

Oregon Board of Dentistry  
Expanded Practice Dental Hygiene Permit  
Verification of Collaborative Agreement

I \_\_\_\_\_, License No. \_\_\_\_\_ have entered into a collaborative agreement with \_\_\_\_\_, a dental hygienist with an expanded practice permit, License No. \_\_\_\_\_. The collaborative agreement sets forth the agreed-upon scope of the dental hygienist's practice with regard to the following:

Check all that apply:

- Administer local anesthesia.
- Administer temporary restorations without excavation.
- Prescribing prophylactic antibiotics and non-steroidal anti-inflammatory drugs:
  - \* On your Collaborative Agreement you must specify either ALL prophylactic antibiotics or non-steroidal anti-inflammatory drugs, or if limiting prescribing abilities, list specific drugs allowed.
- Overall dental risk assessment and referral parameters.

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD immediately.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned.

Dentist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dental Hygienist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_