



# OHIO STATE DENTAL BOARD

77 South High Street, 18th Floor • Columbus, Ohio 43266-0306  
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www.state.oh.us/den

## APPROVAL FORM FOR A DENTAL HYGIENIST PRACTICING WHEN THE DENTIST IS NOT PHYSICALLY PRESENT

NAME OF DENTAL HYGIENIST

LICENSE NUMBER

EMPLOYING DENTIST

LICENSE NUMBER

### EXPERIENCE

Please list at least two (2) years and three thousand (3,000) hours of experience in the practice of dental hygiene (attach all supporting documentation to this form):

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### MEDICAL EMERGENCY RECOGNITION COURSE

TITLE OF COURSE

WHERE TAKEN

SPONSOR

DATE

CREDIT HOURS

Please attach all supporting documentation or a copy of certificate of course completion to this form.

### CPR CERTIFICATION

Is the dental hygienist currently certified in CPR?

YES

NO

TITLE OF COURSE

DATE TAKEN

EXPIRATION OF CERTIFICATION

Please attach all necessary supporting documentation to this form.

## ATTESTATION

As supervising dentist, I have evaluated the above-named dental hygienist's skills and I have made a determination that this dental hygienist is competent to treat patients when the dentist is not physically present. The information contained herein is true and accurate to the best of my knowledge and belief:

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SIGNATURE

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DATE

***This form shall be maintained in the facility(s) where the dental hygienist is working, and shall be presented upon request of an agent of the Ohio State Dental Board.***