

West Virginia Board of Dentistry
Dental Hygiene Care in Public Health Settings Reporting Form
 ___ General Supervision Permit ___ Public Health Practice Permit

RDH Name: _____ **License #:** _____
Date of Report: _____

Activity Date	Activity Site	Activity City	Activity County	# Pts Seen	# Pts Screened	# Pts Prophyl	# Pts Sealants	# Surfaces Sealed	# Pts Other	# Pts Referred	Supervising/ Prescribing Dentist Signature
Grand Total											

This Reporting Form must be completed and returned to the Board of Dentistry with the Registered Dental Hygienist’s annual license renewal form. Failure to report activities in public health settings will result in disciplinary action. Please review Section 5-13-6.1(b)(2) and 5-13-7.1(d) of the Rule for the West Virginia Board of Dentistry for information regarding practice rules and settings.