

**STATE OF MAINE**

**BOARD OF DENTAL PRACTICE**

**APPLICATION FOR**

**PUBLIC HEALTH DENTAL HYGIENE**

**AUTHORITY**

- Standard Application



Maine Board of Dental Practice  
143 State House Station  
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333  
Office Facsimile: (207) 287-8140  
TTY users call Maine Relay 711  
Website: [www.maine.gov/dental](http://www.maine.gov/dental)

## **APPLICANT INFORMATION GUIDE**

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

### **FURNISHED TO APPLICANT**

- Application Information Guide
- Individual Application
- Verification of Licensure Form
- Written Practice Agreement (If more than one supervising dentist, then a separate written practice agreement must be submitted for each supervising dentist)
- Jurisprudence Examination
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

### **ADDITIONAL RESOURCES**

- Board of Dental Practice Statute, Title 32, Chapter 143

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.**

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333

- Board of Dental Practice Rules

**Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.**

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

## **APPLICATION INFORMATION GUIDE**

- **Verification of Licensure Form**: The Board requires that you submit verification of licensure for any professional license ever held, i.e. expired, inactive, retired, etc. from any licensing authority as part of the application materials. **Note: This form is required only if you have obtained licensure in another state or jurisdiction since you filed for RDH licensure in Maine.**
- **Mandated Reporter Requirements for Suspected Child Abuse**: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at: <https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>
- **Maine's Medical Professionals Health Program (MPHP)**: The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemphp.org/>
- **10 Day Reporting Requirement**: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit your application materials to the Board by mail to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at [www.maine.gov/dental](http://www.maine.gov/dental). It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

### **NOTICES**

**BACKGROUND CHECK:** Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

## **PUBLIC HEALTH DENTAL HYGIENE AUTHORITY**

**Pursuant to 32 M.R.S. § 18302 sub-§ 31**, a “Public health dental hygienist” means a person who holds a valid dental hygiene license issued by the Board and is authorized to practice public health dental hygiene.

**Scope of practice pursuant to 32 M.R.S. § 18376 sub-§1:** To the extent permitted in a supervision agreement with a dentist, a public health dental hygienist may perform the following procedures in a public health setting:

- Prescribe, dispense or administer anticavity toothpastes or topical gels with 1.1% or less sodium fluoride and oral rinses with 0.05%, 0.2%, 0.44% or 0.5% sodium fluoride, as well as chlorhexidine gluconate oral rinse.
- Apply the following: cavity varnish; desensitizing agents; fluoride to control caries; liquids; pastes or gel topical anesthetics; and sealants.
- Apply topical antimicrobials, including fluoride but excluding antibiotics, for the purposes of bacterial reduction, caries control and desensitization in the oral cavity.
- Expose and process radiographs upon written standing prescription orders from a dentist who is available to interpret all dental radiographs within 21 days and who will complete and sign a radiographic review and findings form.
- For instruction purposes, demonstrate to a patient how the patient should place and remove removable prostheses, appliances or retainers.
- For the purposes of eliminating pain or discomfort, remove loose, broken or irritating orthodontic appliances.
- Give oral health instruction.
- Interview patients and record complete medical and dental histories.
- Irrigate and aspirate the oral cavity.
- Isolate operative fields.
- Perform all procedures necessary for a complete prophylaxis, including root planing.
- Perform complete periodontal and dental restorative charting.
- Perform dietary analyses for dental disease control.
- Perform temporary filling procedures under protocols adopted by board rule.
- Perform oral inspections, recording all conditions that should be called to the attention of the dentist.
- Perform pulp vitality tests pursuant to the direction of a dentist.
- Place and remove gingival retraction cord without vasoconstrictor.
- Place and remove matrix bands for purposes of fabricating or placing temporary restorations.
- Place and remove rubber dams.
- Place and remove wedges for purposes of fabricating or placing temporary restorations.
- Remove excess cement from the supragingival surfaces of teeth.
- Retract lips, cheek, tongue and other tissue parts.
- Smooth and polish restorations, limited to slow-speed application only.
- Take and record the vital signs of blood pressure, pulse and temperature.
- Take dental plaque smears for microscopic inspection and patient education.
- Obtain impressions for and deliver athletic mouth guards and custom fluoride trays.
- Take intraoral photographs.

## **STANDARD APPLICATION**

Pursuant to Board Rules, Chapter 2 – the application materials shall include:

- Completed and signed Application (pgs. 1-9)
- Payment of fees: application fee \$50.00; practice authority fee \$50.00

**Note: There is not a renewal fee for a practice authority**

- Written practice agreement pursuant to Board Rules Chapter 2, §§VI(D) with a supervising dentist
- Verification of licensure form (see application information guide for explanation)

### **Frequently Asked Questions:**

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Can I come to Augusta to pick up my license?** No. A new RDH license with the approved authority will be sent electronically to your email address provided on the application.
- **How can I check the status of my application?** You can check the Board's website: [www.maine.gov/dental](http://www.maine.gov/dental)
- **How far back do I go answering the criminal background question?** Disclose information regardless of timeframe.
- **Can I fax my application?** No.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records?

