



# Oregon

Tina Kotek, Governor

Board of Dentistry  
1500 SW 1<sup>st</sup> Ave, Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

## DENTAL HYGIENE EXPANDED PRACTICE PERMIT

A licensed dental hygienist who holds a valid, unrestricted Oregon dental hygiene license and who meets the requirements of ORS 680.200 may practice as an Expanded Practice Dental Hygienist after obtaining a permit from the Board. Please review ORS 680.200 and ORS 680.205, and OAR 818-035-0065 and OAR 818-035-0066 for the statutes and rules related to the Expanded Practice Permit.

### **INSTRUCTIONS - PATHWAY I**

To obtain an Expanded Practice Permit, you must print and mail this application along with the required fee to the following address:

Oregon Board of Dentistry  
Unit 23  
PO Box 4395  
Portland, OR 97208

The following **must** be submitted with this application:

1. **Permit Fee - \$75.00:** Must be in the form of a personal check, cashier's check or money order made payable to the Oregon Board of Dentistry. Your fee must be enclosed in the same envelope with your application, and mailed to the address indicated above.
2. **Healthcare Provider Basic Life Support (BLS) Certification:** Enclose documentation showing that you hold a valid and current Health Care Provider BLS certification.
3. **Proof of Professional Liability Coverage:** Submit documentation of current professional liability insurance coverage (either your own policy, or your employer's. Please note that if using your employer's policy, you will not be permitted to use your EPP anywhere other than the clinic under which you are insured).
4. **Certification 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.
5. **Certification of CE Form:** Applicants must complete 40 hours of CE related to clinical dental hygiene and/or dental public health. **CE must be sponsored by Board-approved CE providers - see enclosed list.**

### **OPTIONAL:**

**Collaborative Agreement (Page 4 of application):** An agreement between the expanded practice dental hygienist and a dentist(s) setting forth the agreed-upon scope of the dental hygienist's practice in regards to the following procedures, the agreement must be drafted and signed by both parties, attached to the Verification of Collaborative Agreement form (also signed by both parties) which is included in this packet, and submitted to the Board.

- a. Administering local anesthesia;
- b. Administering temporary restorations with or without excavation;
- c. Prescribing prophylactic antibiotics and nonsteroidal anti-inflammatory drugs specified in the agreement;
- d. Performing interim therapeutic restorations after diagnosis by a dentist; and
- e. Referral parameters.

A Collaborative Agreement is **not** required to apply for an Expanded Practice Permit.

If you have questions, please email [Information@obd.oregon.gov](mailto:Information@obd.oregon.gov) or call (971) 673-3200

# DENTAL HYGIENE EXPANDED PRACTICE PERMIT (PATHWAY 1): OREGON BOARD OF DENTISTRY-APPROVED CONTINUING EDUCATION PROVIDERS

## **ADVANTAGE DENTAL PLAN INC.**

CE Coordinator: Kimberly Krueger  
442 SW Umatilla Ave.  
Redmond, OR 97756  
(866) 268-9616  
[www.advantagedental.com](http://www.advantagedental.com)  
Curriculum Approved: August 3, 2012

## **AMERICAN DENTAL HYGIENISTS' ASSOCIATION**

CE Coordinator: Cathy Elliott, RDH, BSDH  
4444 N. Michigan Ave., Ste. #3400  
Chicago, IL 60611  
(312) 440-8900  
[education@adha.net](mailto:education@adha.net)  
[www.adha.org](http://www.adha.org)  
Curriculum Approved: June 1, 2012

## **EXCEPTIONAL NEEDS DENTAL SERVICES**

CE Coordinator: Tonia Ayres  
12029 NE Sumner St.  
Portland, OR 97220  
(503) 295-1201  
Curriculum Approved: February 29, 2017

## **HYGIENE A.D.E. STUDY CLUB**

8623 SW 19<sup>th</sup> Ave.  
Portland, OR 97219  
(503) 351-6060  
[hygieneadestudyclub@gmail.com](mailto:hygieneadestudyclub@gmail.com)  
Curriculum Approved: June 21, 2013

