

MONTANA BOARD OF DENTISTRY

PO BOX 200513
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Helena, Montana 59620-0513
(406) 444-6880

EMAIL: dlibsdhhelp@mt.gov WEBSITE: www.dentistry.mt.gov

TEMPORARY PERMIT REGISTRATION FORM
DENTAL HYGIENIST

Applicant Name: _____
Please Print

Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____

Email: _____

Supervising Dentist Name: _____

Practice Name (if different): _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

HYGIENIST - DECLARATION

By signing below, I hereby declare under penalty of perjury that the information included in this registration form is true and correct to the best of my knowledge. I further declare that I have read and am familiar with the applicable laws and regulations related to temporary licensure and the practice of dental hygiene in the state of Montana. I further agree to notify the board, in a reasonable time period, should I fail the first available examination. I also agree to be subject to the disciplinary process under the Board of Dentistry should a violation of these laws and regulations occur.

Signature of Applicant: _____ Date: _____

DENTIST - DECLARATION

By signing below, I acknowledge that I will be responsible for the direct supervision of the temporary permit applicant disclosed above. I have read and understand the applicable laws and regulations regarding this temporary permit and its duration. I further agree to notify the board, within a reasonable period of time, in the event my relationship with the permit holder ends.

Supervising Dentist: _____ Date: _____

License No. _____