Oregon Board of Dentistry
Dental Therapist
Verification of Collaborative Agreement

I, (print your name)_____, a licensed Dentist pursuant to ORS 679.020 or exempt from licensure pursuant to ORS 679.025, license number _____, have entered into a Collaborative Agreement with (print your name)_____, an Oregon licensed Dental Therapist, license number DT_____. The Collaborative Agreement sets forth the agreed-upon practice limitations of the Dental Therapist's practice and adheres to all the requirements set forth by the Legislature and the Oregon Board of Dentistry.

Please describe the circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure within the scope of dental therapy:

_____
_____
_____
_____

Please define the practice settings in which the dental therapist may provide care:

_____
_____
_____

Please describe any limitation on the care the dental therapist may provide:

_____
_____
_____

Please define patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency, (attach a copy of the guidelines):

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Please describe procedures for creating and maintaining dental records for patients treated by the dental therapist:

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Please describe guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care, (attach copy of guidelines):

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Please provide a quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up, (attach copy of plan):

Please describe protocols for the dispensation and administration of local anesthetic, non-narcotic analgesic's, and anti-inflammatories or antibiotics; including the dispensation of oral or topical administration of non-narcotic analgesics, anti-inflammatories and antibiotics:

Please describe the criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care:

Please describe protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider, (attach protocols):

Please briefly summarize the following treatment parameters for when the dental therapist consults with a dentist, if the dental therapist intends to administer local anesthesia and perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease. Severe systemic disease is defined as ASA III:

General Supervision: requires that a dentist authorize the procedures, but not requiring that a dentist be present when the authorized procedures are performed. The authorized procedures may also be performed at a place other than the usual place of practice of the dentist.

Indirect Supervision: requires that a dentist authorize the procedures and that a dentist be on the premises while the procedures are performed.

Direct Supervision: requires that a dentist diagnose the condition to be treated, that a dentist authorize the procedure to be performed, and that a dentist remain in the dental treatment room while the procedures are performed.

The below listed duties may be performed under **general supervision**, unless otherwise indicated.

If **all** duties listed below are allowed under **general supervision**, please initial here: _____

***If a duty listed below is **not** allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	**GS**	**IS**	**DS**	**Not Allowed**
Identification of conditions requiring evaluation, diagnosis or treatment by a dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390	☐	☐	☐	☐
Comprehensive charting of the oral cavity	☐	☐	☐	☐
Oral health instruction and disease prevention education, including nutritional counseling and dietary analysis	☐	☐	☐	☐
Exposing and evaluation of radiographic images	☐	☐	☐	☐
Dental prophylaxis, including subgingival scaling and polishing procedures	☐	☐	☐	☐
Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants	☐	☐	☐	☐
Administering local anesthetic	☐	☐	☐	☐
Pulp vitality testing	☐	☐	☐	☐
Application of desensitizing medication or resin	☐	☐	☐	☐
Fabrication of athletic mouth guards	☐	☐	☐	☐
Changing of periodontal dressings	☐	☐	☐	☐
Simple extractions of erupted primary anterior teeth and coronal remnants of any primary teeth	☐	☐	☐	☐
Emergency palliative treatment of dental pain	☐	☐	☐	☐
Preparation and placement of direct restoration in primary and permanent teeth	☐	☐	☐	☐
Fabrication and placement of single-tooth temporary crowns	☐	☐	☐	☐

Specific Supervision Levels	GS	IS	DS	Not Allowed
Preparation and placement of preformed crowns on primary teeth	☐	☐	☐	☐
Indirect pulp capping in permanent teeth	☐	☐	☐	☐
Indirect pulp capping on primary teeth	☐	☐	☐	☐
Suture removal	☐	☐	☐	☐
Minor adjustments and repairs of removable prosthetic devices	☐	☐	☐	☐
Atraumatic restorative therapy and interim restorative therapy	☐	☐	☐	☐
Oral examination, evaluation and diagnosis of conditions within the supervising dentist's authorization	☐	☐	☐	☐
Removal of space maintainers	☐	☐	☐	☐
The dispensation and oral or topical administration of: o Non-narcotic analgesics o Anti-inflammatories o Antibiotics	☐	☐	☐	☐

*Reminder: Root planing procedures must be performed by an active RDH licensee. Root planing is the definitive procedure designed for the removal of cementum and dentin that is rough, and/or permeated by calculus or contaminated with toxins or microorganisms

*Reminder: Under indirect supervision, dental hygiene procedures may be performed for a patient who is under nitrous oxide or minimal sedation under the following conditions: (a) A licensee holding a Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents; (b) The permit holder, or an anesthesia monitor, monitors the patient; or (c) If a dental hygienist with a nitrous oxide permit administers nitrous oxide sedation to a patient and then performs authorized procedures on the patient, an anesthesia monitor is not required to be present during the time the patient is sedated unless the permit holder leaves the patient. (d) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules.

*Reminder: Under indirect supervision, a dental therapist may perform procedures for which they hold the appropriate license for a patient who is under nitrous oxide or minimal sedation under the following conditions: (a) A licensee holding the Nitrous Oxide, Minimal, Moderate, Deep Sedation or General Anesthesia Permit administers the sedative agents; (b) The permit holder, or an anesthesia monitor, monitors the patient; and (c) The permit holder performs the appropriate pre- and post-operative evaluation and discharges the patient in accordance with Board rules

The below listed duties may be performed under **indirect supervision,** unless otherwise indicated.

If all duties listed below are allowed under indirect supervision, please initial here:_____

In accordance with OAR 818-038-0020 (3) Please indicate whether review with the supervising dentist is to be completed before the procedure, after the procedure, or both. If a duty listed below is not allowed, or allowed under a different level of supervision, please indicate that by checking the appropriate box.

