

INSTRUCTIONS FOR REGISTRATION OF A MOBILE DENTAL FACILITY OR PORTABLE DENTAL OPERATION

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia licensure. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

- ___ 1. **Application:** Please be sure that all information and questions are completed on the application. **Not answering all questions and supplying all information will result in a delay of your application. Also, if there are discrepancies in your application, then the Board may ask for additional clarification or may send your application to Enforcement for an investigation.**
- ___ 2. **Application Fee:** The fee for a **mobile dental facility or portable dental operation is \$250** and must be paid with a check or money order, made payable to **The Treasurer of Virginia**. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), all fees are non-refundable. Your application will not be reviewed until you have submitted payment.
- ___ 3. Please be aware that your signed application affidavit authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand, and will remain current with the laws and regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at www.dhp.virginia.gov/dentistry.
- ___ 4. **Address of Record and Publically Disclosable Address:** Consistent with Virginia law §54.1.2400.02 and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

Note:

- To receive notice that your supporting documents have been delivered to the Board, it is suggested that the documents be mailed using FedEx or UPS with "Delivery Confirmation". **Mail sent by USPS is sent to a separate state processing facility that is offsite; therefore, mail can be delayed. Note: if you send something certified by USPS it only verifies that it got to the processing facility and not the Board.**
- Applicants will be notified of missing application items within approximately 15 business days of receipt of an application. Once your application is complete, allow 30 business days processing time.
- Notice shall be given to the board within 30 days if there is a change in the ownership or the address of record for a mobile dental facility or portable dental operation.

Exemptions from requirement for registration.

The following shall be exempt from requirements for registration as a mobile dental clinic or portable dental operation:

1. All federal, state, or local governmental agencies;
2. Dental treatment that is provided without charge to patients or to any third party payer;
3. Clinics operated by federally qualified health centers with a dental component that provide dental services via mobile model to adults and children within 30 miles of the federally qualified health center;
4. Clinics operated by free health clinics or health safety net clinics that have been granted tax-exempt status pursuant to § 501(c)(3) of the Internal Revenue Code that provide dental services via mobile model to adults and children within 30 miles of the free health clinic or health safety net clinic; and
5. Clinics that provide dental services via mobile model to individuals who are not ambulatory and who reside in long-term care facilities, assisted living facilities, adult care homes, or private homes.



**APPLICATION FOR REGISTRATION OF A MOBILE DENTAL FACILITY
OR PORTABLE DENTAL OPERATION**

INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page and enclose it with the application.

GENERAL INFORMATION: COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name and Complete Address of Owner:

Telephone Number of Owner

Publically Disclosable Address

E-Mail Address of Owner

Address of record (Mailing Address)

The owner is: (Please select one)

- One or more licensed dentists with a current, active license in Virginia.
- A professional corporation registered with the Virginia State Corporation Commission.
- A professional limited liability company registered with the Virginia State Corporation Commission.
- Other. Explain _____

Name of Mobile Facility or Portable Operation:

Complete Physical Address of Facility/Portable Operation:

Physical address of each location where dental services will be provided:

Dates at this location:

Contact person and phone number at this location:

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

Fee:

Applicant #

License #

Date Issued

Name of each <u>dentist</u> providing dental services:	Address of record:	License Number:
Name of each <u>dental hygienist</u> providing dental services:	Address of record:	License Number:

NOTICE OF REQUIRED INFORMATION:

In addition to annual renewal, I am required to update registration prior to the provision of dental services by providing the Board with:

- Any additional locations and/or dates dental services will be provided; and
- Information on any additional dentists, dental hygienists or dental assistants II who will provide dental services.

Initial Here: _____

Certifications Required for Registration of a mobile dental facility or portable dental operation:

- | | |
|--|-----------------------------------|
| <p>1. I certify that a written agreement has been executed for follow-up care for patients, to include identification of and arrangements for treatment in a dental office which is permanently established within a reasonable geographic area of each location where dental services are provided. Further, I agree to provide the name, telephone number and address of the dentist who has agreed to provide follow-up care, on the patient information sheet provided to each patient as required by 18VAC60-21-420.C(6).</p> | <p>Initial here: _____</p> |
| <p>2. I certify that each location where the mobile facility or portable operation provides dental service has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency.</p> | <p>Initial here: _____</p> |
| <p>3. I certify that each location where the mobile facility or portable operation provides dental service has a water supply and all equipment necessary to provide the dental services rendered therein.</p> | <p>Initial here: _____</p> |

4. I certify that the mobile facility or portable operation conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, sanitation, zoning, flammability and construction standards.	Initial here: _____
5. I certify that the mobile facility or portable operation possesses all applicable city or county licenses or permits to operate.	Initial here: _____
6. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active-duty orders, <u>or</u> 2) a veteran who has left active-duty service within one year of submission of this application? If "YES", include a copy of the official military orders with the application.	___ Yes ___ No
7. Are you active-duty military? If "YES", include a copy of your official military orders with the application.	___ Yes ___ No

ADDITIONAL LICENSURE QUESTIONS (Use separate page for each additional dentists, dental hygienists or dental assistants II who will provide dental services):

1.	Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation.	[] Yes [] No
_____ _____		
2.	Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If "NO", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation.	[] Yes [] No
_____ _____		
3.	Have you ever been disciplined by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation.	[] Yes [] No
_____ _____		
4.	Have you ever had any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation.	[] Yes [] No
_____ _____		

I declare and certify under penalty of perjury that all answers given, and all statements made in this application are true and correct.

I hereby agree that furnishing any false information in this application constitutes cause for the denial, suspension, or revocation of registration to operate in the Commonwealth of Virginia. Further, I have carefully read the laws and regulations applicable to the operation of mobile dental clinics and portable dental operations and those applicable to the practice of dentistry, dental hygiene and dental assisting. I hereby agree to abide by and remain current with the applicable laws and regulations which are available online at www.dhp.virginia.gov/dentistry.

Signature of Applicant

Date