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: _________

Adopted: 12-9-15