

# PUBLIC HEALTH SUPERVISION AGREEMENT

## Agreement Between:

**Supervising Dentist's Name:** \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ **License #:** \_\_\_\_\_

**Dental Hygienist's Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone/cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ **License #:** \_\_\_\_\_

**Years of Clinical Practice Experience\*:** \_\_\_\_\_

\* A minimum of three years clinical practice experience is required.

**Location(s) Where Services Will Be Provided:**

<b>Public Health Setting (check one box):</b>	
<input type="checkbox"/> School	<input type="checkbox"/> Public health dental van
<input type="checkbox"/> Head Start	<input type="checkbox"/> Free clinic
<input type="checkbox"/> Federally qualified health center	<input type="checkbox"/> Nursing facility
<input type="checkbox"/> Federal, state, or local public health program	<input type="checkbox"/> Nonprofit community health center
Clinic/Location Name or Service Site: _____	
Address: _____	
_____	
Phone: _____	
_____	

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<input type="checkbox"/> School	<input type="checkbox"/> Public health dental van
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Clinic/Location Name or Service Site: _____	
Address: _____	
_____	
Phone: _____	
_____	

**Duplicate this page as needed**

### **Consultation Requirements**

**A dentist in a public health supervision agreement must be available to provide communication and consultation with the dental hygienist. A dental hygienist working under public health supervision must maintain contact and communication with their 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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### **Dental Records**

**Specify the procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist:**

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**Location of Records:** \_\_\_\_\_

### **Patient Considerations**

**A dental hygienist working under public health supervision must practice according to age and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient.**

**Medical conditions that require a dental evaluation prior to hygiene services:**

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**Considerations for medically-compromised patients:**

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**In addition, for each patient the hygienist must:**

- **Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services.**
- **Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs.**

**Standing Orders**

**Procedure:** Assessment/Screening **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No **Assessment/screening can continue to be provided if no dental exam has taken place.**

**Procedure:** Sealant Assessment/Screening **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No **Assessment/screening can continue to be provided if no dental exam has taken place.**

**Procedure:** Sealants **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: \_\_\_\_\_ months.**

**Standing Orders Continued**

**Procedure:** Fluoride Varnish **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No **Fluoride varnish can continue to be provided if no dental exam has taken place.**

**Procedure:** Oral Prophylaxis **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: \_\_\_\_\_ months.**

**Procedure:** Radiographs **Age Group:** \_\_\_\_\_

**Standing Orders:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: \_\_\_\_\_ months.**

**Standing Orders Continued**

**Procedure:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Standing Orders:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: \_\_\_\_\_ months.**

**Procedure:** \_\_\_\_\_ **Age Group:** \_\_\_\_\_

**Standing Orders:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Period of time in which an exam by a dentist must occur prior to providing this service to a patient again: \_\_\_\_\_ months.**

**Other Requirements**

Indicate any other conditions or requirements for your supervision agreement here.

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**This public health supervision agreement must be reviewed at least biennially. A copy of the agreement must be mailed to the Oral Health Bureau at the Iowa Department of Public Health and made available to the Iowa Dental Board upon request.**

**A dental hygienist 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, once per calendar year. The report shall be filed with the Oral Health Bureau of the Iowa Department of Public Health on forms provided by the department. For reporting forms, contact the department at the address and phone number specified below.**

**A copy of current board rules is attached.**

**I agree to provide public health supervision to the dental hygienist 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**

**I agree to provide dental hygiene services according to the details specified in this public health supervision agreement and the rules of the Iowa Dental Board.**

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**Dental Hygienist Signature** **Date**

**For questions regarding public health supervision rules, contact the Iowa Dental Board at (515) 281-5157 or visit the Board’s website at [www.dentalboard.iowa.gov](http://www.dentalboard.iowa.gov).**

**A copy of this agreement must be maintained at each public health location where public health supervision is provided. A copy must also be mailed to:**

**Iowa Department of Public Health  
Oral Health Bureau  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319  
Phone: (866)528-4020 \* (515) 281-3733 \* Fax (515) 242-6384  
<http://www.idph.state.ia.us>**

**650—10.5(153) Public health supervision allowed.** A dentist who meets the requirements of this rule may provide public health supervision to a dental hygienist if the dentist has an active Iowa license and the services are provided in public health settings.

**10.5(1) Public health settings defined.** For the purposes of this rule, public health settings are limited to schools; Head Start programs; federally qualified health centers; public health dental vans; free clinics; nonprofit community health centers; nursing facilities; and federal, state, or local public health programs.

**10.5(2) Public health supervision defined.** “Public health supervision” means all of the following:

*a.* The dentist authorizes and delegates the services provided by a dental hygienist to a patient in a public health setting, with the exception that hygiene services may be rendered without the patient’s first being examined by a licensed dentist;

*b.* The dentist is not required to provide future dental treatment to patients served under public health supervision;

*c.* The dentist and the dental hygienist have entered into a written supervision agreement that details the responsibilities of each licensee, as specified in subrule 10.5(3); and

*d.* The dental hygienist has an active Iowa license with a minimum of three years of clinical practice experience.

**10.5(3) Licensee responsibilities.** When working together in a public health supervision relationship, a dentist and dental hygienist shall enter into a written agreement that specifies the following responsibilities.

*a.* The dentist providing public health supervision must:

(1) Be available to provide communication and consultation with the dental hygienist;

(2) Have age- and procedure-specific standing orders for the performance of dental hygiene services. Those standing orders must include consideration for medically compromised patients and medical conditions for which a dental evaluation must occur prior to the provision of dental hygiene services;

(3) Specify a period of time in which an examination by a dentist must occur prior to providing further hygiene services. However, this examination requirement does not apply to educational services, assessments, screenings, and fluoride if specified in the supervision agreement; and

(4) Specify the location or locations where the hygiene services will be provided under public health supervision.

*b.* A dental hygienist providing services under public health supervision may provide assessments; screenings; data collection; and educational, therapeutic, preventive, and diagnostic services as defined in rule 10.3(153), except for the administration of local anesthesia or nitrous oxide inhalation analgesia, and must:

(1) Maintain contact and communication with the dentist providing public health supervision;

(2) Practice according to age- and procedure-specific standing orders as directed by the supervising dentist, unless otherwise directed by the dentist for a specific patient;

(3) Provide to the patient, parent, or guardian a written plan for referral to a dentist and assessment of further dental treatment needs;

(4) Have each patient sign a consent form that notifies the patient that the services that will be received do not take the place of regular dental checkups at a dental office and are meant for people who otherwise would not have access to services; and

(5) Specify a procedure for creating and maintaining dental records for the patients that are treated by the dental hygienist, including where these records are to be located.

*c.* The written agreement for public health supervision must be maintained by the dentist and the dental hygienist and must be made available to the board upon request. The dentist and dental hygienist must review the agreement at least biennially.

*d.* A copy of the agreement shall be filed with the Oral Health Bureau, Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319.

**10.5(4) Reporting requirements.** Each dental hygienist who has rendered services under public health supervision must complete a summary report at the completion of a program or, in the case of an ongoing program, at least annually. The report shall be filed with the oral health bureau of the Iowa department of public health on forms provided and include information related to the number of patients seen and services provided to enable the department to assess the impact of the program. The department will provide summary reports to the board on an annual basis.

This rule is intended to implement Iowa Code section 153.15.