

CHANGE OF EMPLOYER

TO BE COMPLETED BY HYGIENISTS ONLY

INSTRUCTIONS: Fill out this form COMPLETELY to ensure that you maintain all current practice information on file with the Louisiana State Board of Dentistry. Fill in your name and dental hygiene license number. Then select the appropriate box indicating which action should be taken regarding your employing dentist. If you are removing ALL dentists from your record, select the appropriate box and write "N/A" in the space allotted for the office address. If you wish to send a notice listing every dentist you currently work for, check the appropriate box and give all of your employers. Then sign and date the bottom of the form and fax or mail it to the board office.

LAC 46:XXXIII.703 requires that you notify the board of any change in your employment address(es) within 30 days of the change.

You may **NOT** use this form to update your official mailing address on file with the board. To update your official mailing address, you must submit the "Change of Mailing or Home Address" form.

INCOMPLETE FORMS WILL NOT BE PROCESSED.

NAME: _____ DENTAL HYGIENE LICENSE NO. _____

ONE BOX MUST BE CHECKED

- ☐ The dentist below is my **ONLY** employer. Please remove all other employers from my record.
- ☐ Please **ADD** the employer below to my record on file with the board. I understand that I may still have other employers in my record, and this is an additional one.
- ☐ Please **REMOVE ONLY** the dentist listed below.
- ☐ I am providing a list of **ALL** dentists I am currently employed by. I currently hold a total number of _____ dental hygiene positions. Attach a list of all dentists you currently work for.
- ☐ Please **REMOVE ALL** employers from my record. I am no longer actively practicing dental hygiene.

Employing dentist: _____

Dentist's Louisiana license number: _____

Address: _____

Telephone: _____

- ☐ Check if this location is a portable or mobile dental clinic.

YOU MUST NOTIFY THE BOARD OF EACH DENTIST WHO EMPLOYS YOU. ENTITY NAME IS NOT SUFFICIENT.

Dental hygienist signature

Date