HEALTH LICENSING OFFICE
Board of Denture Technology
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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: ☐ HOME ☐ 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: ☐ HOME ☐ 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:**

Return This Application And Keep A Copy For Your Records

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.