

# ADA GUIDELINES

## Infection Prevention & Control Declaration

By completing this form you are confirming that you are familiar with, have an understanding of and have access to the current edition of the ADA Guidelines for Infection Prevention and Control.

Email:

First Name:

Last Name:

Practice Name:

Registered Dental Professional:

- Dentist
- Specialist
- Dental Hygienist
- Dental Therapist
- Oral Health Therapist
- Dental Prosthetist

**We recommend you save this for your own records, before sending to the accreditation agency.**