

OREGON BOARD OF DENTISTRY  
UNIT 23  
PO BOX 4395  
PORTLAND, OR 97208-4395

41398-41300-2115

**APPLICATION FOR DENTAL ASSISTANT  
RESTORATIVE FUNCTIONS CERTIFICATE  
\$50.00 (Non-Refundable)**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

I certify I have completed an approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

Program	Course	Title

**Check Appropriate Box(es) in Each Section:**

Proof of completion of the course of instruction will be provided directly to the Board by the program, **or**

Proof of completion of the course of instruction has previously been sent to the Board by the program.

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Proof of successful completion of the Western Regional Examining Board's Restorative Examination within the past five years, **or**

Proof of successful completion of the Western Regional Examining Board's Restorative Examination over five years from the date of application, **and**

Verification from another state or jurisdiction that you are legally authorized to perform restorative functions, **and**

Certification from a supervising dentist that you successfully completed at least 25 restorative procedures within the immediate five years.

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By signing below I certify that I have met all the requirements for the Restorative Functions Certificate (RFC). I further certify that the information given on this form is true and correct.

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

Instructions on the Reverse Side

## **Restorative Functions of Dental Assistants**

OAR 818-042-0095 provides:

(1) The Board shall issue a Restorative Functions Certificate (RFC) to a dental assistant who holds an Oregon EFDA Certificate, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years, or

(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental assistant may perform the placement and finishing of direct alloy or direct anterior composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration by a Restorative Functions dental assistant.

(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

### **Instructions**

To obtain a Dental Assistant Restorative Functions Certificate (RFC), complete the application on the reverse, and return it to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

1. Proof of coursework. If proof of completion of specific coursework has not been previously submitted to the Board, please arrange to have such proof sent to the Oregon Board of Dentistry (OBD), 1600 SW 4<sup>th</sup> Avenue, Suite 770, Portland, Oregon 97201.
2. Permit fee. The fee for the Restorative Functions Certificate is \$50.00. Please make checks payable to the Oregon Board of Dentistry and return the application and fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.
3. Verification from State or Jurisdiction. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the state or jurisdiction submit directly to the OBD proof that you are legally authorized to perform restorative functions.
4. Certification of Supervising Dentist. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the supervising dentist (outside of Oregon) submit directly to the OBD proof that you have successfully completed at least 25 restorative procedures within the immediate five years.
5. Proof of Oregon EFDA Certificate. Attach a copy of your Oregon EFDA certificate to the application form.
6. Please refer questions to Examination and Licensing Manager Teresa Haynes at (971) 673-3200.

**VERIFICATION OF STATE OR JURISDICTION**  
**IN RESTORATIVE FUNCTIONS**

<b>Name of Applicant (Please Print or Type):</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>License Number:</b>	<b>Date Issued:</b>	<b>Telephone Number:</b>

I certify that Dental Assistants in the State of \_\_\_\_\_ are  are not  able to legally perform restorative functions.

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
(Date Verification Prepared)

SEAL

**Return to: Oregon Board of Dentistry**  
**1600 SW 4<sup>th</sup> Avenue, Suite 770**  
**Portland, OR 97201**

**CERTIFICATION OF SUPERVISING DENTIST**  
**(OUTSIDE THE STATE OF OREGON)**

**APPLICANT INFORMATION**

Name of Applicant (Please Print or Type):		Date:
Address:		
City:	State:	Zip Code:
License Number:	Date Issued:	Telephone Number:

**SUPERVISING DENTIST**

Name of Supervising Dentist (Please Print or Type):		Telephone Number:
Address:		
City:	State:	Zip Code:

I certify that \_\_\_\_\_ has successfully completed at least \_\_\_\_\_ restorative procedures within the immediate five years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return to: Oregon Board of Dentistry  
1600 SW 4<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201**