



# MINNESOTA BOARD OF DENTISTRY

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MN Relay Service for Hearing Impaired 800.627.3529

## ADVANCED DENTAL THERAPY CERTIFICATION APPLICATION - \$100

Per Minnesota Statute 150A.106 Subdivision 1, in order to be certified by the Board to practice as an advanced dental therapist, a person must complete sections 1-4 and of this application, and submit necessary documents and non-refundable fee.

### SECTION 1.

**Applicant must be a graduate of a Board-approved Dental Therapy Program:**

School: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

**Applicant must have passed an examination to demonstrate competency under the dental therapy scope of practice:**

Date CRDTS-DT exam passed: \_\_\_\_\_

**Applicant must be licensed as a Dental Therapist in Minnesota:**

Name: \_\_\_\_\_

Dental Therapy License number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### SECTION 2

**Applicant must have completed 2,000 hours of dental therapy clinical practice under direct or indirect supervision:**

**Please include an original letter from the DT program indicating any hours that were accumulated during the program toward the 2,000 required hours.**

\_\_\_\_\_  
Name of Institution # of Hours Program Directors Name Telephone #

**Please include an original letter from any and all clinical practices where you acquired the remaining hours.**

\_\_\_\_\_  
Name of Dental Clinic # of Hours Supervisors Name Telephone #  
*(Please attach separate sheet if there are more than one dental clinic)*

**Attach proof (original or notarized copy of transcript) of having graduated from a master's level advanced dental therapy education program.**

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Completion Date

**SECTION 4.**

**Attach proof (original or notarized copy) of having passed the Minnesota Board of Dentistry's ADT certification exam in all its parts.**

Part I of Examination Passed: (date) \_\_\_\_\_

Part II of Examination Passed: (date) \_\_\_\_\_

Part III of Examination Passed: (date) \_\_\_\_\_

**Note:**

Upon receipt of all required application documents, certification will be entered in the Board's database and the applicant will be mailed their ADT certificate.

Any licensee who has been issued ADT certification cannot practice under their ADT scope until they have signed a Collaborative Management Agreement (CMA) with their dentist. The Board should receive this document with original signature pages and will advise the applicant of any suggested revisions. The Board would like to remind the applicant that the CMA needs to be reviewed and submitted annually to the Board.