



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Dental Examiners
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

DENTAL HYGIENIST APPLICATION
FOR PUBLIC HEALTH SUPERVISION STATUS

Name: _____ License#: _____

Primary Business Address: _____

Home Address: _____

Home Phone#: _____ Business Phone#: _____

Primary email address (either business or personal): _____

Name of Program: _____

Under dental public health supervision, I agree to do the following:

- a. Limit any duties to those outlined in the dental administrative rule Den 402.01.
- b. Follow appropriate infection control guidelines as recommended by the Center for Disease Control and Prevention.
- c. Advise participants that the services provided do not replace regular examination by a dentist.

A summary of program results must be sent to the New Hampshire Board of Dental Examiners by the Hygienist or Supervising Dentist at the one-year anniversary of the program's inception and each and every year after or, if the program lasts less than a year, at the end of the program.

Signature of RDH: _____ Date: _____

Signature of
Supervising Dentist: _____ Date: _____