Oregon
Tina Kotek, Governor

Board of Dentistry
1500 SW 1st Ave, Ste 770
Portland, OR 97201-5837
(971) 673-3200

www.oregon.gov/dentistry

Expanded Practice Dental Hygiene
CE Provider Application Instructions

1. **Provider Name:** List the full business name or individual's name.

2. **Business Phone No.:** List the business phone number. This phone number will be placed on the Board's Web site.

3. **Mailing Address:** List the mailing address. This address is public record and will be placed on the Board's Web site.

4. **Organization Type:** List the primary organization type of provider.

5. **CE Coordinator's Name:** List the name of the individual who will be responsible for administering the Provider's CE program. This person will be the primary contact for the Oregon Board of Dentistry.

6. **CE Coordinator's Phone No.:** List CE Coordinator's phone number if different from business phone number.

7. **Instructor's Education/Training:** Each instructor must attach a resume or curriculum vitae (CV). If you are not an individual, but an entity, please submit a listing of your most recent catalog of courses.

Return the completed application alongwith instructor's resume/curriculum vitae to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, Oregon 97201.

Questions? Please email Information@obd.oregon.gov.

Board Approved:

Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
www.oregon.gov/dentistry
(971) 673-3200

Expanded Practice Dental Hygiene
Continuing Education (CE) Provider Application

Provider Name (name of individual or facility):		Business Phone No.:
Mailing Address (*street address, city, state, zip*):		
Email or Web site (optional):	Taxpayer ID Number:	Will Offer On-line Courses: ☐ No ☐ Yes

Organization Type (select one):

☐ Association ☐ 2 or 4 yr Institution of Higher Learning ☐ Non-Profit Corporation
☐ Licensed Health Facility ☐ Other education organization Individual ☐ Government Agency
☐ Corporation ☐ Other (please specify):

CE Coordinator Name:	CE Coordinator Phone No.:

Instructor's Education/Training (attach Instructor(s) resume or curriculum vitae (CV)):

CE Coordinator's Signature:	Date: