

**Par kway Dental Assisting Courses
Cor onal Pol ishing App lication**

**In order to register for the Coronal Tooth Polishing course,
Participants must be working as a Dental Assistant I or II and be at least 18 years of age.**

Margaret Coker

919-924-8888

Email: parkwayda@gmail.com

Name: _____ Birth Date: _____ Date: _____

Address, City, State: _____ Zip: _____

E-Mail address: _____

Cell Phone: _____

Employer: _____

Address, City, State: _____ Zip: _____

Business Phone and Fax: _____

Date of Desired Course: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Your (participant) signature and your employer's signature are required.

Course Participant: (print or type)

Employer of Participant: (print or type)

**I, _____ (signature) have read the Dental Assistant criteria
on this form and verify that I have completed appropriate training to qualify and work as a DA I or DA II**

Dentist Signature

**I, _____ (signature) The Dental Assistant I or DA III as
completed appropriate training to qualify to work as a Dental Assistant**

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AS OF JUNE 2024 Per 21 NCAC 16H.0203(a),- Coronal Polishing is an expanded function for DAI'S in-training and/or a DAII in the state of North Carolina. **DAI's in training are no longer required to work 3000 hours** in order to participate so long as a licensed dentist formally approves participation in the course.