



**Meharry Medical College School of Dentistry  
2022 - Certification Course in Expanded Functions in  
Restorative Function Application**

*Limited attendance and seating available. Attendance is reported to the Tennessee Board of Dentistry.*

- **Deposit of \$500 (US) is due within 7 days of application approval letter receipt.**
- **Final Payment must be made no later than 30 days prior to beginning course.**

**Please return the application to:**

**EMAIL: [efdainfo@mmc.edu](mailto:efdainfo@mmc.edu)**

*(Please write legibly)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Other) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Dental Assistant License number \_\_\_\_\_

Please list last two employers:

1.) Business Name \_\_\_\_\_

Dentist's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

2.) Business Name \_\_\_\_\_

Dentist's Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

In box below briefly state why you are interested in attending the course in Expanded Restorative Functions:

**Rule 0460-05-.02 (c) 1**

The certification course shall admit only those dental assistants/dental hygienists who are currently licensed, pursuant to Rule 0460-03-.01, .02, or .03, and who submit proof of a minimum of two (2) years continuous full-time employment within the past three (3) years in a dental practice as a dental assistant and/or dental hygienist.

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

Attest – Employer Dentist’s Signature\_\_\_\_\_ Date\_\_\_\_\_

***Virtual Lecture Dates:***

**Virtual Class: Saturday**

Virtual Spring       Virtual Summer I       Virtual Summer II       Virtual Fall

**Lab: 3 days (Sunday-Tuesday)**

Spring       Summer I       Summer II       Fall

***All lab days must be attended for CE credit to be received.***

***Attendees must participate in all zoom lectures to participate in lab portion of course.***

**(Please be sure to e-mail this completed form back to [efdainfo@mmc.edu](mailto:efdainfo@mmc.edu) and be sure to include the applicant’s dental assistant license, signed conflict of interest form, and your COVID-19 Vaccination card.)**

***Fax: (615) 327-6213 • Phone: (615) 327-6084***