

OREGON BOARD OF DENTISTRY
1600 SW 4th Avenue, Suite 770
Portland, Oregon 97201-5519

41398-41300-2142

APPLICATION FOR LIMITED ACCESS PERMIT
DENTAL HYGIENIST

Name _____ License No. _____

Mailing Address _____

City _____ State _____ Zip _____

I have successfully completed 40 hours of course content on the below subjects from a formal, post-secondary educational program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency or other appropriate health professional program accreditation agency and/or approved by the Board. (Attach additional sheets as necessary.) Attach course content documentation (i.e., syllabus, course outline etc.)

<u>Course</u>	<u>CourseTitle(s)</u>	<u>School</u>	<u>No. of Hours</u>	<u>Date</u>
General Medicine and Physical Diagnosis	_____	_____	_____	_____
Pharmacology	_____	_____	_____	_____
Oral Pathology	_____	_____	_____	_____
Patient Management and Psychology	_____	_____	_____	_____
Jurisprudence relating to unsupervised practice with limited access patients	_____	_____	_____	_____

<u>Professional Liability Insurance Carrier</u>	<u>Policy Number</u>	<u>Expiration Date</u>
_____	_____	_____

By signing below I certify that I have met all requirements for a Limited Access Permit. I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

Signature _____ Date _____

LIMITED ACCESS PERMIT

A licensed dental hygienist who holds a valid, unrestricted Oregon dental hygiene license and who meets the requirements of ORS 680.200 and OAR 818-035-0065 may practice as a Limited Access Permit Dental Hygienist after obtaining a permit from the Board.

Instructions

To obtain a Limited Access Permit (LAP), complete the application on the reverse, and return it to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, Oregon 97201-5519.

1. Proof of course content. Attach documentation (i.e., syllabus, course outline etc.) of 40 hours of course content relating to the following subjects:
 - General medicine and physical diagnosis;
 - Pharmacology;
 - Oral Pathology
 - Patient management and psychology; and
 - Jurisprudence relating to unsupervised practice with limited access patients.
2. Permit fee. The fee for initial application will be prorated based on the 24-month licensure cycle so that your LAP will be renewed at the same time as your Dental Hygiene license. Once your application has been approved, staff will compute the fee based on the approval date and notify you of the amount owed. Upon receipt of the fee, a new license certificate will be printed with the Limited Access Permit listed.
3. Proof of Clinical Practice Form. List all dentists and locations at which you practiced dental hygiene to verify the 2,500 hours of licensed clinical practice.
4. Proof of Health Care Provider BLS/CPR or its Equivalent. Enclose documentation showing that you hold a valid and current Health Care Provider BLS/CPR level or its equivalent certificate.
5. Proof of Professional Liability Insurance. Provide documentation of current professional liability insurance coverage.

Questions? Call Examination and Licensing Manager Teresa Haynes at (971) 673-3200.

Limited Access Permits

680.200 Issuing permit. (1) Upon application accompanied by the fee established by the Oregon Board of Dentistry, the board shall grant a permit to practice as a limited access permit dental hygienist to any applicant who:

- (a) Holds a valid, unrestricted Oregon dental hygiene license;
- (b) Presents evidence satisfactory to the board of at least 2,500 hours of supervised dental hygiene practice.
- (c) Presents proof of current professional liability insurance coverage;

(d) Presents documentation satisfactory to the board of successful completion of a total of 40 hours of course content from a formal, post-secondary educational program accredited by the Commission on Dental Accreditation of the American Dental Association or its successor agency or other appropriate health professional program accreditation agency and approved by the board, including but not limited to:

(A) General medicine and physical diagnosis;

(B) Pharmacology;

(C) Oral pathology;

(D) Patient management and psychology; and

(E) Jurisprudence relating to unsupervised practice with limited access patients; and

(e) Presents documentation satisfactory to the board of successful completion of an emergency life support course for health professionals, including cardiopulmonary resuscitation, from an agency or educational institution approved by the board.

(2) All permits issued pursuant to subsection (1) of this section expire two years following the date of issuance unless renewed on or before that date by:

(a) Payment of the renewal fee as set by the board;

(b) Submission to the board of satisfactory evidence of completion of at least 36 hours of continuing education, 12 hours of which shall be in the course content areas required in subsection (1) of this section; and

(c) Presentation to the board of proof of professional liability insurance coverage.

