



State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
BOARD OF DENTAL EXAMINERS
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2542 ★ Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pden.htm

DENTAL HYGIENE COLLABORATIVE AGREEMENT APPLICATION

INSTRUCTIONS TO APPLICANT:

It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. AS 08.32.160(1) of the Dental Hygiene Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space for any answer is insufficient, the applicant may complete his/her answer on another sheet signed by him/her and specifying the number of the question to which it relates.

Minimum qualifications for Dental Hygienist to Affiliate in a Collaborative Agreement:

1. Meets the criteria of AS 08.32.115 and 12 AAC 28.956
2. Has been in active clinical dental hygiene practice a minimum of 4,000 documented hours within the five years preceding application.
3. Is not under unresolved investigation under AS 08.32-08.36 or any portion of the Alaska Dental Practice Act, or similar provisions of another jurisdiction.
4. Is not the subject of adverse disciplinary action under AS 08.32-08.36, or any portion of the Alaska Dental Practice Act, or similar provision of another jurisdiction.

The following documents must be on file before the board will review an application for Collaborative Agreement:

1. Complete, signed and notarized application 08-4542
2. Applicable fees required in 12 AAC 02.190;
3. Affidavit stating that the applicant has a minimum of 4,000 hours of clinical experience within the five years preceding date of application;
4. Copy of current certification in cardiopulmonary resuscitation (CPR) techniques that meets the requirements of 12 AAC 28.920;
5. Copy of the applicant's and the collaborating dentist's current professional liability policy or declaration page that includes the policy number and expiration date;
6. Evidence of continuing educational courses meeting the requirements of the collaborative agreement;
7. Declaration of Dentist Affiliated in a Collaborative Agreement form 08-4542b (submitted directly to this office from the dentist);
8. Affidavit of Active Practice form 08-4542a;
9. A written agreement to include:
 - a. Identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship;
 - b. Identification of the procedures that can be performed in accordance with AS 08.32.110 and standing orders that the dental hygienist must follow;
 - c. A requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside the dental hygienist's scope of practice;
 - d. Starting and ending dates of the collaboration;
 - e. Patient record location

Sec. 08.32.115. COLLABORATIVE AGREEMENTS. (a) If the collaborative agreement is approved by the board under (d) of this section, a dental hygienist with a minimum of 4,000 documented hours of clinical experience within the five years preceding application for the board's approval may enter into a collaborative agreement with a dentist licensed under AS 08.36 in which the licensed dentist authorizes the dental hygienist to perform one or more of the following:

- (1) oral health promotion and disease prevention education;
- (2) removal of calcareous deposits, accretions, and stains from the surfaces of teeth;
- (3) application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
- (4) polishing and smoothing restorations;
- (5) removal of marginal overhangs;
- (6) preliminary charting and triage;
- (7) radiographs;
- (8) use of local periodontal therapeutic agents; and
- (9) performance of nonsurgical periodontal therapy, with or without the administration of local anesthesia,

subsequent to a licensed dentist's authorization or diagnosis as specified in the licensed hygienist's collaborative agreement.

(b) The services described in (a) of this section may be performed under a collaborative agreement approved by the board

- (1) without the presence of the licensed dentist;
- (2) in a setting other than the usual place of practice of the licensed dentist; and
- (3) without the dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement or in

(a) of this section.

(c) The board shall adopt regulations regarding approval of collaborative agreements between licensed dental hygienists and licensed dentists.

(d) The board may approve a collaborative agreement between a licensed dentist and a dental hygienist. However, the board may not approve more than five collaborative agreements with a licensed dentist, not including any collaborative agreements that have been terminated. A dental hygienist shall notify the board of the termination of a collaborative agreement with a licensed dentist.

12 AAC 28.956. COLLABORATIVE AGREEMENT REQUIREMENTS. (a) The board may approve a collaborative agreement between a dental hygienist licensed under AS 08.32 and a dentist licensed under AS 08.36 and who is affiliated with an active dental practice in this state, if the collaborative agreement meets the requirements of AS 08.32.115 and that the dental hygiene and the dental licenses are in good standing. The applicant must submit

(1) a completed, notarized application on the form provided by the department, which includes the names and license numbers of the collaborating dentist and dental hygienist, and the name and location of the dentist's affiliated practice;

(2) the applicable fees required in 12 AAC 02.190;

(3) an affidavit stating that the applicant has a minimum of 4,000 hours of clinical experience within the five years preceding the date of application;

(4) a copy of current certification in cardiopulmonary resuscitation (CPR) techniques for the applicant that meets the requirements of 12 AAC 28.920;

(5) a copy of the applicant's and the collaborating dentist's current professional liability policy or declaration page that includes the policy number and expiration date;

(6) an evidence of continuing educational courses meeting the requirements of the collaborative agreement;

(7) a written agreement including

(A) identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship;

(B) identification of the procedures that can be performed in accordance with AS 08.32.110 and standing orders that the dental hygienist must follow;

(C) a requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside of the dental hygienist's scope of practice;

(D) starting and ending dates of the collaboration;

(E) patient record location.

(b) The dental hygienist and the affiliated dentist must notify the board of any amendments to the agreement.

(c) The board may not approve a collaborative agreement to a dental hygienist if

(1) the affiliated dentist has five current collaborative agreements under this section;

(2) the applicant or affiliated dentist is under unresolved investigation under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction;

(3) the applicant or affiliated dentist is the subject of adverse disciplinary action under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction.

