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:

1. Documentation of training and experience of faculty members qualified to teach specified subject areas: 64B5-16.002(b)
2. Student/teacher ratio 64B5-16.002(b)
3. Detailed syllabus of the course or program 64B5-16.002(c)
4. 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.
5. Documentation of clinical or written examination which adequately tests competency in each subject area 64B5-16.002(d)
6. 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