

Dental Pilot Project Trainee Form

A Dental Pilot Project must provide notice to the Dental Pilot Project Program staff at the Oregon Health Authority within 14 days of a trainee entering the employment/utilization phase.

A dental pilot project must have a plan to inform trainees of their responsibilities and limitations under Oregon Laws 2011, chapter 716 and these rules.

Title Dental Pilot Project:

TRAINEE INFORMATION:

Trainee Legal Name:

Work Address:

Work Phone:

Home Phone:

Date of Birth:

Trainee is identified as a:

Registered Dental Hygienist in the State of Oregon

Registered Dental Hygienist Expanded Practice in the State of Oregon

Dental Assistant (Non-Certified) in the State of Oregon

Dental Assistant (X-Ray Certified) in the State of Oregon

Expanded Function Dental Assistant (EFDA) in the State of Oregon

Expanded Functions Orthodontic Assistant (EFODA) in the State of Oregon

Other:

Please check the box for YES

Is the Trainee licensed in the State of Oregon by the Oregon Board of Dentistry?

If Yes, list Trainee License number and Discipline:

Is the Trainee licensed in the State of Oregon by an agency other than the Oregon Board of Dentistry?

If Yes, list Trainee License number, Name of Licensing Board and Discipline:

List all jurisdictions where the Trainee is Licensed or Certified in any Occupation:

Occupation:

Is the Trainee Certified in Restorative Functions by the State of Oregon?

Does the Trainee hold a Nitrous Oxide Permit?

Does Trainee have a Local Anesthesia Endorsement?

Does the Trainee have Basic Life Support Training?

Does the Dental Pilot Project require backgrounds checks on Trainees?

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SUPERVISOR INFORMATION:

Supervisor Legal Name:

Title:

Work Address:

Work Phone:

Home Phone:

Date of Birth:

Is the Supervisor licensed in the State of Oregon by the Oregon Board of Dentistry?

If Yes, list Supervisor License number and Discipline:

Is the Supervisor licensed in the State of Oregon by an agency other than the Oregon Board of Dentistry?

If Yes, list Supervisor License number, Name of Licensing Board and Discipline:

List all jurisdictions where the Supervisor is Licensed or Certified in any Occupation:

Occupation:

Instructions:

Download and Complete the Trainee Form PDF.

Submit this Trainee Form and a copy of the Trainee's current resume or curriculum vitae and Supervisor's current resume or curriculum vitae via email to sarah.e.kowalski@state.or.us.

Attachments must be in PDF format.