(3) The board may refuse to issue or renew a limited access permit or may suspend or revoke the permit of a limited access permit dental hygienist who has been convicted of an offense or been disciplined by a dental licensing body in a manner that bears, in the judgment of the board, a demonstrable relationship to the ability of the applicant to practice limited access permit dental hygiene in accordance with the provisions of this chapter or ORS chapter 679, or who has falsified an application for permit, or any person for any cause described under ORS 679.140 or 679.170. [1997 c.251 §2; 2003 c.310 §3]

680.205 Services rendered under permit. (1) A dental hygienist issued a permit to act as a limited access permit dental hygienist under ORS 680.200 shall be authorized to render all services within the scope of practice of dental hygiene as defined in ORS 679.010, without the supervision of a dentist and as authorized by the limited access permit to:

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

(A) Nursing homes as defined in ORS 678.710;

(B) Adult foster homes as defined in ORS 443.705;

(C) Residential care facilities as defined in ORS 443.400;

(D) Adult congregate living facilities as defined in ORS 441.525;

(E) Mental health residential programs administered by the Department of Human Services;

(F) Facilities for mentally ill persons, as defined in ORS 426.005;

(G) Facilities for persons with mental retardation, as defined in ORS 427.005;

(H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or

(I) Public and nonprofit community health clinics.

(b) Homebound adults.

(c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.

(2) The Oregon Board of Dentistry may authorize the provision of dental hygiene services by a limited access permit dental hygienist at locations or to populations that are underserved or lack access to dental hygiene services.

(3) At least once each calendar year, a dental hygienist issued a permit to act as a limited access permit dental hygienist shall refer each patient or resident to a dentist who is available to treat the patient or resident.

(4) Nothing in this section shall be construed to authorize a limited access permit dental hygienist to administer local anesthesia, denture soft lines, temporary restorations and radiographs except under the general supervision of a dentist licensed under ORS chapter 679, or to administer nitrous oxide except under the indirect supervision of a dentist licensed under ORS chapter 679.

(5) A limited access permit dental hygienist may assess the need for and appropriateness of sealants, apply sealants and write prescriptions for all applications of fluoride in which fluoride is applied or supplied to patients.

(6) A person granted a limited access permit under ORS 680.200 shall also procure all other permits or certificates required by the board under ORS 679.250.

**LIMITED ACCESS PERMIT
CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 2,500 hours of supervised licensed clinical dental hygiene practice pursuant to ORS 680.200(b). Use additional sheets if necessary.

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

By signing below I certify that I have completed at least 2,500 hours of supervised licensed clinical dental hygiene practice. I further certify that the information given on this form is true and correct. I understand that any falsification could result in denial, suspension, and/or revocation of my dental hygiene license.

Signature: _____ Date: _____

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

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Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

Supervising Dentist Name: _____ **Telephone Number:** _____

Location/Address: _____
Address City State Zip Code

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS WORKED** _____
Date Date

**Limited Access Permit
Practice Settings**

Name: _____ License Number: _____

Please indicate the location(s) in which you plan to practice:
(Check all that apply)

(a) Patients or residents of the following facilities or programs who, due to age, infirmity or disability, are unable to receive regular dental hygiene treatment:

- (A) Nursing homes as defined in ORS 678.710;
- (B) Adult foster homes as defined in ORS 443.705;
- (C) Residential care facilities as defined in ORS 443.400;
- (D) Adult congregate living facilities as defined in ORS 441.525;
- (E) Mental health residential programs administered by the Department of Human Services;
- (F) Facilities for mentally ill persons, as defined in ORS 426.005;
- (G) Facilities for persons with mental retardation, as defined in ORS 427.005;
- (H) Local correctional facilities and juvenile detention facilities as those terms are defined in ORS 169.005, regional correctional facilities as defined in ORS 169.620, youth correction facilities as defined in ORS 420.005, youth care centers as defined in ORS 420.855, and Department of Corrections institutions as defined in ORS 421.005; or
- (I) Public and nonprofit community health clinics.
- (b) Homebound adults.
- (c) Students or enrollees of nursery schools and day care programs and their siblings under 18 years of age, Job Corps and other similar employment training facilities, primary and secondary schools, including private schools and public charter schools, and persons entitled to benefits under the Women, Infants and Children Program.
- General Clinical Practice.
- Not currently practicing.

Signature: _____ Date: _____