

Council of Interstate Testing Agencies, Inc.
1003 High House Road, Suite 101
Cary, North Carolina 27513
(919) 460-7750

DENTAL ASSISTANT UTILIZATION

Candidates are required to notify the CITA office as to their intention in the use of assistants for the patient based portions of the examination. ***The candidate must complete this form and submit it to the CITA office no later than two weeks prior to the examination date.***

Candidate Name: _____

Candidate Number: _____

Examination Site:_____ **Examination Date:**_____

Option One:

I **do not** intend to utilize a dental assistant for any portion of the CITA examination.

Option Two:

I **do** intend to utilize a dental assistant during one or more portions of the CITA examination, which are specified below:

Restorative Examination

Periodontal Examination

I have submitted the following along with this form:

Dental Assisting Form with 2 Assistant Photos

Candidate Signature

Date

I realize that failure to notify CITA of my intent regarding utilization of assistants during the examination will preclude me from engaging an assistant during the examination process.

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DENTAL ASSISTING FORM

Directions: Candidates will be required to submit to the CITA office within two (2) weeks of the examination, this complete form and two (2) passport-size photographs of their assistant(s). All auxiliary personnel will be required to have a CITA issued identification badge and will be required to wear the badge at all times while on the clinic floor. The badge will be provided in the candidate examination packet on the day of the scheduled examination. Failure to timely provide the items listed above to the CITA office will result in the assistant being prohibited from participating in the examination. (Copies of this form may be made as necessary).

Candidate Name: _____

Dental Assistant Name: _____

Address: _____

Telephone: () _____

Dental Assistant Place of Employment: _____

Procedure Assisting With: _____ Restorative _____ Periodontal _____ Both

I, _____, certify that the dental assistant
(Candidate's Name)

listed above is not a licensed or unlicensed dentist/dental hygienist; fourth year dental student; final year dental hygiene student, dental technician, employee of the School where the examination is being administered; or an expanded duty auxiliary (if providing services normally done by a dentist).

Candidate Signature

Date