

Board Approved:

OREGON BOARD OF DENTISTRY
1500 SW 1ST AVENUE, SUITE 770
PORTLAND, OR 97201
(971) 673-3200

**Request for Approval of Dental Assistant Restorative
Curriculum**

Name of Institution/Program:

Name of Program Director:

Address:

City:

State:

Zip code:

Telephone:

Date Institution/Program adopted/revised current Curriculum:

Any changes to the course curriculum must have prior approval from the Board. Please provide the Board with adequate notice so that approval can be obtained before any changes to the curriculum are implemented.

Program Director's Signature: _____

Date: