

OREGON BOARD OF DENTISTRY
1500 SW 1st AVENUE, SUITE 770
PORTLAND, OR 97201
971-673-3200
www.oregon.gov/dentistry

VOLUNTEER LICENSE APPLICATION

Dental

Dental Hygiene

Name: _____ License Number: _____ Telephone No. _____
(print legibly)

Mailing Address: _____
Street or P.O. Box

City

State

Zip Code

Home Address: _____
Street

City

State

Zip Code

Volunteer Location: _____ Telephone No. _____
Name of Organization

Street or P.O. Box

City

State

Zip Code

If volunteering at additional location(s), please list the name(s) of the organization(s) and their address(es) on a separate piece of paper.

I certify that:

1. I am an active licensed Oregon dentist or dental hygienist who will be practicing for a supervised volunteer clinic, as defined in ORS 679.020(3)(f) and (g). (See Statute on back of application)
2. I am registered with the Oregon Board of Dentistry as a health care professional and that I will meet all the requirements set forth in ORS 676.345 (Attached).
3. I will not practice dentistry or dental hygiene for remuneration in any capacity under the volunteer license.
4. I will volunteer for a minimum of 40 hours per calendar year.
5. I will comply with all continuing education requirements for active licensed dentists/ dental hygienists.

I understand that:

1. I must surrender my active dental/dental hygiene license.
2. I may surrender the volunteer license designation at anytime and return to an active license once all active licensure requirements are met.

Signature _____

Date _____

ORS 679.020(3)(f) and (g)

(f) Nonprofit corporations organized under Oregon law to provide dental services to rural areas and medically underserved populations of migrant, rural community or homeless individuals under 42 U.S.C. 254b or 254c or health centers qualified under 42 U.S.C. 1396d(l)(2)(B) operating in compliance with other applicable state and federal law.

(g) Nonprofit charitable corporations as described in section 501(c)(3) of the Internal Revenue Code and determined by the Oregon Board of Dentistry as providing dental services by volunteer licensed dentists to populations with limited access to dental care at no charge or a substantially reduced charge.

676.345 Registration program for health care professionals claiming liability limitation; program requirements.

(1) A health practitioner described in ORS 676.340 (7) may claim the liability limitation provided by ORS 676.340 only if the health practitioner has registered with a health professional regulatory board in the manner provided by this section. Registration under this section must be made:

- (a) By a physician or physician assistant, with the Oregon Medical Board;
- (b) By a nurse, nurse practitioner or clinical nurse specialist, with the Oregon State Board of Nursing; and
- (c) By a dentist or dental hygienist, with the Oregon Board of Dentistry.

(2) The health professional regulatory boards listed in subsection (1) of this section shall establish a registration program for the health practitioners who provide health care services without compensation and who wish to be subject to the liability limitation provided by ORS 676.340. All health practitioners registering under the program must provide the health professional regulatory board with:

- (a) A statement that the health practitioner will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services and other out-of-pocket expenses;
- (b) A statement that the health practitioner will provide the notice required by ORS 676.340 (2) in the manner provided by ORS 676.340 (2) before providing the services; and
- (c) A statement that the health practitioner will only provide health care services without compensation that are within the scope of the health practitioner's license.

(3) Registration under this section must be made annually. The health professional regulatory boards listed in subsection (1) of this section shall charge no fee for registration under this section. [1999 c.771 §2; 1999 c.771 §4; 2005 c.462 §3]

**OREGON BOARD OF DENTISTRY
1500 SW 1st^H AVENUE, SUITE 770
PORTLAND, OR 97201**

**DENTAL & DENTAL HYGIENE REGISTRY
OF LIMITATION ON LIABILITY
ORS 676.340**

Name: _____ License Number: _____

Mailing Address: _____

Street or P.O. Box

City

State

Zip Code

Home Address: _____

Street or P.O. Box

City

State

Zip Code

I certify that:

1. Prior to the patient receiving health care services I will obtain the signature of the patient, or the signature of a person who has authority under law to make health care decisions for the patient, acknowledging receipt of a written statement that notifies the patient that services are provided without compensation and that my liability is limited and that I may not be held liable for any injury, death or other loss arising out of the provision of those services that is caused by my negligence, unless the injury, death or other loss results from gross negligence.
2. I will provide health care services to patients without compensation, except for reimbursement for laboratory fees, testing services, and other out-of-pocket expenses.
3. I will only provide health care services without compensation that are within the scope of my dental/dental hygiene license.

This Registration is effective for one year from the date it is received by the Board. Annual renewals must be made for this limitation of liability to remain in effect.

Signature

Date

676.340 Limitations on liability of health practitioners providing health care services without compensation; requirements; exceptions; attorney fees; applicability. (1)

Notwithstanding any other provision of law, a health practitioner described in subsection (7) of this section who has registered under ORS 676.345 and who provides health care services without compensation is not liable for any injury, death or other loss arising out of the provision of those services, unless the injury, death or other loss results from the gross negligence of the health practitioner.

(2) A health practitioner may claim the limitation on liability provided by this section only if the patient receiving health care services, or a person who has authority under law to make health care decisions for the patient, signs a statement that notifies the patient that the health care services are provided without compensation and that the health practitioner may be held liable for death, injury or other loss only to the extent provided by this section. The statement required under this subsection must be signed before the health care services are provided.

(3) A health practitioner may claim the limitation on liability provided by this section only if the health practitioner obtains the patient's informed consent for the health care services before providing the services, or receives the informed consent of a person who has authority under law to make health care decisions for the patient.

(4) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner requires payment of laboratory fees, testing services and other out-of-pocket expenses.

(5) A health practitioner provides health care services without compensation for the purposes of subsection (1) of this section even though the practitioner provides services at a health clinic that receives compensation from the patient, as long as the health practitioner does not personally receive compensation for the services.

(6) In any civil action in which a health practitioner prevails based on the limitation on liability provided by this section, the court shall award all reasonable attorney fees incurred by the health practitioner in defending the action.

(7) This section applies only to:

(a) A physician licensed under ORS 677.100 to 677.228;

(b) A nurse licensed under ORS 678.040 to 678.101;

(c) A nurse practitioner licensed under ORS 678.375 to 678.390;

(d) A clinical nurse specialist certified under ORS 678.370 and 678.372;

(e) A physician assistant licensed under ORS 677.505 to 677.525;

(f) A dental hygienist licensed under ORS 680.010 to 680.205; and

(g) A dentist licensed under ORS 679.060 to 679.180. [1999 c.771 §1; 1999 c.771 §3; 2005 c.462

§2]