



Dental Assistant's Certification  
WAGE DEDUCTION AUTHORIZATION

I, \_\_\_\_\_, authorize South Texas Dental Associates, L.P. ("STD") to deduct from my final paycheck on termination of employment, if and when such occurs, the expenses paid on my behalf by STD for me to obtain registration as a Dental Assistant by the Texas State Board of Dental Examiners ("TSBDE").

These expenses include the application fee paid to the TSBDE and fees paid to third-parties for administering the following required examinations:

- Texas State Board of Dental Examiners Radiology Examination
- Texas State Board of Dental Examiners Infection Control Examination
- Texas State Board of Dental Examiners Jurisprudence Examination
- Texas State Board of Dental Examiners Dental Assistant Registration
- Texas State Board of Dental Examiners Dental Assistant Registration-Activation/Renewal

Provided, however, no such deduction shall be made if I remain in the employ of South Texas Dental Associates, L.P. for a least one year after the date of such certification.

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_