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Placement of temporary restorations **Additional comments:**	☐	☐	☐	☐	☐
Fabrication of soft occlusal guards **Additional comments:**	☐	☐	☐	☐	☐

Specific Supervision Levels	Review Before	Review After	IS	DS	Not Allowed
Tissue reconditioning and soft relines **Additional comments:**	☐	☐	☐	☐	☐
Tooth reimplantation and stabilization **Additional comments:**	☐	☐	☐	☐	☐
Recementing of permanent crowns **Additional comments:**	☐	☐	☐	☐	☐
Pulpotomies on primary teeth **Additional comments:**	☐	☐	☐	☐	☐
Simple extractions of: ○ Erupted posterior primary teeth; and **Additional comments:**	☐	☐	☐	☐	☐
Simple extractions of: ○ Permanent teeth that have horizontal movement of greater than two millimeters or vertical movement and that have at least 50 percent periodontal bone loss **Additional comments:**	☐	☐	☐	☐	☐
Brush biopsies **Additional comments:**	☐	☐	☐	☐	☐
Direct pulp capping on permanent teeth **Additional comments:**	☐	☐	☐	☐	☐

STOP – Did you remember to attach your….

1. **Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency?**
2. **Medical emergency guidelines?**
3. **Quality assurance plan?**
4. **Protocols for when a patient requires treatment outside the dental therapist's scope of practice?**

Dentist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may supervise and enter into collaborative agreements with up to three dental therapists at one time.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dentist Name: _____

Address: _____

_____

Cell phone #_____ Email: _____

Dentist Signature: _____ Date: _____

Dental Therapist:

I understand that this agreement will remain in effect with the Oregon Board of Dentistry (OBD) until I submit a written change. I understand that I shall submit annually a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If any changes are made to this agreement, a new verification and copy of the agreement must be submitted to the OBD as soon as reasonably possible (this means in less than 14 days of the change). Failure to do so may result in Board action.

I understand that I may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

I attest that a copy of my liability insurance is attached to this verification.

I attest that at least 51 percent of my dental therapy practice will be to patients who represent underserved populations, as defined by the Oregon Health Authority by rule, or patients located in dental care health professional shortage areas, as determined by the authority.

I attest that a copy of the Collaborative Agreement, signed by both parties, is attached to this verification. I understand that failure to provide a copy of the agreement with the verification will result in the verification form being rejected and returned. An annual submission of the collaborative agreement shall coincide with the license renewal period between August 1 and September 30 each year.

Dental Therapist Name: _____

Address: _____

_____

Cell phone #_____ Email: _____

Dental Therapist Signature:_____ Date: _____

ORS 679.618 Collaborative agreement required to practice dental therapy; required provisions; duties of dentist.

(1) A dental therapist may practice dental therapy only under the supervision of a dentist and pursuant to a collaborative agreement with the dentist that outlines the supervision logistics and requirements for the dental therapist's practice. The collaborative agreement must include at least the following information:

(a) The level of supervision required for each procedure performed by the dental therapist;

(b) Circumstances under which the prior knowledge and consent of the dentist is required to allow the dental therapist to provide a certain service or perform a certain procedure;

(c) The practice settings in which the dental therapist may provide care;

(d) Any limitation on the care the dental therapist may provide;

(e) Patient age-specific and procedure-specific practice protocols, including case selection criteria, assessment guidelines and imaging frequency;

(f) Procedures for creating and maintaining dental records for patients treated by the dental therapist;

(g) Guidelines for the management of medical emergencies in each of the practice settings in which the dental therapist provides care;

(h) A quality assurance plan for monitoring care provided by the dental therapist, including chart review, patient care review and referral follow-up;

(i) Protocols for the dispensation and administration of drugs, as described in ORS 679.621, by the dental therapist, including circumstances under which the dental therapist may dispense and administer drugs;

(j) Criteria for the provision of care to patients with specific medical conditions or complex medical histories, including any requirements for consultation with the dentist prior to the provision of care; and

(k) Protocols for when a patient requires treatment outside the dental therapist's scope of practice, including for referral of the patient for evaluation and treatment by the dentist, a physician licensed under ORS chapter 677, a nurse practitioner licensed under ORS 678.375 to 678.390 or other licensed health care provider.

(2) In addition to the information described in subsection (1) of this section, a collaborative agreement must include a provision that requires the dental therapist to consult with a dentist if the dental therapist intends to perform an irreversible surgical procedure under general supervision on a patient who has a severe systemic disease.

(3) A dentist who enters into a collaborative agreement with a dental therapist shall:

(a) Directly provide care to a patient that is outside the scope of practice of the dental therapist or arrange for the provision of care by another dentist; and

(b) Ensure that the dentist, or another dentist, is available to the dental therapist for timely communication during the dental therapist's provision of care to a patient.

(4) A dental therapist may perform and provide only those procedures and services authorized by the dentist and set out in the collaborative agreement, and shall maintain with the dentist an appropriate level of contact, as determined by the dentist.

(5) A dental therapist and a dentist who enter into a collaborative agreement together shall each maintain a physical copy of the collaborative agreement.

(6)(a) A dental therapist may enter into collaborative agreements with more than one dentist if each collaborative agreement includes the same supervision requirements and scope of practice.

(b) A dentist may supervise and enter into collaborative agreements with up to three dental therapists at any one time.

(7)(a) A collaborative agreement must be signed by the dentist and dental therapist.

(b) A dental therapist shall annually submit a signed copy of the collaborative agreement to the Oregon Board of Dentistry. If the collaborative agreement is revised in between annual submissions, a signed copy of the revised collaborative agreement must be submitted to the board as soon as practicable after the revision is made.