

NEW MEXICO BOARD OF DENTAL HEALTH CARE
P.O. BOX 25101
SANTA FE, NM 87504
(505)476-4680

(Following successful completion of a Board approved training program and passing the Dental Assisting Board written examination on pit and fissure National Sealants, the Board requires you place a minimum of 12 sealants on occlusal surfaces of permanent molars under the personal supervision of a licensed dentist or dental hygienist. Sealants should be distributed as follows:

**At least 4 places on children under 8 years of age, and
At least 8 places on 2nd permanent molars with at least
4 maxillary molars and 4 mandibular molars**

For certification, submit this completed form to the P.O. Box above or email it to dental.board@rld.nm.gov

Date of Treatment	Tooth No.	Patient Name	Date of Birth	DDS/RDH Initial

Dental assistant name _____ Certificate # _____
(Please Print)

Supervising dentist or dental hygienist name _____
(Please Print)

Supervising dentist or dental hygienist signature _____



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**PIT AND FISSURE SEALANT
EVALUATION FORM**

Clinician _____ Patient _____

Date _____ Patient Age _____

Key: **S** = 2 points, satisfactory, criterion met
I = 1 point, needs improvement
U = 0 points, unacceptable
*Critical Task, if an S is not achieved on a critical task,
the process is unsatisfactory and must be redone.

evaluation by dentist/dental hygienist

TASK	<u>S</u>	<u>I</u>	<u>U</u>
1. Instructs patient/parent about procedure and obtains consent	2	1	0
2. Teeth and surfaces selected meet criteria for sealant placement*	2	1	0
3. Armamentarium is complete	2	1	0
4. Teeth are properly cleansed*	2	1	0
5. Teeth are well isolated*	2	1	0
6. Surfaces to be sealed are dried	2	1	0
7. Surfaces to be sealed are properly etched*	2	1	0
8. Conditioned (etched) teeth are rinsed well	2	1	0
9. Conditioned (etched) surfaces are dried	2	1	0
10. Sealant is mixed properly (for chemical cured sealants)	2	1	0
or materials is undisturbed (not exposed to light for light cured)			
11. Sealant is correctly applied (light is applied for the correct time)	2	1	0
12. Sealant is allowed to polymerize before being disturbed	2	1	0
13. Area remains isolated and completely dry during the entire procedure*	2	1	0
14. Excess sealant removed properly	2	1	0
15. Sealant is examined carefully with explorer tip			
16. Sealant exhibits proper seal*	2	1	0
17. Occlusion is checked with articulating paper, proper height and occlusion are achieved.	2	1	0
18. Sealant is reapplied and polymerized as needed	2	1	0



evaluation form continued...

evaluation by dentist/dental hygienist

	<u>S</u>	<u>I</u>	<u>U</u>
19. Fluoride treatment is administered*	2	1	0
20. Patient is instructed about need for appropriate recall and/or reappointed for resealing	2	1	0
21. Sealants are charted and recorded accurately	2	1	0
22. Professional judgement and patient are managed appropriately	2	1	0

I hereby certify that I have personally observed and evaluated the applicant in the areas indicated above. I understand that this individual is not authorized to place pit and fissure sealants until she/he receives a certificate from the New Mexico Board of Dental Healthcare.

Signed: _____ License #: _____ Date: _____
(Supervising Dentist or Dental Hygienist)



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To be completed by employer (please print legibly or type):

AFFIDAVIT OF PRACTICE LOCATION AND HOURS

I _____ certify that
(Name of Employer)

_____ was/has been employed by me at
(Name of Dental Assistant)

(Practice Address)

(City) (State) (Zipcode)

From: _____ / _____ To: _____ / _____
(Month) (Year) (Month) (Year)

I further certify that _____ has had _____ hours
(Name of Dental Assistant)

chairside dental assisting experience under my supervision pursuant to Part 33 Paragraph 12 of the New Mexico Board of Dental Healthcare Rules.

Name: _____ License #: _____
(Employer Name – Printed) (Employer License #)

Signature: _____
(Employer Signature)

