

Oregon Health Licensing Agency



700 Summer St. NE, Suite 320
Salem, OR 97301-1287
(503) 378-8667
TTY: (503) 373-2114
Fax: (503) 370-9004
Web Site: <http://www.oregon.gov/OHLA>
E-Mail: ohla.info@state.or.us

Board of Denture Technology

FEE \$100

TRAINEE REGISTRATION AGREEMENT

This form must be completed and returned to the Board office for approval prior to commencing training.

Intern Name	Home Telephone ()	Business Telephone ()	
Address	City	State	Zip Code
Social Security #	Date of Birth		
Dentist/Denturist Name	Title		
License #	First License Date		
Clinical Practice Address	City	State	Zip Code
Business Telephone ()	Proposed Starting Date		

INTERN - READ AND SIGN

I AGREE TO FULFILL THE REQUIREMENTS OF MY INTERNSHIP BY:

1. Performing the activities required by rule and as described on the *Certification of Work Experience*;
2. Developing my clinical and laboratory skills by accepting the guidance and assistance provided to me by my supervisor;
3. Notifying the Health Licensing Agency in writing within 5 working days of any problems encountered during my internship, or if my internship is interrupted or terminated for any reason;
4. Responding to requests for information from the Health Licensing Agency regarding the progress of my internship.

Signature

Date

SUPERVISOR - READ AND SIGN

I AGREE TO FULFILL THE REQUIREMENTS OF A SUPERVISOR BY:

1. Assigning activities required by rule and as described on the *Certificate of Work Experience* to the intern for _____ hours per week for a total of _____ hours during the _____ period of internship;
2. Providing supervision, guidance, and assistance to the intern, increasing the complexity of assignments quarterly to allow the intern to develop clinical and laboratory skills necessary for independent or shared practice;
3. Notifying the Health Licensing Agency in writing within five (5) working days of any problems encountered during this internship agreement, or if the internship is interrupted or terminated for any reason; and
4. Responding to requests for information from the Health Licensing Agency regarding the progress of the intern.
5. Completing the *Certification of Work Experience* form when a minimum of 1,000 hours of training is completed or the internship is terminated for any reason.
6. The facility where the training will occur is in compliance with all provisions of OAR 331 Division 420 Practice Standards.
7. Limiting supervision to two (2) interns at any given time.
8. I have been practicing as a licensed dentist or licensed denturist for at least three (3) years, according to OAR 331-410-0000(4)(b).

Signature

Date