APPLICATION FOR APPROVAL OF REMEDIAL COURSE IN DENTISTRY / DENTAL HYGIENE

PART I

SECTION A – PERSONAL INFORMATION

Name of Applicant: _____

Street Address: _____

_____

City State Zip Code

SECTION B – CRDTS INFORMATION

Indicate date, location, and section(s) failed for each CRDTS failure:

DATE	LOCATION	SECTION(S) FAILED
_____	_____	_____
_____	_____	_____

SECTION C – AFFIDAVIT (The affidavit must be notarized)

I, _____ being first duly sworn that I am the person referred to in this application, and that the statements herein are true and complete.

_____
(Signature of Applicant)

Sworn before me this _____ day of _____, 2004.

_____
Notary Public

(S E A L) My Commission Expires: _____

PART II

SECTION A – REMEDIAL COURSE CRITERIA (To be completed by the faculty member providing the remedial instruction).

1. Name of institution providing remedial course.

2. Description of subject matter of the remedial course. (NOTE: Subject matter for the remedial course must cover the content included in the section(s) of the CRDTS examination that the applicant failed. Please attach sheet if additional space is needed).

3. Name and qualification of faculty member providing remedial instruction.

_____

Name Title

_____

Name Title

Attach a vitae or resume outlining the qualifications of the faculty member.

4. Number of hours of didactic instruction: _____
Number of hours of clinical instruction: _____
Number of hours under direct supervision: _____
TOTAL NUMBER OF HOURS OF REMEDIAL COURSE:

SECTION B – EVALUATION

Describe below, or attach a written plan of evaluation for the remedial course, indicating the method of evaluation.

SECTION C – CERTIFICATION

I hereby certify that the aforementioned remedial course meets the criteria as stated in 172 NAC 56-003.01A item 5 of the Regulations Governing the Practice of Dentistry and Dental Hygiene.

_____
(Signature of Faculty Member) (No stamp)

S C H O O L
S E A L

_____
(Typed or Printed Name and Title)