

Medical Assistant Authorization to Perform Fluoride Varnish

As required under § 1366 of the California Code of Regulations

1. The supervising physician or delegated R.N., L.V.N., or P.A. shall certify in writing the place, date, content, and duration of the training.
2. The easiest way to do this is to have the M.A. complete the free online Smiles for Life course, "Caries Risk Assessment, Fluoride Varnish, and Counseling," a National Oral Health Curriculum, available at <https://www.smilesforlifeoralhealth.org/buildcontent.aspx?pagekey=101554&lastpagekey=62948&userkey=13746599&sessionkey=4051375&tut=555&customerkey=84&custsitegroupkey=0>
3. The M.A. will be observed by the certifying physician or his/her delegated R.N., L.V.N., or P.A. to demonstrate competence in the application of fluoride varnish.
4. After the M.A. has completed the course, the supervising physician or delegated R.N., L.V.N., or P.A. observes the M.A. applying fluoride varnish and signs the form (see below) attesting to their competence to perform the function.

_____ completed Smiles for Life "Caries Risk
Name

Assessment, Fluoride Varnish, and Counseling" course on ____/____/____.

I have observed him/her demonstrating competence in fluoride varnish application.

Signature

____/____/____
Date

Please attach completion certificate for Smiles for Life "Caries Risk Assessment, Fluoride Varnish, and Counseling" course and file with other credentials.