



**STATE OF MAINE  
Board of Dental Practice**

143 State House Station Augusta, ME 04333-0143  
Telephone: (207) 287-3333 / Facsimile: (207) 287-8140  
TTY users call Maine Relay 711

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.

---

**Dental Hygienist Information:**

Name:

Address:

Work Phone/Cell Phone:

Email:

---

**Supervising Dentist Information:**

Name and Title:

Address:

Work Phone/Cell Phone:

Email:

---

**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:

---

---

**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			
<p><u>Other:</u> Please identify standing orders not listed, but duly authorized under the Dental Practice Act. Use separate sheet if necessary.</p> <p>_____</p> <p>_____</p>			

---

**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 revision/termination of a written practice agreement to the Board within 10 days of the change.

---

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

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

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

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

---

**Collaborative arrangement start date:**

**Periodic review to occur on:**

1)

2)

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

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

**Supervising Dentist signature:** \_\_\_\_\_

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

(Rev. 8/2020)