



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

Dental Hygiene Sealant/Fluoride Varnish Endorsement Form

Purpose

The dental hygiene 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 hygienists to provide dental sealant and fluoride varnish treatments in school based programs, [RCW 43.70.650](#). The dental hygienist must have coordination with local public health jurisdictions and local oral health coalitions. This can be done without the supervision of a licensed dentist.

Dental hygienists licensed on or before April 19, 2001, were automatically given the endorsement without having to attend the Department of Health's school sealant program.

Dental hygienists licensed after April 19, 2001 must obtain an endorsement to provide services under this chapter. Applicants must meet the additional requirements in [RCW 18.29.220](#) and must submit:

- a. An application for endorsement;
- b. Fee;
- c. Information of having a valid Washington State dental hygiene license for reference; and
- d. Proof of the completion of training that has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines as described in [WAC 246-814-040\(3\)](#).

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

Date
Stamp
Here

Rev 0299090001

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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)

Training Affidavit

Please have the applicable training provider sign and date the training method listed below to verify how you obtained the training contained in the Washington State Department of Health sealant/fluoride varnish program guidelines.

- a. Graduation from a dental assisting, dental hygiene or dental educational program, accredited by the American Dental Association, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

Signature of Program Director

Date (MM/DD/YYYY)

- b. Continuing education courses which taught the Washington State Department of Health sealant/fluoride varnish program guidelines.

Signature of CE Provider

Date (MM/DD/YYYY)

- c. Individual training provided by a Washington licensed dentist, which has incorporated the Washington State Department of Health sealant/fluoride varnish program guidelines.

Signature of Washington Licensed Dentist

Date (MM/DD/YYYY)