OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395

41398-41300-2143

APPLICATION FOR DENTAL HYGIENE
RESTORATIVE FUNCTIONS ENDORSEMENT
$50.00 (Non-Refundable)

Name: _____ License No. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

I certify I have completed an approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board.

Program	Course	Date

Check Appropriate Box(es) in Each Section:

☐ Proof of completion of the course of instruction will be provided directly to the Board by the program, **or**

☐ Proof of completion of the course of instruction has previously been sent to the Board by the program.

☐ Proof of successful completion of the Western Regional Examining Board's Restorative Examination within the past five years, **or**

☐ Proof of successful completion of the Western Regional Examining Board's Restorative Examination over five years from the date of application, **and**

- ☐ Verification from another state or jurisdiction that you are legally authorized to perform restorative functions, **and**
- ☐ Certification from a supervising dentist that you successfully completed at least 25 restorative procedures within the immediate five years.

By signing below I certify that I have met all the requirements for the Restorative Functions Endorsement (RFE). 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: _____

Rev. 12/2013

Instructions on the Reverse Side

Oregon
Tina Kotek, Governor

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

www.oregon.gov/dentistry

Restorative Functions of Dental Hygienists

OAR 818-035-0072 provides:

(1) The Board shall issue a Restorative Functions Endorsement (RFE) to a dental hygienist who holds an unrestricted
Oregon license, and has successfully completed:

(a) A Board approved curriculum from a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, and successfully passed the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board within the last five years; or
(b) If successful passage of the Western Regional Examining Board's Restorative Examination or other equivalent examinations approved by the Board occurred over five years from the date of application, the applicant must submit verification from another state or jurisdiction where the applicant is legally authorized to perform restorative functions and certification from the supervising dentist of successful completion of at least 25 restorative procedures within the immediate five years from the date of application.

(2) A dental hygienist may perform the placement and finishing of direct alloy and direct anterior composite restorations, under the indirect supervision of a licensed dentist, after the supervising dentist has prepared the tooth (teeth) for restoration(s):

(a) These functions can only be performed after the patient has given informed consent for the procedure and informed consent for the placement of the restoration(s) by a Restorative Functions Endorsement dental hygienist;
(b) Before the patient is released, the final restoration(s) shall be checked by a dentist and documented in the chart.

Instructions

To obtain a Dental Hygiene Restorative Functions Endorsement (RFE), complete the application on the reverse, and return it to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

1. Proof of coursework. If proof of completion of specific coursework has not been previously submitted to the Board, please arrange to have such proof sent to the Oregon Board of Dentistry (OBD), 1500 SW 1st Avenue, Suite 770, Portland, Oregon 97201.

2. Permit fee. The fee for the Restorative Functions Endorsement is $50.00. Please make checks payable to the Oregon Board of Dentistry and return the application and fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395.

3. Verification from State or Jurisdiction. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the state or jurisdiction submit directly to the OBD proof that you are legally authorized to perform restorative functions.

4. Certification of Supervising Dentist. If you have taken the Western Regional Examining Board's Restorative Examination over five years ago, have the supervising dentist (outside of Oregon) submit directly to the OBD proof that you have successfully completed at least 25 restorative procedures within the immediate five years.

5. Please refer questions to Examination and Licensing Manager at information@obd.oregon.gov

VERIFICATION OF STATE OR JURISDICTION
IN RESTORATIVE FUNCTIONS

Name of Applicant (Please Print or Type):		
Address:		
City:	**State:**	**Zip Code:**
License Number:	**Date Issued:**	**Telephone Number:**

I certify that

_____

was granted a license number _____ to practice dental hygiene in the State of _____

on the _____ day of _____, _____.

I further certify that Dental Hygienists in the State of _____ are ☐ are not ☐ able to legally perform restorative functions.

Status of License
☐ Current Expiration Date: _____
☐ Expired Date: _____
☐ Inactive Expiration Date: _____

_____
Secretary

_____
(Date Verification Prepared)

SEAL

Return to: **Oregon Board of Dentistry**
1500 SW 1st Avenue, Suite 770
Portland, OR 97201

This Page

Left Blank

CERTIFICATION OF SUPERVISING DENTIST
(OUTSIDE THE STATE OF OREGON)

APPLICANT INFORMATION

Name of Applicant (Please Print or Type):		**Date:**
Address:		
City:	**State:**	**Zip Code:**
License Number:	**Date Issued:**	**Telephone Number:**

SUPERVISING DENTIST

Name of Supervising Dentist (Please Print or Type):		**Telephone Number:**
Address:		
City:	**State:**	**Zip Code:**

I certify that _____ has successfully completed at least _____ restorative procedures within the immediate five years.

_____
Signature

_____
Date

Return to: **Oregon Board of Dentistry**
1500 SW 1st Avenue, Suite 770
Portland, OR 97201