

Commonwealth Of Virginia
Board of Dentistry
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
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 denbd@dhp.virginia.gov

**Application for Registration of a Mobile Dental Facility
 or Portable Dental Operation**

Instructions: A completed application shall include the following unless otherwise stated below. An incomplete application will delay the processing of your application. The application fee is **\$250** and must be paid with a certified check, cashier's check or money order, made payable to The Treasurer of Virginia. Your application will not be considered until you have submitted payment. If the space provided for any answer is insufficient, please complete your answer on a separate page, sign & specify the question to which it relates. **OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION.**

Name and Complete Address of Owner:

Telephone Number of Owner:

E-Mail Address of Owner:

Address For Public Information:

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:

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:

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).	Initial here:
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.	Initial here:
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.	Initial here:
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 the spouse of a member of the U. S. military who has been transferred to Virginia and who had to leave employment to accompany your spouse to Virginia?	<input type="checkbox"/> Yes <input type="checkbox"/> 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