



**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

**APPLICATION FOR DENTAL PROGRAM APPROVAL  
UNDER PUBLIC HEALTH SUPERVISION**

Name of Supervising Dentist: \_\_\_\_\_ License #: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary email address (either business or personal): \_\_\_\_\_

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Name of Program: \_\_\_\_\_

Agency Sponsoring Program: \_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_

Sites: \_\_\_\_\_

Population Served: \_\_\_\_\_

Hygienists under dental public health supervision must:

- Limit any duties to those outlined in the dental administrative rule Den 402.01 (d), i.e.:
  - (1) Collect and assess medical and dental histories, including preliminary inspection of the oral cavity and surrounding structures, and periodontal probing and charting;
  - (2) Perform complete oral prophylaxis as appropriate, including the removal of calciferous deposits and the removal of subgingival accretions and stains by scaling and root planing;
  - (3) Apply topical fluoride, including fluoride varnish;
  - (4) Instruct in oral hygiene techniques;
  - (5) Administer fluoride rinse programs as follows:
    - a. Obtain consent from a legally responsible adult;
    - b. Train personnel in storage, dosage, safety, administration, and rinsing procedures; and
    - c. Have a legally authorized physician, dentist, advanced practice registered nurse or physician assistant pursuant to RSA 318:42 II dilute concentrated fluoride solutions prior to dispensing; and
  - (6) Place sealants, if qualified pursuant to Den 302.05, when authorized by a dentist with an active license provided that:
    - a. Written informed consent shall be obtained from the patient's legal guardian; and
    - b. The supervising dentist and the hygienist shall be responsible for the sealants being indicated and correctly placed;

- (7) Make impressions, fabricate and deliver athletic mouthguards;
- (8) In order to obtain public health supervision status, a dental hygienist shall complete a dental hygienist application for public health supervision status, signed and dated by the applicant and the supervising dentist of the program, to include the following:
  - a. Applicant's name and license number;
  - b. Applicant's current business and residential addresses, telephone numbers and primary email address either business or personal;
  - c. The name of the public health supervision program where the applicant is employed;
  - d. That the applicant agrees to limit any duties to those outlined in dental administrative rule Den 402;
  - e. That the applicant agrees to follow appropriate infection control guidelines as recommended by the Center for Disease Control and Prevention; and
  - f. That the applicant agrees to advise participants in the program that the services provided to not replace regular examination by a dentist;
- (9) The hygienist or supervising dentist shall provide a program summary to the board 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;
- (10) If qualified as a certified public health dental hygienist, pursuant to Den 302.07 (a), comply with duties listed in RSA 317-A:2 1-e; and
- (11) If qualified as a certified public health dental hygienist, display at his or her place of practice proof of certification approved by the board.

Briefly describe dental hygiene services to be provided:

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Hygienist(s) working in this program are (include license numbers):

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Attach separate list if more space needed.

Please keep the Board updated as to who is working in the program and who has left the program. The Board will advise each hygienist as to the duties allowed under public health supervision.

Dentist Signature: \_\_\_\_\_

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