STATE OF MAINE / BOARD OF DENTAL PRACTICE

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STATE OF MAINE  
BOARD OF DENTAL PRACTICE

143 State House Station, Augusta, ME 04333-0143

INDIVIDUAL APPLICATION

(Revised 9/2021)

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME	FIRST	MIDDLE INITIAL	LAST
ANY OTHER NAMES EVER USED			
DATE OF BIRTH	mm / dd / yyyy	SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
CITY	STATE	ZIP CODE	COUNTY
PHONE ( )	FAX ( )	E-MAIL	

**CRIMINAL BACKGROUND DISCLOSURE**

*NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.*

**Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?**

**(circle one)      NO                  YES**

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Practice will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

<b>SIGNATURE</b>	<b>DATE</b>
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<b>Board of Dental Practice</b>		<b>Office Use Only</b>
<b>Required Fee: \$100.00</b>		1421 - \$50.00 1446 - \$50.00
<b><u>Please Select Authority Type:</u></b>	<input type="checkbox"/> Public Health Dental Hygiene Authority	<i>Office Use Only</i>
		Check # _____ Amount: _____ Cash #: _____ License #: _____

<b>PAYMENT OPTIONS:</b>			
Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:			
NAME OF CARDHOLDER (please print)	FIRST	MIDDLE INITIAL	LAST
I authorize the Maine Board of Dental Practice to charge my			
<input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	the following amount: \$ _____		
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	mm / yyyy

<b>SIGNATURE</b>	<b>DATE</b>
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<b>High School Education</b>		
Name of Academic Institution:		
Date Diploma Received:		
Mailing Address:		
City:	State:	Zip Code:

<b>Dental Hygiene Education</b>		
Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

<b>Public Health Practice Setting(s) – Use separate sheet if needed</b>
Name of Practice Setting:
Name of Supervising Dentist(s)
Mailing Address:
Dates:

<b>Public Health Practice Setting(s) – Use separate sheet if needed</b>
Name of Practice Setting:
Name of Supervising Dentist(s)
Mailing Address:
Dates:

### **Licensure / Disciplinary Questions**

The following questions must be answered. If you circle "YES" to any question numbered 1 through 18, then please provide additional information such as a written explanation regarding the disclosure, along with additional documentation relevant to the disclosure.

1. Have you ever submitted an application for a professional or occupational license, certification, registration, or permit to any authority, other than the Maine Board of Dental Practice, that was not approved or that was approved subject to a condition, limitation, or restriction?

YES            NO

2. Has any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, ever disciplined or otherwise imposed any sanctions, fines, probation, limitations, or restrictions on any license, certification, registration, or permit held by you?

YES            NO

3. Have you ever entered into any type of settlement agreement with any professional or occupational licensing, registration, or certifying authority other than the Maine Board of Dental Practice?

YES            NO

4. Are you aware of any complaints filed with any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, against any license, certification, registration, or permit held by you, for which you have not received a notice of final dismissal?

YES            NO

5. Are you aware of any investigations or inquiries undertaken by any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, that involve, to any extent, any license, certification, registration, or permit held by you, for which you have not received a notice of final closure or dismissal?

YES            NO

6. Have your practice privileges ever been restricted?

YES            NO

7. Have you ever left a dental licensing jurisdiction, other than the Maine Board of Dental Practice, while a complaint or allegation was pending?

YES            NO



**Licensure / Disciplinary Questions (Continued)**

8. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES                      NO

9. Have you ever rendered any dental services illegally?

YES                      NO

10. Are you currently dependent on the use of alcohol or habituating drugs?

YES                      NO

11. Are you currently engaged in the illegal use of drugs or misuse of any drugs?

YES                      NO

12. Are you currently participating in a substance abuse and/or alcohol or drug treatment program, or have you been diagnosed with a substance abuse disorder that in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

YES                      NO

13. Do you currently use any chemical substance(s), including alcohol or drugs, which in any way impairs or affects your ability to practice your dental profession with reasonable skill and safety?

YES                      NO

14. Do you have or have you ever been diagnosed with or treated for a medical, mental, physical, emotional, nervous, or behavioral disorder or condition that in any way currently limits or impairs your ability to practice safely or to function as a dental professional?

YES                      NO

15. Have you ever asserted any condition or impairment as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES                      NO

16. Have you been named in any lawsuit involving your practice as a dental professional that was adjudicated to any degree in favor of the other party?

YES                      NO

**Licensure / Disciplinary Questions (Continued)**

17. Have you been named in any lawsuit involving your practice as a dental professional that was settled by the parties?

YES                      NO

18. Are you currently in default on payment of student loans?

YES                      NO

**Maine Statutes and Rules**

19. Have you read the statutes and rules governing dental professions in Maine?

YES                      NO

**Affidavit of Applicant**

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dental hygiene/public health dental hygiene in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

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

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

**VERIFICATION OF LICENSURE**

**To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print.** (This form may be copied as necessary.)

Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

License Type/Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize the Board of Dentistry of the State of \_\_\_\_\_  
to furnish to the Maine State Board of Dental Practice the information requested below.

