

Instructions for Completion of the Dental Hygienist Public Health Supervision 2011 Reporting Form

- Complete one form for **EACH public health setting** where services were provided.
- Only services and sites that are designated within the **Public Health Supervision Agreement(s)** on file at the Iowa Department of Public Health are to be included.
- Do not include services provided under general or direct supervision.

Section	Instructions
Dental Hygienist Name	Print the same name that is on your license to practice dental hygiene in Iowa.
E-mail address	PLEASE provide an e-mail address. This will aid in distributing important information regarding your agreement. Since employment and work emails often change, a personal email address is preferred.
Supervising Dentist Name	Print the name(s) of the dentist(s) who provides public health supervision for the activities of each report.
Did you provide services in calendar year 2011 under public health supervision?	<ul style="list-style-type: none"> • Yes - If services were provided using your public health supervision agreement in 2011 please complete the entire form and return. • No - If no services were provided using your public health supervision agreement in 2011, check the “No” box and return form.
Beginning and Ending Service Date	Enter the date in 2011 that the reported services began. Enter the date in 2011 that the reported services ended.
Public Health Setting	Check the box next to the most appropriate setting for the reported services. <ul style="list-style-type: none"> • If services were provided at WIC clinics, mark “Federal Public Health Program”
Service Provided	For each service listed, indicate the total number of services provided, the total clients served ages 0-20, and the total clients served age 21 and older. Please note: <ul style="list-style-type: none"> • If sealants were provided, list the total <u>teeth</u> sealed in first column; list number of <u>clients</u> served in second and third columns. • If education was provided, list total number of <u>presentations</u> in first column; list number of <u>clients</u> served in second and third columns.
Referral to Dentist	For clients aged 0-20, indicate the number of clients referred to a dentist for regular care as well as for urgent care. Do the same for clients age 21 and older. <ul style="list-style-type: none"> • For clients who present with no decay or abnormalities, a referral for “regular care” would be appropriate. For clients who present with possible decay or other abnormalities, a referral for “urgent care” would be appropriate.

Submit completed report(s) by January 31, 2012 to:

Electronically (preferred): heather.miller@idph.iowa.gov

Mailing Address:

Iowa Department of Public Health
Oral Health Center | Attn: Public Health Supervision
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