

**Par kway Dental Assisting Courses  
Cor onal Pol ishing Application**

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

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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.