



## Meharry Medical College School of Dentistry 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.) Current Employer \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

2.) Previous Employer \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

In the 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

- *Attendees must participate in all zoom lectures to participate in lab portion of course.*
- *All lab days must be attended for CE Credit to be received.*

T-Shirt Size: \_\_\_\_\_

**(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.)**

**Contact: Dr. Julie Gray  
Community Based Collaborations**

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