

ATTACHMENT 0007
PERSONAL QUALIFICATIONS SHEET – DENTAL ASSISTANT

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. The information you provide will be used to determine your technical acceptability. In addition to the Personal Qualifications Sheet, please submit two letters of recommendation as described in Item V.
3. After contract award, all of the information you provide will be verified. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Training Certification, Personal and Professional Information Sheet, continuing education certificates, and U.S. citizenship documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.
4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under this contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

	Yes	No
1. Have you ever been the subject of a malpractice claim?	___	___
2. Have you ever been a defendant in a felony or misdemeanor case?	___	___
3. Has your license or certification to practice ever been revoked or restricted in any state?	___	___
4. Have you ever been arrested for or charged with a crime involving a child?	___	___
5. a. Are you a U.S. Citizen?	___	___
b. If yes, do you hold dual citizenship or a passport from a foreign country?	___	___

If any of questions 1 through 4 and 5b above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 through 4 above, and the State of the revocation for number 3 above. If you hold a dual citizenship or have a passport issued from a foreign country, address which country the dual citizenship is held and/or which foreign country has issued you a passport.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the remainder of the Personal Qualifications Sheet is requested for use in consideration of a contract; disclosure of this information is voluntary; failure to provide this information may result in the denial of the opportunity to enter into a contract.

 (Signature)

 (Date) (mm/dd/yy)

I. General Information

Name: _____ SSN _____
 First Middle Last
 Address: _____

Phone: (____) _____

II. Professional Education:

<p>Requirements: You must meet one of the following 7 categories of training and/or experience.</p>	<p>Address and Training Dates: Provide the name and address of the school where you received training and the date of completion.</p>
<p>(1) Certificate or Associate Degree as a dental assistant/technician from a state accredited program and 12 months experience within the preceding 36 months.</p>	
<p>(2) Certification from a dental technician or dental assistant "A" school and 12 months experience within the preceding 36 months.</p>	
<p>(3) Certification from a Red Cross Dental Assistant Course and 12 months experience within the preceding 36 months.</p>	
<p>(4) Certification from a Military Red Cross Dental Assistant Course within the preceding 6 months.</p>	
<p>(5) 36 Months experience within the preceding 60 months as a Dental Assistant in a private practice or military clinic.</p>	<p>Document dates of experience under Item IV. of this form.</p>
<p>(6) Membership in good standing with the American Dental Assistants Association with required continuing education and 12 months experience within the preceding 36 months.</p>	<p>Provide copy of membership card</p>
<p>(7) Graduation from a state accredited program for dental assisting or dental technology within the preceding 12 months.</p>	

III. Certification or Permit for use of Dental X-Ray Equipment:

Date: _____
 Certification or Permit Number: _____

IV. Professional Employment: List your current and preceding employers. Provide dates as month/year. If more space is required, please use a separate sheet of paper:

Name and Address of Present Employer From To

1) _____

Work Performed: _____

Names and Addresses of Preceding Employers From To

2) _____

Work Performed: _____

From To

3) _____

Work Performed: _____

Are you currently employed on a Navy contract? If so, where is your current contract and what is the position? _____

V. Professional References

Provide two letters of recommendation from either practicing dentists or, if the HCW graduated from a dental training program within the preceding 12 months, letters may be provided by faculty members where the HCW received his/her dental assistant training. The letters must attest to the HCW's clinical skills, patient rapport, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding three years.

VI. Continuing Education

Title Of Course	Course Dates	CE Hrs
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VII. Basic Life Support: Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent.

Training Type listed on Card:

Expiration Date: (mm/dd/yy).

VIII. I hereby certify the above information to be true and accurate:

(Signature)

(Date)