



4. Provide written agreement for emergency follow-up care for patients treated in the mobile dental clinic. Such agreement shall include arrangements for treatment in a dental care facility which is permanently established in the immediate area. Please describe here but attach written agreement(s) to this application form. **The board must be notified of any changes made to any of these agreements.**

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5. Please describe the communication facility in the mobile dental unit which will enable the operator to contact necessary parties in the event of a medical/dental emergency:

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6. Does the mobile dental unit conform to all applicable federal, state, parish, and local laws, regulations, and ordinances including those relative to radiographic equipment, flammability, construction, sanitation, zoning, Louisiana Department of Health and Hospitals regulations including those for medical waste transportation?

Yes  No

7. Does the mobile dental unit have the following:

A. Access ramp or lift?

Yes  No  N/A

B. Adequate, properly functioning sterilization system?

Yes  No  N/A

C. Access to an adequate supply of potable water, including hot water?

Yes  No  N/A

D. Ready access to toilet facilities?

Yes  No  N/A

- E. A covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials?  
 Yes                                       No                                       N/A
  
- F. An emergency kit available at all times?  
 Yes                                       No                                       N/A
  
- G. Portable oxygen available at all times?  
 Yes                                       No                                       N/A
  
- H. Sharps containers and red biohazard bags available on site?  
 Yes                                       No                                       N/A
  
- I. Properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality?  
 Yes                                       No                                       N/A
  
- J. Suction equipment to achieve a minimum level of three cubic feet per minute?  
 Yes                                       No                                       N/A

8. List all licensed dentists, dental hygienists, laboratory technicians, and auxiliary personnel associated with the mobile dental clinic by providing his/her full name, address, telephone number, and license number where applicable. If additional space is needed, please attach a rider. **All Louisiana State Board of Dentistry licensees must notify the board if they begin or cease practicing at this mobile dental clinic.**

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9. List the exact street address or location of each and every place within this state where the mobile dental clinic will provide dental services, including schools and nursing homes. If additional space is needed, please attach a rider. This list shall be updated with the board office as necessary every 30 days.

**IMPORTANT:**

**In addition to the list here, you are required to notify the board no later than 24 hours before providing dental services at a school. Said notice shall disclose the date, time, identity of all dental health care providers, and the location. Please refer to Rule 313 (J)(2) for more information.**

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10. If you answered “no” or “N/A” to any of the questions above, please explain:

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I am the applicant for the mobile dental clinic described above. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely.

I certify that the foregoing is true and correct to the best of my information, knowledge, and belief.

Print dentist’s name: \_\_\_\_\_

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Signature of dentist

Date

# CERTIFICATION OF EMERGENCY FOLLOW-UP CARE

I, \_\_\_\_\_, Director of  
\_\_\_\_\_ do hereby certify  
that our facility has entered into a contract with Dr. \_\_\_\_\_  
to provide dental services at our facility and that all dental services will be provided in our facility in  
compliance with Federal Centers for Disease Control Guidelines.

I further certify that our contract with Dr. \_\_\_\_\_ provides for  
emergency follow-up care for patients treated at our facility and that said agreement includes  
identification of and arrangements for treatment in a dental facility which is permanently established in  
our immediate area. A copy of said contract is attached.

PARISH OF \_\_\_\_\_

STATE OF LOUISIANA

BY: \_\_\_\_\_

DIRECTOR