West Virginia Board of Dental Examiners
Dental Hygiene Care in Public Health Settings Reporting Form

____General Supervision Permit ____Public Health Practice Permit

RDH Name: _____ **License #:** _____

Date of Report Filing: _____

Activity Date	Activity Site	Activity City	Activity County	# Pts Seen	# Pts Screened	# Pts Prophy	# Pts Sealants	# Surfaces Sealed	# Pts Other	# Pts Referred	Supervising/ Prescribing Dentist Signature
Grand Total											

***This Reporting Form must be completed and returned to the Board of Dental Examiners with the Registered Dental Hygienist's annual license renewal form. Failure to report activities in public health settings will result in disciplinary action. Please review Section5-1-8.4 and 5-1-8.5 of the Rule for the West Virginia Board of Dental Examiners for information regarding practice rules and settings.