## **LANE COUNTY DENTAL HYGIENIST'S ASSOCIATION**

PO Box 544  
Creswell, OR 97426  
(541) 968-3874  
[LaneCountyDHA@gmail.com](mailto:LaneCountyDHA@gmail.com)  
Curriculum Approved: December 19, 2014

## **MARION COUNTY DENTAL HYGIENE STUDY CLUB**

CE Coordinator: Laurie Goodspeed  
1433 Yakima Court NW  
Salem, OR 97304  
(503) 302-7748  
[www.mcdhstudyclub.org](http://www.mcdhstudyclub.org)  
Curriculum Approved: December 13, 2019

## **OREGON DENTAL ASSOCIATION**

PO Box 3710  
Wilsonville, OR 97070  
(503) 218-2010  
[www.oregondental.org](http://www.oregondental.org)  
[info@oregondental.org](mailto:info@oregondental.org)  
Curriculum Approved: February 10, 2012

## **OREGON DENTAL HYGIENISTS' ASSOCIATION**

147 SE 102<sup>nd</sup> Ave.  
Portland, OR 97216  
(503) 595-0220  
[info@odha.org](mailto:info@odha.org)  
[www.odha.org](http://www.odha.org)  
Curriculum Approved: April 6, 2012

## **OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF DENTISTRY CONTINUING EDUCATION PROGRAM**

CE Coordinator: Alexandria Case  
2730 SW Moody Ave.  
Portland, OR 97201  
(503) 494-8857  
[www.ohsu.edu](http://www.ohsu.edu)  
[cdeinfo@ohsu.edu](mailto:cdeinfo@ohsu.edu)  
Curriculum Approved: February 15, 2019

## **OREGON HEALTH AUTHORITY**

800 NE Oregon St., Ste. #825  
Portland, OR 97232  
(971) 673-0348  
[laurie.johnson@dhsoshs.state.or.us](mailto:laurie.johnson@dhsoshs.state.or.us)  
Curriculum Approved: June 21, 2013

## **OREGON ORAL HEALTH COALITION**

PO Box 3132  
Wilsonville, OR 97070  
(971) 224-1038  
[Philip.Giles@OCDc.net](mailto:Philip.Giles@OCDc.net)  
Curriculum Approved: April 19, 2013

## **OREGON INSTITUTE OF TECHNOLOGY**

3201 Campus Drive  
Klamath Falls, OR 97601  
(541) 885-1277  
[Paula.Russell@oit.edu](mailto:Paula.Russell@oit.edu)  
[www.oit.edu](http://www.oit.edu)  
Curriculum Approved: February 28, 2014

## **PACIFIC UNIVERSITY CONTINUING EDUCATION DEPARTMENT**

222 SE 8<sup>th</sup> Ave., Suite #573  
Hillsboro, OR 97123  
(503) 352-2663  
[Pacific University CE Website](http://Pacific University CE Website)  
[lisa.downing@pacificu.edu](mailto:lisa.downing@pacificu.edu)  
Curriculum Approved: April 19, 2013

## **PACIFIC UNIVERSITY SCHOOL OF DENTAL HYGIENE STUDIES**

222 SE 8<sup>th</sup> Ave., Suite #272  
Hillsboro, OR 97123  
(503) 352-2673  
[Pacific University School of DHS Website](http://Pacific University School of DHS Website)  
[kihei@pacificu.edu](mailto:kihei@pacificu.edu)  
Curriculum Approved: February 23, 2018

## **PORTLAND COMMUNITY COLLEGE DENTAL HYGIENE STUDY CLUB**

CE Coordinator: Marissa Turner  
17905 SW Vincent St.  
Aloha, OR 97078  
(559) 824-7350  
[marissadturner@gmail.com](mailto:marissadturner@gmail.com)  
[PCCDHSC@gmail.com](mailto:PCCDHSC@gmail.com)  
Curriculum Approved: February 15, 2013

