

# Wisconsin Department of Safety and Professional Services

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## DENTISTRY EXAMINING BOARD

### DOCUMENTATION OF TRAINING DELEGABLE PROCEDURES TO UNLICENSED PERSON

<b>Name:</b> <input style="width: 95%;" type="text"/>	<b>Dental Office Address:</b> <input style="width: 95%;" type="text"/>
<b>Graduate of accredited dental assisting program?</b> Yes <input type="checkbox"/> If yes, list Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> No <input type="checkbox"/>	
<b>Passed the CDA/DANB examination?</b> Yes <input type="checkbox"/> If yes, list Date: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> No <input type="checkbox"/>	
<b>Educational Background:</b> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>	

### TRAINING

Category of Service	Delegable Procedure	Review of Educational Material	Observation	Supervised Application m = model p = patient	Date Training Completed	Signature of Trainee	Signature of Dentist