



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

Application for Dental Hygienists to Practice Under Written Protocol

This application must be completed and submitted by the dental hygienist to the Board's Administrative Office.

Name: _____
Last First Middle Maiden

Mailing Address: _____
City State Zip

Is this an address change? Yes No License Number: _____

Social Security Number: _____

Home Telephone Number: _____ Work Telephone Number: _____

Email Address: _____

Please list the required information for each facility in which you will be providing services.

Name of First Facility: _____ This facility is a:
 Nursing Home Skilled Care Facility Nonprofit Clinic Public Health Program

Address of Facility: _____
City State Zip

Telephone Number of Facility: _____ Telephone Number of Supervising Dentist: _____

Name of Supervising Dentist: _____ License Number: _____

Address: _____
City State Zip

Name of Dental Hygienist: _____ License Number: _____

Name of Second Facility: _____ This facility is a:

Nursing Home Skilled Care Facility Nonprofit Clinic Public Health Program

Address of Facility: _____

_____ City _____ State _____ Zip

Telephone Number of Facility: _____ Telephone Number of Supervising Dentist: _____

Name of Supervising Dentist: _____ License Number: _____

Address: _____

_____ City _____ State _____ Zip

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Name of Third Facility: _____ This facility is a:

Nursing Home Skilled Care Facility Nonprofit Clinic Public Health Program

Address of Facility: _____

_____ City _____ State _____ Zip

Telephone Number of Facility: _____ Telephone Number of Supervising Dentist: _____

Name of Supervising Dentist: _____ License Number: _____

Address: _____

_____ City _____ State _____ Zip

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Name of Fourth Facility: _____ This facility is a:

Nursing Home Skilled Care Facility Nonprofit Clinic Public Health Program

Address of Facility: _____

_____ City _____ State _____ Zip

Telephone Number of Facility: _____ Telephone Number of Supervising Dentist: _____

Name of Supervising Dentist: _____ License Number: _____

Address: _____

_____ City _____ State _____ Zip

The statute governing written protocol is T.C.A. §63-5-115 (d)

(1) Settings in which licensed and registered hygienists may engage in the provision of preventive dental care under the general supervision of a dentist through written protocol include nursing homes, skilled care facilities, nonprofit clinics and public health programs. Dental hygienists licensed and registered pursuant to this chapter are specifically permitted to render such preventive services as authorized in § 63-5-108 or by regulation of the board, as prescribed by the supervising dentist under a written protocol. Dental hygienists rendering such services shall be under the general supervision of a licensed dentist as specified in a written protocol between the supervising dentist and the hygienist which must be submitted in advance to the board. No dentist may enter into a written protocol with more than three (3) dental hygienists at any one time nor may any hygienist be engaged in a written protocol with more than three (3) dentists at any one time. The supervising dentist must process all patient billings. Each written protocol will be valid for a period of two (2) years at which time it must be renewed through resubmission to the board. Should a dentist cease to be the

Name of Dental Hygienist: _____

License Number: _____

employer/supervisor of a dental hygienist where a written protocol is in force and on file with the board, the dentist must notify the board within ten (10) working days by certified mail/return receipt requested or electronic mail that the written protocol is no longer in force.

- (2) Licensed and registered dental hygienists working under written protocol, in addition to those requirements enumerated under the general supervision as authorized by § 63-5-108(c)(5), must have actively practiced as a licensed dental hygienist for at least five (5) years and have practiced two thousand (2,000) hours in the preceding five (5) years or taught dental hygiene courses for two (2) of the preceding three (3) years in a dental hygiene program accredited by the American Dental Association's Commission on Dental Accreditation and completed six (6) hours of public health continuing education within the past two (2) years; provided, after satisfying the requirement of this subsection (d), in subsequent years the hygienist may work on a part-time basis.
- (3) Each written protocol, required for off-site practice under general supervision, shall be submitted to the board by certified mail/return receipt requested and shall include at a minimum:
 - (A) The name, address, telephone number and license number of the employer (supervising) dentist;
 - (B) The name, address, telephone number and license number of the dental hygienist;
 - (C) The name, address, telephone number and other pertinent identification from all locations where the dental hygiene services are to be performed; and
 - (D) A statement signed by the dentist that the dentist and the dental hygienist that meets all minimum standards for general supervision as well as those required for practice under a written protocol as stipulated in this section and § 63-5-108.
- (4) The board will receive each written protocol submitted and keep those on file which meet the minimum requirements enumerated in subsection (d)(3). Those received by the board and determined not to be complete shall be returned to the submitting dentist within thirty (30) days of receipt with a request for the additional information required. The dentist may then re-submit an amended written protocol to the board.

I _____ meet the requirements enumerated in T.C.A. §63-5-115(d) and T.C.A. §63-5-108.
(Dental Hygienist)

Signature of Applicant

Date

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The Supervising Dentist(s) must complete and sign below.

I _____ and _____ meet the minimum standards for general
(Dentist) (Dental Hygienist)
supervision as well as those required for practice under a written protocol as stipulated in T.C.A. §63-5-115(d) and T.C.A. §63-5-108.

Signature of Supervising Dentist

Date

.....
I _____ and _____ meet the minimum standards for general
(Dentist) (Dental Hygienist)
supervision as well as those required for practice under a written protocol as stipulated in T.C.A. §63-5-115(d) and T.C.A. §63-5-108.

Signature of Supervising Dentist

Date

.....
I _____ and _____ meet the minimum standards for general
(Dentist) (Dental Hygienist)
supervision as well as those required for practice under a written protocol as stipulated in T.C.A. §63-5-115(d) and T.C.A. §63-5-108.

Signature of Supervising Dentist

Date