

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



Rick Scott  
Governor

Celeste Philip, MD, MPH  
Interim State Surgeon General

Vision: To be the Healthiest State in the Nation

**Application for Approval of Expanded Duties Program  
Chapter 64B5-16.002(3)(a-e)(4), Florida Administrative Code**

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**The following information must be attached for Board review:**

- Documentation of training and experience of faculty members qualified to teach specified subject areas: 64B5-16.002(b)
- Student/teacher ratio 64B5-16.002(b)
- Detailed syllabus of the course or program 64B5-16.002(c)
- Documentation that the course includes instruction in the following subjects: sterilization and disinfection procedures as stated in Rule Chapter 64B5-25, Florida Administrative Code and instruction in the dental practice act and administrative code as it relates to dental auxiliaries.
- Documentation of clinical or written examination which adequately tests competency in each subject area 64B5-16.002(d)
- A sample certificate of completion see 64B5-16.002(e)

Name of Florida licensed dentist \_\_\_\_\_ License # \_\_\_\_\_

Has the Florida licensed dentist had any action initiated against the Florida license or a license in another state?

Yes \_\_\_\_\_

No \_\_\_\_\_

Are there any disciplinary or litigation proceedings being conducted?

Yes \_\_\_\_\_

No \_\_\_\_\_

**If yes, please submit a complete detailed report including all Board and/or civil documentation. This application cannot be presented for approval until the complete documentation is received.**

\_\_\_\_\_  
**Signature of Program/Course Director**

\_\_\_\_\_  
**Date**

Revised 03/22/2016