Dental Assistant Public Health Supervision Agreement

**Check one:**

New agreement (RDA does not have current agreement on file)

New agreement (in addition to current agreement on file)

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| **Supervising Dentist** | | | | | | | |
| Last Name: |  | | | License #: | |  | |
|  |  | | |  | |  | |
| First Name: |  | | | Work Phone: | |  | |
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| Middle Name: |  | | | Email: | |  | |
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| Work Address 1: |  | | |  | | | |
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| Work Address 2: |  | | |  | | | |
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| City: |  | State: |  | | Zip Code: | |  |
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New agreement (replacing current agreement on file)

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| **Dental Assistant** | | | | | | | |
| Last Name: |  | | | License #: | |  | |
|  |  | | |  | |  | |
| First Name: |  | | | Work Phone: | |  | |
|  |  | | |  | |  | |
| Middle Name: |  | | | Personal Email: | |  | |
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| Work Address 1: |  | | | Work Email: | |  | |
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| Work Address 2: |  | | |  | | | |
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| City: |  | State: |  | | Zip Code: | |  |
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| Years of Clinical Practice Experience: | |  |  | | | | |
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**Location(s) Where Services Will Be Provided**

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| Public Health Setting | | | | |
|  | Public or Private School | |  | Hospital |
|  | Public Health Agency (programs operated by federal, state, or local public health departments) | |  | Armed Forces |
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| Clinic Location/Name or Service Site: | |  | | |
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| Clinic Location/Name or Service Site: | |  | | |
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| Clinic Location/Name or Service Site: | |  | | |
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| Clinic Location/Name or Service Site: | |  | | |
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| Clinic Location/Name or Service Site: | |  | | |
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| Clinic Location/Name or Service Site: | |  | | |
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**Consultation Requirements**

A dentist in a public health supervision agreement must be available to provide communication and consultation with the registered dental assistant. A registered dental assistant working under public health supervision must maintain contact and communication with his/her supervising dentist.

Specify the type (e.g. in person, telephone), frequency, and other details regarding how communication and consultation will be maintained:

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**Patient Consideration**

A registered dental assistant working under public health supervision must practice according to age and procedure-specific standing orders as directed by the supervising dentist.

Medical conditions that require a dental evaluation prior to assistant services:

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Considerations for medically-compromised patients:

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Describe how the dental assistant will ensure that each patient, parent, or guardian signs a consent form that notifies the patient that the services that will be received do not take place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services:

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Describe how the dental assistant will ensure that each patient, parent, or guardian receives a written plan for referral to a dentist:

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Describe how the dental assistant will ensure that a procedure is in place for creating and maintaining dental records for the patients who are treated, including where these records are to be located:

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**Standing Orders**

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| Procedure: Extraoral Duties (documentation/recording) | | | | Age Group: |  |  |
| Standing Orders: | | | | | | |
|  |  | | | | |  |
| Assistant can continue to provide this service up to | |  | months before an exam by a dentist must occur. | | | |
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| Procedure: Extraoral Duties (infection control) | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
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| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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**Standing Orders Continued**

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| Procedure: Intraoral Suctioning | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
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| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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| Procedure: Radiography | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
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| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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| Procedure: Use of Curing Light | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
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| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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| Procedure: Use of Intraoral Camera | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
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| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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| Procedure: Group Education | | | Age Group: | |  |  |
| Standing Orders: | | | | | | |
|  |  | | | | |  |
| Assistant can continue to provide this service up to | |  | | months before an exam by a dentist must occur. | | |
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This public health supervision agreement must be reviewed at least biennially. A copy of the agreement must be filed with the Iowa Dental Board office within 30 days of the date the agreement was entered. It must also be filed with the Bureau of Health Promotion and Prevention, Oral Health Section at the Iowa Department of Health and Human Services.

A registered dental assistant who has rendered services under public health supervision must complete a summary report at the completion of the program or in the case of an ongoing program, at least annually. The report shall be filed with the supervising dentist and the Bureau of Health Promotion and Prevention, Oral Health Section at the Iowa Department of Health and Human Services on forms provided by the department. This report will detail the number of patients seen, the services provided to patients, and the infection control protocols followed at each practice location so that the department may assess the impact of the program. The department will email instructions and the form at the end of each calendar year.

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| I agree to provide public health supervision to the registered dental assistant named herein according to the details specified in this public health supervision agreement and the rules of the Iowa Dental Board. | | |
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| Dentist Signature |  | Date |
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| I agree to provide registered dental assistant services according to the details specified in this public health supervision agreement and the rules of the Iowa Dental board. | | |
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| Registered Dental Assistant Signature |  | Date |

A copy of this agreement must be mailed or faxed to the Iowa Dental Board, 6200 Park Avenue, Suite 100, Des Moines, Iowa 50321. Phone: 515-281-5157; Fax: 515-281-7969. A copy must also be mailed, emailed, or faxed to the Iowa Department of Health and Human Services, Bureau of Health Promotion and Prevention – Oral Health Section, 321 E. 12th Street, Des Moines, IA 50319. Phone: 1-866-528-4020; Fax: 515-725-1760.

To see the public health supervision rules or for questions regarding public health supervision, please contact the Iowa Dental Board at 515-281-5157 or visit the Board’s website at <https://dial.iowa.gov/about-dial/boards/dental-board>.