## **PROFESSIONAL THERAPIES NORTHWEST**

CE Coordinator: Debbie Howard  
12068 Lakeside Place NE  
Seattle, WA 98125  
(888) 365-1760  
[www.professionaltherapiesnw.com](http://www.professionaltherapiesnw.com)  
[course@professionaltherapiesnw.com](mailto:course@professionaltherapiesnw.com)  
Curriculum Approved: October 13, 2017

## **THE PROCTOR & GAMBLE COMPANY**

CE Coordinator: Nancy Richter  
8700 Mason-Montgomery Road, CF3-6B5  
Mason, OH 45040  
(513) 622-0099  
[www.dentalcare.com](http://www.dentalcare.com)  
Curriculum Approved: June 1, 2012

## **WILLAMETTE DENTAL GROUP**

CE Coordinator: Kristin Barton  
6950 NE Campus Way  
Hillsboro, OR 97124  
1-855-4DENTAL x810507  
[www.willamettedental.com](http://www.willamettedental.com)  
Curriculum Approved: February 15, 2019

**PLEASE NOTE THAT ALL CE COURSES FOR THE EPP PATHWAY 1 APPLICATION MUST BE SPONSORED BY ONE OF THE APPROVED PROVIDERS LISTED ABOVE, AND DIRECTLY RELATED TO CLINICAL DENTAL HYGIENE AND/OR DENTAL PUBLIC HEALTH.**

**MAIL TO:**

Rev. Code 2142

**OREGON BOARD OF DENTISTRY**  
Unit 23  
PO Box 4395  
Portland, OR 97208-4395

**APPLICATION FOR DENTAL HYGIENE EXPANDED PRACTICE PERMIT  
PATHWAY 1  
DENTAL HYGIENIST  
FEE \$75.00**

Name \_\_\_\_\_ License No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**The following must be submitted with this application:**

1. Permit Fee - \$75.00: Must be in the form of a personal check, cashier's check or money order made payable to the Oregon Board of Dentistry. Your fee must be enclosed in the same envelope with your application, and mailed to the address indicated above.
2. Healthcare Provider Basic Life Support (BLS) Certification: Enclose documentation showing that you hold a valid and current Health Care Provider BLS certification.
3. Proof of Professional Liability Coverage: Submit documentation of current professional liability insurance coverage (either your own policy, or your employer's. Please note that if using your employer's policy, you will not be permitted to use your EPP anywhere other than the clinic under which you are insured).
4. Certification 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.
5. Certification of CE Form: Applicants must complete 40 hours of CE related to clinical dental hygiene and/or dental public health. CE must be sponsored by Board-approved CE providers - see enclosed list.

<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 an Expanded Practice 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 \_\_\_\_\_

**Expanded Practice 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 Oregon Health Authority;
  - (F) Facilities for persons with mental illness, as defined in ORS 426.005;
  - (G) Facilities for persons with developmental disabilities, 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) Adults who are homebound.
- (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.
- (d) Patients in hospitals, medical clinics, medical offices or offices operated or staffed by nurse practitioners, physician assistants or midwives.
- (e) Patients whose income is less than the federal poverty level.
- General/Specialty Practice.
- Not currently practicing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Oregon Board of Dentistry  
Expanded Practice Dental Hygiene Permit  
Verification of Collaborative Agreement

I \_\_\_\_\_, License No. \_\_\_\_\_ have entered into a collaborative agreement with \_\_\_\_\_, a dental hygienist with an expanded practice permit, License No. \_\_\_\_\_. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- Administer local anesthesia.
- Administer temporary restorations with or without excavation.
- Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:
  - \* On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.

Perform Interim Therapeutic Restorations after diagnosis by a dentist. \*Verification of completion of a Board approved ITR course must be sent to the OBD directly from the program.

Referral Parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

I attest that **a copy of the Collaborative Agreement, drafted and signed by both parties, is attached to this verification.** I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Hygienist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_