(d) In addition to the continuing education requirements in 12 AAC 28.400 – 12 AAC 28.420, a dental hygienist who wishes to practice under a collaborative agreement must

(1) complete an additional four contact hours of continuing education per biennial license renewal period in one or more of the following subject areas:

- (A) medical emergencies;
 - (B) pediatric and other special health care needs;
 - (C) pharmacology;
 - (D) oral pathology;
 - (E) public health or other eleemosynary facility, relating to, or supporting charity;
 - (F) patient management;
 - (G) general medicine and physical diagnosis;
 - (H) jurisprudence relating to unsupervised practice.
- (e) An affiliated dentist in a collaborative agreement must
- (1) be available to provide contact, communication, and consultation with the affiliated dental hygienist;
 - (2) adopt standing orders applicable to dental hygiene procedures that may be performed by the dental hygienist.
- (f) A dental hygienist authorized in a collaborative agreement
- (1) may perform any dental operations or other services the dental hygienist is authorized to perform under AS 08.32.110 and this chapter, and those dental operations and other services authorized under the collaborative agreement, if approved by the board;
 - (2) must maintain contact, communication, and consultation with the affiliated dentist; and
 - (3) before performing any dental hygiene services, shall assess the patient, gather data, interpret the data, determine the patient's dental hygiene treatment needs, and formulate a patient care plan.
- (g) A dental hygienist authorized in a collaborative agreement shall
- (1) maintain dental charts and other records for the patients who are treated by the dental hygienist; the collaborative agreement must specify where these records are to be secured;
 - (2) document in the patient's official chart the name of the affiliated dentist;
 - (3) document all referrals.
- (h) A collaborative agreement
- (1) expires immediately on date agreed upon by the collaborating dental hygienist and dentist and approved by the board;
 - (2) may not have a term exceeding two years.
- (i) If a dental hygienist and affiliated dentist in a collaborative agreement end their affiliation before the expiration date of the collaborative agreement, each shall notify the board within 30 days of the end of the affiliation.
- (j) Before or upon the expiration of the collaborative agreement, the board may renew a collaborative agreement if the applicant submits a new completed application under this section.
- (k) The board shall maintain in registry of all current collaborative agreements.

Authority: AS 08.32.115 AS 08.32.187 AS 08.36.070

PROFESSIONAL FITNESS – (If you answer “Yes” to any question, please explain in full, on a separate affidavit, and enclose applicable legal documentation.)

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever been the subject of adverse disciplinary action under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of an unresolved investigation under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information on this form and supplied with this form will be available to the public, unless required to be kept confidential by state or federal law.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in disapproval and rejection to enter into a Collaborative Agreement.

I have read the Alaska Dental Practice Act. I solemnly declare upon my honor that I will respectfully comply with any law governing the practice of dental hygiene in this state, and I will do my best to uphold and maintain the ethics of the profession.

SIGN HERE 

Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of _____

This _____ day of _____, 20_____ .

Notary Public

NOTARY SEAL

My Commission Expires: _____



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AFFIDAVIT OF ACTIVE CLINICAL PRACTICE

TO BE COMPLETED BY APPLICANT

Applicants applying for approval to enter into a Collaborative Agreement must document active practice of dental hygiene for at least 4000 documented hours of clinical experience within the five years preceding application.

By my signature below, I certify that I have been engaged in the active, clinical practice of dental hygiene at least 4,000 documented hours within the five years preceding application for the board's approval to enter into a Collaborative Agreement.

I certify that the above information is true and correct to the best of my knowledge.

Signature

Printed Name

Title/License Number if applicable

Address

Telephone Number

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the State of _____
this _____ day of _____, _____.

Notary Public

NOTARY SEAL

My Commission Expires:



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DECLARATION OF DENTIST AFFILIATED IN A COLLABORATIVE AGREEMENT

TO BE COMPLETED BY THE AFFILIATED DENTIST ENGAGED IN A COLLABORTIVE AGREEMENT WITH AN ALASKA LICENSED DENTAL HYGIENIST

Pursuant to AS 08.32.115 and 12 AAC 28.956 a dentist licensed under AS 08.36 and who is affiliated with an active dental practice in Alaska may engage in a collaborative agreement with a dental hygienist licensed under AS 08.32. The licensed dentist may not be approved to be engaged in more than **five (5)** collaborative agreements at any one time.

Name of Collaborating Dentist: _____ AK License Number: _____
First Middle Last

Name of Dental Hygienist: _____ AK License Number: _____
First Middle Last

Total number of Collaborative Agreements affiliated with: _____

In accordance with 12 AAC 28.956:

Do you agree to comply with the following: YES NO

- 1. To be available to provide contact, communication and consultation with the affiliated dental hygienist?..... YES NO
- 2. To adopt standing orders applicable to dental hygiene procedures that may be performed by the dental hygienist?..... YES NO

Does the Collaborative Agreement include:

- 1. Identification of **each** affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship?..... YES NO
- 2. Identification of the procedures that can be performed in accordance with AS 08.32.110 and standing orders that the dental hygienist must follow?..... YES NO
- 3. A requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside the dental hygienist's scope of practice?..... YES NO
- 4. Starting and ending dates of the collaboration?..... YES NO
- 5. Patient record location?..... YES NO

The dental hygienist and the affiliated dentist must notify the board within 30 days of end of affiliation or termination of the agreement, or of any amendments to the agreement. The collaborative agreement will not exceed two years.

PROFESSIONAL FITNESS – (If you answer “Yes” to any question, please explain in full, on a separate affidavit, and enclose applicable legal documentation.)

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever been the subject of adverse disciplinary action under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of an unresolved investigation under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information on this form and supplied with this form will be available to the public, unless required to be kept confidential by state or federal law.

I certify that the above information is true and correct to the best of my knowledge.

Signature

Printed Name

Title/License Number if applicable

Address

Telephone Number

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the State of _____
this _____ day of _____, _____.

Notary Public

NOTARY SEAL

My Commission Expires: