



Washington State Department of
Health
Dental Quality Assurance Commission
Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Dental Anesthesia Assistant Supervisor's Attestation

Applicant:

To act as a supervisor for a certified dental anesthesia assistant, the supervisor must meet the following as shown in [WAC 246-817-205](#) and [WAC 246-817-771](#).

- Have an active dental license.
- Have an active general anesthesia permit.
- The credential or credentials must be in good standing while serving as supervisor.

Note: If you have multiple supervisors, each supervisor must attest that they meet the above requirements. Please print a copy for each supervisor that you have.

Complete the information in section one and forward to your supervisor for completion of section two.

1. Print clearly:			
Name	Last	First	Middle
Birth Date (mm/dd/yyyy)		Social Security Number	
Address			
City		State	Zip Code
2. Supervisor:			
I certify that I:			
<ul style="list-style-type: none">• Have an active dental license.• Have an active general anesthesia permit.• The credential or credentials must be in good standing while serving as supervisor.			
Supervisor Name			
License #		General anesthesia permit number	
Signature of Dentist		Date	

This form may be duplicated.

DOH 632-009 July 2016