



HEALTH LICENSING OFFICE
Board of Denture Technology

1430 Tandem Ave. NE, Suite 180, Salem OR 97301-2192
 Phone: 503-378-8667 | Fax: 503-370-9004
www.healthoregon.org/hlo | Email: hlo.info@state.or.us

SUPERVISOR APPLICATION

NOTE: A request for supervisor approval must be made for each person receiving training under direct supervision pursuant to OAR 331-410-0012(4) or indirect supervision pursuant to OAR 331-410-0012(5).

1. Information of Person to be Supervised

NAME: LAST		FIRST		MIDDLE INTIAL	
DATE OF BIRTH			SOCIAL SECURITY NUMBER (REQUIRED)		
HOME ADDRESS OF PERSON TO BE SUPERVISED (PHYSICAL LOCATION)					
CITY				STATE	ZIP
MAILING ADDRESS OF PERSON TO BE SUPERVISED (IF DIFFERENT THAN ABOVE)					
CITY				STATE	ZIP
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS TELEPHONE	EMAIL			

(DO NOT WRITE IN THIS SPACE, OFFICE USE ONLY) HLO TRAINEE APPLICANT # _____

2. Supervisor Information

SUPERVISOR NAME: LAST		FIRST		MIDDLE INTIAL	
PHYSICAL ADDRESS WHERE TRAINING WILL BE PROVIDED (REQUIRED)					
CITY				STATE	ZIP
PHONE: <input type="checkbox"/> HOME <input type="checkbox"/> CELL	BUSINESS TELEPHONE	EMAIL			
SUPERVISION STARTING DATE			PROJECTED ENDING DATE		

QUALIFICATIONS: Please Check All That Apply and Sign Below

I hold a valid license and have been in practice for at least the last three years as a: Denturist Dentist
 License # _____
 Issuing State: _____ Date Issued: _____ Expiration Date: _____

I operate an on-site laboratory **and** clinic at the above address where the direct supervision and training will occur. If not, indicate where alternate training will occur: Laboratory; or Clinic - Location: _____

Denturist **ONLY:** I hold an oral pathology endorsement;

By signing below, I attest and affirm that as a supervisor in denture technology, I have read, understand, and will comply with all rules and regulations applicable to my duties and responsibilities in providing supervision (*direct or indirect*) to the trainee listed above, pursuant to Oregon Revised Statutes 680.515(1)(b), and as set forth in Oregon Administrative Rule, Chapter 331, Division 410.

➡ Supervisor Signature:	Date:
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Qualifications for Denture Technology Supervisor

OAR 331-410-0012

(1) To be approved as a supervisor pursuant to ORS 680.510, 680.515(1)(a) and 680.515(1)(c) an individual must:

(a) Hold a valid dentist license under ORS 679 or valid denturist license under ORS 680 and OAR 331-410-0030;

(b) Hold an oral pathology endorsement if supervisor is a denturist licensed under ORS 680 and OAR 331-410-0030;

(c) Have no current or pending disciplinary action imposed by the HLO or other regulatory body;

(d) Submit proof of having been actively practicing denture technology for at least three years prior to requesting approval as a supervisor; and

(e) Submit a completed request for approval on a form prescribed by the HLO.