

Nevada State Board of Dental Examiners



2651 N Green Valley Parkway, Ste.104 • Henderson, NV 89014 • (702) 486-7044 • (800) DDS-EXAM • Fax (702) 486-7046

Application for Proposed Public Health Dental Hygiene Program

Name of Program: _____

Nevada State Business License No: _____

Location(s) of health facility, school, or place in the State of Nevada approved by the Board where the services for this program are intended to be performed (attach additional page if needed):

Address: _____ City, State & Zip _____

Will this program be providing professional liability coverage to licensees with a valid Nevada Dental Hygiene Public Health Endorsement who provide services for this program: **NO** **YES** *If Yes, provide policy information below:*

Name of Carrier: _____

Policy No. _____ Effective Date: _____ Expiration Date: _____

Program Director/Administrator Contact Information:

Name: _____ NSBDE License No.: _____

Address: _____ City, State & Zip Code: _____

Telephone: _____ Email Address: _____

Program Protocol Summary:

- 1) Provide a detailed description of the intended population and mission of the proposed program (attach additional pages if needed):

- 2) Provide a detailed description of each service intended to be offered in the proposed program (attach additional pages if needed):

Cont. Application for Proposed Public Health Dental Hygiene Program

3) Provide specific treatment protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use to:

a) Treat patients (attach additional pages if needed)

b) Refer patients to a dentist for follow-up care; diagnostic services; and any other service that a dental hygienist is not authorized to perform (attach additional pages if needed)

4) Provide specific protocols which include an explanation of the methods the dental hygienist who holds a valid Nevada Dental Hygiene Public Health Endorsement will use for emergencies:

5) Provide infection control protocols for clinical and sterilization equipment (attach additional pages if needed):

Note: A program may be subject to an Initial Infection Control Inspection. Fee for inspection is \$250.

6) Provide a detailed description of how recordkeeping will be maintained on patients as well as services rendered by Nevada licensees with an active Nevada Dental Hygiene Public Health Endorsement for this program (attach additional pages if needed):

Signature of Program Director/Administrator

Date