



OFFICE OF PROFESSIONAL REGULATION

VERMONT SECRETARY OF STATE

89 Main Street, 3<sup>rd</sup> Floor, Montpelier, VT 05620  
802-828-1505 | sos.vermont.gov/opr

# Dental Hygienist General Supervision Agreement

Applications are submitted through the [Online Services System](#). Official documentation can be sent by postal mail or by email to [SOS.OPRLicensing3@vermont.gov](mailto:SOS.OPRLicensing3@vermont.gov). Application updates will be sent to the email address on file. Please allow 3-5 business days for processing.

**\* Not a legal prerequisite for this agreement**

Supervising Dentist \_\_\_\_\_

Work Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

VT License # \_\_\_\_\_ License Status \_\_\_\_\_

Years of clinical practice experience (minimum of 3 years required) \_\_\_\_\_

\*Professional Liability Insurance Company \_\_\_\_\_

\*Policy # \_\_\_\_\_ \*Expiration Date \_\_\_\_\_

Dental Hygienist \_\_\_\_\_

Contact Address \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

VT License # \_\_\_\_\_ License Status \_\_\_\_\_

Years of clinical practice experience (3 years minimum is required) \_\_\_\_\_

\*Professional Liability Insurance Company \_\_\_\_\_

\*Policy # \_\_\_\_\_ \*Expiration Date \_\_\_\_\_

Public or Private school(s) or institution(s) where hygiene services will be provided \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone/Fax/Email \_\_\_\_\_



## **Responsibilities of Supervising Dentist and Dental Hygienist:**

The parties agree that:

- (1) The dental hygienist will practice according to the parameters set forth in this agreement.
- (2) The dentist providing general supervision must be available for consultation but is not required to be physically present at the site where dental hygiene services are provided
- (3) The dental hygienist working under this agreement and supervising dentist agree to maintain communication and consultation with each other.
- (4) The dental hygienist will provide the dentist with opportunities to review patient records as requested.
- (5) The dentist will review the records of patients treated by the dental hygienist from the beginning of general supervision. Reviews will include records of all patients seen. Reviews must occur no less than once every 6 (six) months at a minimum. The dentist may determine the need for and conduct more frequent reviews. Subsequent reviews of records need only to encompass patients seen since the last review.
- (6) Treatment provided will be limited to the dental hygienist's scope of practice:
  - (a) When the patient's dental condition requires services beyond what the dental hygienist can provide, the dental hygienist will advise or refer the patient to obtain dental or other care.
  - (b) For patients who have been treated by a dental hygienist under general supervision and since treatment began have not been seen or examined by a dentist in 12 months, the dental hygienist should inform the patient or guardian that an examination by a dentist is strongly recommended.
- (7) Consent form and Patient Records: The dental hygienist will, as appropriate, obtain written consent from the patient, parent or guardian on a form that may include:

"I understand that the records for services provided by the dental hygienist will be reviewed by a Vermont licensed dentist providing the dental hygienist general supervision.  
I understand that treatment I receive from the dental hygienist is limited in scope and that it does not take the place of a regular dental examination or treatment by a licensed dentist.

I understand that the dental hygienist may refer \_\_\_\_\_  
(name of patient) to a dentist or other specialist for further treatment when a dental condition requires more treatment than the dental hygienist can provide.”

If a school or an institution obtains consent for dental hygiene services provided at its facilities, the dental hygienist shall make and document reasonable efforts to ensure that the consent form used by the school or institution provides an equivalent notice and that patients, parents or guardians are aware of the information in the consent form above. The school or institution where the dental hygienist is providing services shall have access to the consent form signed by the parent/guardian.

The dental hygienist will ensure that patient records are properly maintained and comply with applicable state or federal laws.

(8) This agreement needs to be reviewed and signed every two years by all parties.

**In accordance with 10.6 of the rules, the following services are authorized: (the dentist and the dental hygienist must initial).**

	Dentist	Dental Hygienist
Interview patients and record complete medical and dental histories	_____	_____
Take and record the vital signs of blood pressure, pulse and respiration	_____	_____
Perform oral inspection and record all conditions Identified	_____	_____
Perform complete periodontal charting and charting of existing dental restorations	_____	_____
Provide patient information so that the patient may be referred for or seek necessary follow up dental care	_____	_____
Provide dental health education and oral hygiene instructions; assess the patient’s treatment needs and provide the assessment to the patient	_____	_____

	Dentist	Dental Hygienist
After determining their necessity		
○ Expose and process radiographs	_____	_____
○ Apply fluoride varnish and /or fluoride to control caries	_____	_____
○ Apply desensitizing agents to teeth	_____	_____
○ Apply sealants	_____	_____
○ Silver diamine fluoride (SDF) – requires BDE SDF informed consent form	_____	_____

Regardless of periodontal case type classification, **provide in appropriate circumstances when there are no medical contra-indications:**

○ Prophylaxis adult	_____	_____
○ Prophylaxis child	_____	_____
○ Full mouth debridement to enable Comprehensive evaluation and diagnosis	_____	_____

Provide, for patients with mild periodontitis: Defined as: gingival edema, bleeding upon probing, and/or suppuration, up to 1/4 loss of supporting periodontal tissues and no more than class 1 (incipient) furcation involvement. Pocket depths of 6 mm. or less.)

○ Periodontal maintenance	_____	_____
○ Periodontal scaling & root planning	_____	_____

**If a Public Health Dental Hygienist is providing any services other than screenings and dental health education, they must enter into a collaborative agreement.**

A copy of the agreement will be sent to:  
 The Board of Dental Examiners  
 Vermont Secretary of State  
 Office of Professional Regulation  
 89 Main Street, 3<sup>rd</sup> Floor  
 Montpelier VT 05620-3402

Or emailed to [SOS.OPRLicensing3@Vermont.gov](mailto:SOS.OPRLicensing3@Vermont.gov)



The dentist and hygienist shall retain copies of this agreement for seven years.

Unless modified before, this agreement shall expire on \_\_\_\_\_ (not more than two years after effective date.)

\_\_\_\_\_  
Supervising Dentist signature (Date)

\_\_\_\_\_  
Dental Hygienist signature (Date)

**The following is not part of the rules:**

**Board Suggestions regarding General Supervision of Dental Hygienists practicing in public or private schools or public or private institutions as permitted by 26 V.S.A. § 854.**

Because of the nature of the relationship between the dentist providing general supervision and the supervised dental hygienist practicing as permitted by statute and these rules, the Board of Dental Examiners recommends:

- that each of the parties verify the license status of the other. This information is available from the Board’s web site, <https://sos.vermont.gov/opr/online-services/>
- that the parties consider asking for references when they are not already familiar with each other’s practice;
- that the parties follow good business practices which may include verifying insurance status.

