

**Commonwealth Of Virginia  
BOARD OF DENTISTRY  
Department of Health Professions  
9960 Mayland Drive, Suite 300  
Henrico, VA 23233-1463**

[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry) (804) 367-4538 denbd@dhp.virginia.gov

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

**Type or print clearly. Complete all sections. If the space provided for any section is insufficient, submit information on a separate page.**

Name of Owner:	Address of Owner:	Enclose the <b>\$250</b> Application Fee as a certified check, cashier's check or money order, made payable to the <b>Treasurer of Virginia</b> . Pursuant to 18 VAC 60-20-40 fees are non-refundable. A \$35 processing fee will be charged for any check or money order returned unpaid.
Telephone Number of Owner:	E-Mail Address of Owner:	

The owner is:    (    ) one or more licensed dentists with a current, active license in Virginia.  
 Check one.      (    ) a professional corporation registered with the Virginia State Corporation Commission.  
                       (    ) a limited liability company registered with the Virginia State Corporation Commission.  
                       (    ) Other. Explain \_\_\_\_\_

Name of Facility or Portable Operation:	Physical Address of Facility or Portable Operation which shall not be a post office box:	
Physical address of each location where dental services will be provided:	Dates at this location:	Contact person and phone number at this location:

Name of each <b>dentist</b> providing dental services:	Address of record:	License Number:

**APPLICANTS TO NOT USE SPACES BELOW THIS LINE-FOR OFFICE ONLY**

FEE	APPLICANT #	LICENSE #	DATE ISSUED

Name of each <u>dental hygienist</u> providing dental services:	Address of record:	License Number:

**NOTICE TO APPLICANT:** In addition to annual renewal, you are required to update your registration at least 10 days 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.

**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 the applicant provides dental services. 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 18VAC60-20-342.(C)(6)	<b>Initial here:</b>
2.	I certify that each location where the applicant provides dental services has access to communication facilities that enable the dental personnel to contact assistance in the event of a medical or dental emergency.	<b>Initial here:</b>
3.	I certify that each location where the applicant provides dental services has a water supply and all equipment necessary to provide the dental services to be rendered therein.	<b>Initial here:</b>
4.	I certify that the facility or operation conforms to all applicable federal, state and local laws, regulations and ordinances dealing with radiographic equipment, sanitation, zoning, flammability and construction standards.	<b>Initial here:</b>
5.	I certify that the applicant possesses all applicable city or county licenses or permits to operate the facility or operation.	<b>Initial here:</b>

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](http://www.dhp.virginia.gov/dentistry).

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**