Applicant Signature: \_\_\_\_\_

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

**To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:**

**LICENSING BOARD OR AGENCY:** This is to certify that the above-named was issued:

License #	Date issued	Date of expiration
<b>Current Status of License: (check all that apply)</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed <input type="checkbox"/> Probation <input type="checkbox"/> Restricted <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked		
<b>Disciplinary Action:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
(If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)		
Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, encumbered in any way or is it currently under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature: _____		
Title: _____		
State completing this form: _____		
Date: _____ (SEAL)		



**STATE OF MAINE  
Board of Dental Practice**

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Website: [www.maine.gov/dental](http://www.maine.gov/dental) Email: [dental.board@maine.gov](mailto:dental.board@maine.gov)

**PUBLIC HEALTH DENTAL HYGIENE - WRITTEN PRACTICE AGREEMENT**

Pursuant to 32 M.R.S. §18345(2)(B) and Board Rules, Chapter 2, Section IV(B)(2)(a) a dental hygienist seeking to practice public health dental hygiene must submit a signed, written practice agreement with a supervising dentist to qualify for the practice authority. A written practice agreement outlines the roles and responsibilities of the parties, which must include, but is not limited to, the level of supervision provided by the dentist, the practice settings, the standing orders and the coordination and collaboration that each party must undertake if additional patient care is needed.

Note: A separate written practice agreement must be submitted for each collaboration with a supervising dentist. As a condition to renew the Public Health Dental Hygiene practice authority, a dental hygienist must submit a current written practice agreement with the Board.

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**Dental Hygienist Information:**

Name:

Address:

Work Phone/Cell Phone:

Email:

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**Supervising Dentist Information:**

Name and Title:

Address:

Work Phone/Cell Phone:

Email:

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**Please identify the practice location(s) and the name of the sponsoring organization, if applicable. Use separate sheet if multiple locations and/or sponsoring organizations.**

1(a). Address of the practice location(s) and name of sponsoring organization, if applicable:

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**Standing Orders (to be completed by Public Health Dental Hygienist and Supervising Dentist).**

- **Dental Hygienist** Please check all procedures (below) that you request to perform and indicate level of supervision as either general supervision (“GS”) or direct supervision (“DS”).
- **Supervising Dentist** Please check all procedures to be performed under your approved level of supervision based on the collaborating Dental Hygienist’s experience, competence and qualifications.

Procedures	Hygienist Procedures	Level of Supervision	Dentist Initials
Follow all practice requirements as outlined in Board Rule Chapter 12 as applicable to the practice of public health dental hygiene practice			
Perform oral inspections, recording all conditions that should be called to the attention of the supervising dentist			
Perform complete prophylaxis, including root planing			
Perform complete periodontal and dental restorative charting			
Perform pulp vitality tests			
Apply cavity varnish and sealants			
Apply topical (superficial and intramuscular application) antimicrobials, including fluoride but excluding antibiotics, for the purposes of bacterial reduction, caries control and desensitization in the oral cavity			
Expose and process dental radiographs with supervising dentist interpreting radiograph within 21 days and completing a radiographic review and findings form			
Take intraoral photographs			
Prescribe, dispense or administer anticavity toothpastes or topical gel with 1.1% or less sodium fluoride, oral rinses with 0.5% or less sodium fluoride, and chlorhexidine gluconate oral rinse			
Smooth and polish restorations, limited to slow-speed application			
Placing temporary restorations in accordance with Board Rules Chapter 12			
Remove excess cement from supragingival surfaces of teeth			
Obtain impressions for and deliver athletic mouth guards and custom fluoride trays			
<u>Other:</u> Please identify standing orders not listed, but duly authorized under the Dental Practice Act. Use separate sheet if necessary. <hr/> <hr/> <hr/>			

**Please ensure that the following items are in place and check each item below accordingly.**

- \_\_\_ A protocol that identifies the management of medical and dental emergencies, including the identification of after-hours patient care identified in Board Rules Chapter 12.
- \_\_\_ A protocol that adheres to the patient record content and patient recordkeeping requirements identified in Board Rules Chapter 12.
- \_\_\_ A protocol to review case management and care coordination, including treatment and consultation.
- \_\_\_ A protocol to inform each patient/patient guardian who may require further dental services of that need.
- \_\_\_ A protocol to provide to the patient/patient guardian a written plan for referral
- \_\_\_ A protocol to document and submit revisions/termination to an agreement to the Board within 10 days of the change.

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**Signature of Dental Hygienist entering the Written Practice Agreement:**

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

**Signature of Supervising Dentist entering the Written Practice Agreement:**

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

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**Collaborative arrangement start date:**

**Periodic review to occur on:**

1)

2)

**Dental Hygienist signature:** \_\_\_\_\_

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

**Supervising Dentist signature:**

\_\_\_\_\_

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

(Rev. 8/2020)