

**IOWA DENTAL BOARD  
APPLICATION FOR PRIOR APPROVAL OF EXPANDED FUNCTION TRAINING**

**PLEASE TYPE OR PRINT**

Name of organization or person requesting approval: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Are you requesting continuing education credit hours for your course? ☐ YES ☐ NO

*If yes please indicate the total number of credit hours you are requesting: \_\_\_\_\_*

Note: There is a \$10 fee for review of continuing education courses (please note this is per course, not per function). Please make check payable to the Iowa Dental Board.

**Expanded Function Course You Are Submitting For Review:**

- ☐ Taking Occlusal Registrations
- ☐ Placement and Removal of Gingival Retraction
- ☐ Fabrication and Removal of Provisional Restorations
- ☐ Applying Cavity Liners and Bases, Desensitizing Agents and Bonding Systems
- ☐ Placement and Removal of Dry Socket Medication
- ☐ Placement of Periodontal Dressings
- ☐ Testing Pulp Vitality
- ☐ Monitoring Nitrous Oxide Inhalation Analgesia
- ☐ Taking Final Impressions
- ☐ Removal of Adhesives (Hand Instrumentation Only) **NEW**
- ☐ Preliminary Charting of Existing Dental Restorations and Teeth **NEW**

Name of instructor providing training: \_\_\_\_\_

List the resources used for the didactic component of the course:

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Where do you intend to offer the course? \_\_\_\_\_

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Who are the intended recipients of the course? \_\_\_\_\_

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Please also submit the following information in a separate document:

- 1.) Detailed Course Description for Each Function
- 2.) Course Outline for Each Function Which Clearly Shows the Following:
  - a. Breakout of Hours Spent on Each Topic Area
  - b. A Didactic Component
  - c. A Laboratory Component, if Necessary
  - d. A Clinical Component (indicate where training is being held and who is supervising)
- 3.) \*An Initial Assessment to Determine Base Entry Level of Participants (Pre-Test)
- 4.) \*A Postcourse Competency Assessment (Post-Test)
- 5.) If available, please include a copy of the course brochure

*\* You may submit only those questions applicable to the new functions being requested*

Your material will be reviewed by the Dental Board during a regularly scheduled meeting. You will be contacted within 3 days after this meeting and notified of the Board's decision regarding approval of your course. Information on Board meeting dates are located under "calendar" on our website.

**RETURN TO:**

Iowa Dental Board, 400 SW 8<sup>th</sup> St., Suite D  
Des Moines, IA 50309-4687  
Phone: 515-281-5157; Fax: 515-281-7969  
[IDB@iowa.gov](mailto:IDB@iowa.gov)