

# HOWARD COUNTY DENTAL HYGIENE REFERRAL SERVICE

*a not-for-profit service for HCDHA & HCDA members*

## Dentist Registration

\_\_\_\_\_  
Name Email

\_\_\_\_\_  
Practice Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone Fax

ADA membership# \_\_\_\_\_ (*only HCDA members are eligible*)  
***Please include copy of current dental license and CPR certification.***

How would you describe your practice?

\_\_\_\_\_  
\_\_\_\_\_

What are the duties for the hygienist in your practice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How much time is allowed for:

- an adult prophylaxis appointment? \_\_\_\_\_
- a periodontal maintenance appointment? \_\_\_\_\_
- a periodontal scaling/root planning appointment? \_\_\_\_\_
- a child prophylaxis appointment? \_\_\_\_\_

Is the hygienist expected to clean up, disinfect, and set up the operator? \_\_\_\_\_

If so, how much additional time is allowed for these steps? \_\_\_\_\_

### **Disclaimer:**

The Howard County Dental Hygiene Referral Service (HCDHRS) makes no claims as to the qualifications or skills of any dentist or hygienist. It is the responsibility of each party to validate the qualifications and evaluate the skills of the dentist or hygienist, as would be appropriate for any professional employment. Further, HCDHRS will not suggest terms for, or be involved with, negotiations for remuneration or benefits between parties seeking permanent employment.

**I understand and agree to comply with the policies of the HCDHRS. I certify that the information I have provided is true.**

\_\_\_\_\_  
Signature Title Date