

The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor, Suite 500
Boston, MA 02114
(617) 973-0971
www.mass.gov/dph/boards/dn

**Portable Dental Operation (PDO) – Permit M –
Public Health Dental Hygienist**
(See 234 CMR 7.00 Effective February 20, 2011)

Application Information and Instructions

Definition: A PDO is any non-facility where dental equipment utilized in the practice of dentistry is transported to and utilized on a temporary basis at an out-of-office location.

Exemptions: A qualified licensee may provide dental hygiene services through the use of dental instruments and materials taken out of a dental office without a PDO permit if:

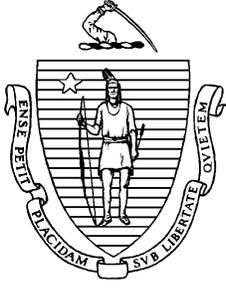
- (a) The service is provided as emergency dental hygiene treatment;
- (b) An existing dental hygiene patient of record is homebound;
- (c) The services rendered are limited only to dental hygiene screening;
- (d) The services are provided:
 - (1) By a hospital or clinic licensed pursuant to M.G.L.c.111, §51-56;
 - (2) In a school setting approved by the Commission on Dental Accreditation of the American Dental Association; or
 - (3) By a local or state government agency pursuant to M.G.L.c.112, §51.

Application:

The Board may issue a Permit M for operation of a PDO to a public health dental hygienist practicing pursuant to M.G. L. c. 112, § 51 provided that the services are limited to services provided in a public health setting as described in 234 CMR and in compliance with the requirements of M.G.L.c.112, §51 and 234 CMR 5.07 and 5.08 pertaining to the practice of public health dental hygiene and 234 CMR 7.00 pertaining to PDOs.

A check or money order for \$180 payable to the Commonwealth of Massachusetts must accompany the application.

On-Site Inspection. The Board may require inspection of the PDO prior to the issuance of a permit.



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Application – Permit M- Portable Dental Operation –
Public Health Dental Hygienist

1. APPLICANT NAME _____ MA Lic. # DH _____
Last First MI

2. RELATIONSHIP TO PRACTICE (i.e. owner, director, employee) _____

3. BUSINESS ADDRESS: _____
No. Street Unit #

City/Town State Zip Code

4. BUSINESS NAME/DOING BUSINESS AS: _____

5. TELEPHONE NUMBER-DAY: _____ CELL: _____ FAX: _____

6. EMAIL ADDRESS: _____

7. **OWNERSHIP** (if different from applicant)

Name: _____ MA DN/ DH Lic. # _____

Telephone: _____ Email: _____

Name: _____ MA DN/ DH Lic. # _____

Telephone: _____ Email: _____

Name: _____ MA DN/ DH Lic. # _____

Telephone: _____ Email: _____

8. **QUALIFIED PDO DIRECTOR** (pursuant to 234 CMR 2.03 if different from the applicant)

Name: _____ MA DN/ DH Lic. # _____

Telephone: _____ Email: _____

FACILITY PERMIT M –PDO – PUBLIC HEALTH DENTAL HYGIENIST
APPLICATION ATTACHMENTS

- **Attachment 1:** Personal or business check or money order made payable to THE COMMONWEALTH OF MASSACHUSETTS in the amount of \$180. **All fees are nonrefundable and nontransferable.**
- **Attachment 2:** Written statement of scope of services to be provided by PDO and CDT codes for services to be provided.
- **Attachment 3:** Photographs of all equipment, supplies, and instruments to be used in the PDO, including sterilizer.
- **Attachment 4:** Copy of current BLS certificates for all individuals providing public health dental hygiene services.
- **Attachment 5:** Copy of a written protocol for management of medical emergencies, including contact information for emergency care after business hours.
- **Attachment 6:** Copy of schedule and content of regular and routine emergency drills.
- **Attachment 7:** Request for on-site inspection by the Board.
- **Attachment 8:** Copy of the schedule, protocols, and procedures for and results of weekly spore testing.
- **Attachment 9:** Copy of ownership documents (corporation papers, DBA, partnership agreement, business certificate) for practice.
- **Attachment 10:** Copy of a logbook or protocol showing compliance with Federal, state, and local provisions for: handicap access; access to potable water; access to hand washing and toilet facilities; container for deposit of refuse and waste material as required by 310 CMR 73.00; personal protection equipment; patient protective eyewear; and protocol for maintenance of any other equipment necessary for services being provided.
- **Attachment 11:** Copies of all documents demonstrating compliance with educational and clinical experience requirements for public health dental hygiene practice pursuant to 234 CMR 2.03 (Public Health Dental Hygienist), 234 CMR 5.07 (2)(a) and 234 CMR 5.08.
- **Attachment 12:** Copy of collaborative agreement(s) pursuant to 234 CMR 5.07 and 5.08.
- **Attachment 13:** Statement indicating location where dental records are maintained and protocol as to how a patient may obtain a copy of such records.
- **Attachment 14:** Copies of informed consent form and discharge/referral information sheet.

