



Louisiana State Board of Dentistry
365 Canal Street, Suite 2680
New Orleans, Louisiana 70130
504.568.8574 Telephone ~ 504.568.8598 Fax

**APPLICATION FOR PORTABLE DENTAL CLINIC
OPERATOR PERMIT
\$250.00**

INSTRUCTIONS:

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. **ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENIAL AND/OR DISCIPLINARY SANCTIONS.** If the space for any answer is insufficient, please complete your answer on a signed rider specifying the number of the question to which it relates. If the question is not applicable to your situation, please mark the "N/A" box. Return this completed application to the board office with your check or money order payable to the Louisiana State Board of Dentistry in the amount of **\$250.00**.

IN ACCORDANCE WITH LAC 46:XXXIII.313 OF THE LOUISIANA DENTAL PRACTICE ACT, A PORTABLE OPERATOR PERMIT SHALL BE RENEWED WITH YOUR LOUISIANA DENTAL LICENSE.

TYPE OR PRINT ALL REQUESTED INFORMATION.

1. Dentist information

Last First Middle
Louisiana dental license no. _____

2. Official business and mailing address of record for portable dental clinic (post office box will not suffice unless mail is deliverable to post office box **only**).

Number and street/rural route

Suite

City State ZIP

3. Telephone number: _____

Emergency 24 hour telephone number: _____

4. Provide written agreement for emergency follow-up care for patients treated in the portable 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.**

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

6. Does the portable 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 portable dental unit have the following:

- A. Adequate, properly functioning sterilization system?

Yes No N/A

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

Yes No N/A

- C. Ready access to toilet facilities?

Yes No N/A

- D. A covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials?

Yes No N/A

- E. An emergency kit available at all times?
 Yes No N/A

- F. Portable oxygen available at all times?
 Yes No N/A

- G. Sharps containers and red biohazard bags available on site?
 Yes No N/A

- H. Properly functioning radiograph equipment producing fully developed x-rays of diagnostic quality?
 Yes No N/A

- I. 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 portable 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 portable dental clinic.**

9. List the exact street address or location of each and every place within this state where the portable 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.

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

I am the applicant for the portable 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: _____

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