

**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: _____