APPLICANT ATTESTATION: I, _____ **HEREBY CERTIFY,**

Print Full Name of Applicant

UNDER THE PAINS AND PENALTIES OF PERJURY, THAT:

- **ALL INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUE;**
- **I HAVE READ AND UNDERSTAND THE STANDARDS AND REQUIREMENTS FOR PERMIT M AT 234.CMR 7.00, INCLUDING, BUT NOT LIMITED TO, THE REQUIREMENTS OF THIS PERMIT FOR:**
- **GENERAL REQUIREMENTS AT 7.04 INCLUDING BUT NOT LIMITED TO:**
 - OFFICIAL BUSINESS OR MAILING ADDRESS;
 - PROPER RECORDING OF PATIENT RECORDS;
 - INFORMED CONSENT;
 - DISCHARGE AND REFERRAL INFORMATION SHEET;
 - EMERGENCY OR OTHER FOLLOW-UP TREATMENT;
 - EMERGENCY PROTOCOL;
 - IDENTIFICATION OF PERSONNEL;
 - DISPLAY OF LICENSE(S);
 - BACKGROUND CHECKS FOR PERSONNEL.
- **PHYSICAL REQUIREMENTS FOR MOBILE DENTAL FACILITY AND PORTABLE DENTAL OPERATONS AT 7.05 INCLUDING BUT NOT LIMITED TO:**
 - COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE, AND FEDERAL STATUTES, REGULATIONS, OR ORDINANCES CONCERNING RADIOGRAPHIC EQUIPMENT, FLAMMABILITY, VENTILATION, CONSTRUCTION, SANITATION, ZONING, INFECTIOUS WASTE MANAGEMENT, OSHA STANDARDS AT 29 CFR, *CDC GUIDELINES*, AND FOR THE REGISTRATION AND OPERATION OF A MOTOR VEHICLE BEING USED FOR THE PROVISION OF MOBILE OR PORTABLE DENTAL SERVICES.
 - HANDICAP ACCESS;
 - EQUIPMENT AND STERILIZATION SYSTEM WHICH IS NECESSARY TO COMPLY WITH *CDC GUIDELINES*;
 - READY ACCESS TO AN ADEQUATE SUPPLY OF POTABLE WATER;
 - READY ACCESS TO HAND-WASHING AND TOILET FACILITIES;
 - A COVERED GALVANIZED, STAINLESS STEEL, OR OTHER NON-CORROSIVE CONTAINER FOR DEPOSIT OF REFUSE AND WASTE MATERIAL AS REQUIRED BY 310 CMR 73.00, *AMALGAM, WASTEWATER AND RECYCLING REGULATIONS FOR DENTAL FACILITIES*; AND
 - EQUIPMENT NECESSARY FOR SERVICES BEING PROVIDED.
- **CESSATION OF OPERATION AND TRANSFER OF OWNERSHIP AT 7.06 INCLUDING BUT NOT LIMITED TO:**
 - WITHIN 30 CALENDAR DAYS NOTIFY THE BOARD IN WRITING OF THE LAST DAY OF OPERATIONS OF THE FINAL DATE OF SERVICE AND THE DISPOSITION OF PATIENT RECORDS;
 - PROPER NOTIFICATION PERMIT HOLDER'S PATIENTS;
 - WITHIN 30 CALENDAR DAYS MAKE ARRANGEMENTS WITH THE PATIENTS FOR THE TRANSFER OF THE PATIENTS' RECORDS.
- **I UNDERSTAND THAT THE TERMS OF THIS PERMIT ARE LIMITED SOLELY TO THE LICENSEE AND CANNOT BE TRANSFERRED TO ANOTHER PERSON OR ENTITY.**
- **I AM CURRENTLY, AND WILL CONTINUE TO BE, IN COMPLIANCE WITH ALL STATUTES, RULES, AND REGULATIONS PERTAINING TO THE PRACTICE OF PUBLIC HEALTH DENTAL HYGIENE IN THE COMMONWEALTH OF MASSACHUSETTS AS REQUIRED BY LAW.**

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGN AND SEND THIS APPLICATION AND ALL REQUIRED ATTACHMENTS TO:

**MASSACHUSETTS BOARD OF REGISTRATION IN DENTISTRY
239 CAUSEWAY STREET-SUITE 500, BOSTON, MA 02114**

KEEP A COPY OF THIS APPLICATION AND ALL ATTACHMENTS FOR YOUR RECORDS