Last	First	Middle
Birth Date (mm/dd/yyyy)		Social Security Number	
Address			
City		State	Zip Code
<b>2. Supervisor:</b>			
I certify that I:			
<ul style="list-style-type: none"> <li>• Have an active dental license.</li> <li>• Have an active general anesthesia permit.</li> <li>• The credential or credentials must be in good standing while serving as supervisor.</li> </ul>			
Supervisor Name			
License #		General anesthesia permit number	
Signature of Dentist		Date	

**This form may be duplicated.**