



## Dental Hygienist—Notice to Division of Practice in a Public Health Setting

### APPLICANT INFORMATION

Dental Hygienist's Name: \_\_\_\_\_  
First Middle Last

License Number: \_\_\_\_\_  Hygienist or  Hygienist with Local Anesthesia

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ – \_\_\_\_\_ Email: \_\_\_\_\_

*Note: All Division notices and communication will be sent to this email.*

Public Health Setting Type:

- |  |   |
|--|---|
| <input type="checkbox"/> a nursing home                                | <input type="checkbox"/> a school, as part of a school-based program            |
| <input type="checkbox"/> an assisted living or long-term care facility | <input type="checkbox"/> individual residences for the homebound                |
| <input type="checkbox"/> a community health center                     | <input type="checkbox"/> a mobile dental health program                         |
| <input type="checkbox"/> a federally-qualified health center           | <input type="checkbox"/> <i>No longer practicing in a Public Health Setting</i> |

Health Setting Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### AFFIDAVIT AND RELEASE

I certify that I have meet all requirements to engage in the practice of dental hygiene in a public health setting, without general supervision and without a collaborative practice agreement with a dentist.

I understand that to remain in compliance with [Utah Code § 58-69-801\(5\)](#), I must:

- ▶ **assume liability for all work performed**, while engaging in the practice of dental hygiene in a public health setting.
- ▶ **hold liability insurance for all work performed**, while engaging in the practice of dental hygiene in a public health setting. *(Please submit proof of your liability insurance with this notice.)*
- ▶ **refer patients who have dental needs beyond my licensed scope of practice**, who I encounter while engaging in the practice of dental hygiene in a public health setting, to a licensed dentist.
- ▶ **deliver all dental records** that I generate to the licensed dentist to whom I have referred a patient with dental needs beyond my licensed scope of practice.

**I declare under criminal penalty under the law of Utah that this notice and any additional documents included with it are true and correct.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### SUBMIT COMPLETED FORM TO THE DIVISION:

By US Postal Service:

**Division of Professional Licensing  
PO BOX 146741  
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing  
Heber M Wells Building, 1st Floor  
160 E 300 S  
Salt Lake City, UT 84111**

If you have questions, please contact the Division at 801-530-6628 or by email at [B1@Utah.gov](mailto:B1@Utah.gov).