



Board of Dental Examiners

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfDentalExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygiene Collaborative Agreement Application Instructions

The Board of Dental Examiners will approve a collaborative agreement between a licensed dental hygienist and licensed dentist if the agreement meets all requirements and both licenses are in good standing. To qualify, the dental hygienist must have been in active clinical dental hygiene practice a minimum of 4,000 documented hours within the five years preceding this application.

A dental hygienist may not perform any of the following activities without a collaborative agreement with a licensed dentist approved by the Board of Dental Examiners:

- Oral health promotion and disease prevention education.
- Removal of calcareous deposits, accretions, and stains from the surfaces of teeth.
- Application of topical preventative or prophylactic agents, including fluoride varnishes and pit and fissure sealants.
- Polishing and smoothing restorations.
- Removal of marginal overhangs.
- Preliminary charting and triage to formulate a dental hygiene assessment and dental hygiene treatment plan.
- The exposure and development of radiographs.
- Use of local periodontal therapeutic agents.
- Performance of nonsurgical periodontal therapy, with or without the administration of local anesthesia, subsequent to a licensed dentist's authorization or diagnosis as specified in the licensed hygienist's collaborative agreement.

The services described above may be performed under a collaborative agreement approved by the board without the presence of a dentist, in a setting other than the usual place of practice of the licensed dentist, and without the dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement or AS 08.32.115. Before performing the dental hygiene services, the dental hygienist must assess the patient, gather data, interpret the data, determine the patient's dental hygiene treatment needs, and formulate a patient care plan.

A dental hygienist authorized in a collaborative agreement must maintain dental charts and other records for the patients who are treated by the dental hygienist and the collaborative agreement must specify where these records are to be secured; document the name of the affiliated dentist in the patient's official chart; and document all referrals.

A collaborative agreement expires immediately on the date agreed upon by the collaborating dental hygienist and dentist and approved by the board, but it may not have a term exceeding two years. If a dental hygienist and affiliated dentist in a collaborative agreement end their affiliation before the expiration date, each shall notify the board within 30 days of the termination. The dental hygienist and affiliated dentist must notify the board of any amendments to the agreement. The dental hygienist and affiliated dentist must maintain contact, communication, and consultation with one another. Before or upon the expiration of the collaborative agreement, the board may renew the agreement if the dental hygienist submits a new completed application.

The board may not approve a collaborative agreement to a dental hygienist if the affiliated dentist has five current collaborative agreements already; if the applicant or affiliated dentist is under unresolved investigation under AS 08.32-AS 08.36, 12 AAC 28, or a similar provision of another jurisdiction; or if the dental hygienist or affiliated dentist is the subject of an adverse disciplinary action under AS 08.32-AS 08.36, 12 AAC 28, or a similar provision of another jurisdiction during the five years immediately preceding the date of the collaborative agreement application.

The following must be received by the division before your application for Dental Hygiene Collaborative Agreement will be reviewed:

1. APPLICATION

A completed, signed, and notarized application (#08-4542).

2. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4542d).

3. AFFIDAVIT OF ACTIVE PRACTICE

An Affidavit of Active Practice (#08-4542a) stating that the applicant has a minimum of 4,000 hours of clinical experience within the five years preceding date of application.

4. CPR CERTIFICATION

A copy of the applicant's current certification in cardiopulmonary resuscitation (CPR) techniques that's based upon training equivalent to that required for completion of CPR course certified by the American Health Association or American Red Cross. (Online courses are not acceptable unless there is a hands-on component.)

5. LIABILITY POLICY

A copy of the dental hygienist and collaborating dentist's current professional liability policy or a completed collaborative agreement liability policy declaration (#08-4542c).

6. CONTINUING EDUCATION

Evidence of four continuing educational course hours - separate from the continuing educational hours submitted for your dental hygienist license/renewal - in one or more of the following subject areas: medical emergencies; pediatric and other special health care needs; pharmacology; oral pathology; public health or other eleemosynary facility, relating to, or supporting charity; patient management; general medicine and physical diagnosis; and/or jurisprudence relating to unsupervised practice.

7. WRITTEN AGREEMENT

A written agreement to include:

- Identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship;
- Identification of the procedures that can be performed in accordance with AS 08.32.115 and standing orders that the dental hygienist must follow;
- A requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside the dental hygienist's scope of practice;
- Starting and ending dates of the collaboration;
- Patient record location; and
- Patient billing process.

Sec. 08.32.115. COLLABORATIVE AGREEMENTS. (a) If the collaborative agreement is approved by the board under (d) of this section, a dental hygienist with a minimum of 4,000 documented hours of clinical experience within the five years preceding application for the board's approval may enter into a collaborative agreement with a dentist licensed under AS 08.36 in which the licensed dentist authorizes the dental hygienist to perform one or more of the following:

- (1) oral health promotion and disease prevention education;
- (2) removal of calcareous deposits, accretions, and stains from the surfaces of teeth;
- (3) application of topical preventive or prophylactic agents, including fluoride varnishes and pit and fissure sealants;
- (4) polishing and smoothing restorations;
- (5) removal of marginal overhangs;
- (6) preliminary charting and triage;
- (7) radiographs;
- (8) use of local periodontal therapeutic agents; and
- (9) performance of nonsurgical periodontal therapy, with or without the administration of local anesthesia, subsequent to a licensed dentist's authorization or diagnosis as specified in the licensed hygienist's collaborative agreement.

(b) The services described in (a) of this section may be performed under a collaborative agreement approved by the board

- (1) without the presence of the licensed dentist;
- (2) in a setting other than the usual place of practice of the licensed dentist; and
- (3) without the dentist's diagnosis and treatment plan unless otherwise specified in the collaborative agreement or in (a) of this section.

(c) The board shall adopt regulations regarding approval of collaborative agreements between licensed dental hygienists and licensed dentists.

(d) The board may approve a collaborative agreement between a licensed dentist and a dental hygienist. However, the board may not approve more than five collaborative agreements with a licensed dentist, not including any collaborative agreements that have been terminated. A dental hygienist shall notify the board of the termination of a collaborative agreement with a licensed dentist.

12 AAC 28.956. COLLABORATIVE AGREEMENT REQUIREMENTS. (a) The board may approve a collaborative agreement between a dental hygienist licensed under AS 08.32 and a dentist licensed under AS 08.36 and who is affiliated with an active dental practice in this state, if the collaborative agreement meets the requirements of AS 08.32.115 and that the dental hygiene and the dental licenses are in good standing. The applicant must submit

- (1) a completed, notarized application on the form provided by the department, which includes the names and license numbers of the collaborating dentist and dental hygienist, and the name and location of the dentist's affiliated practice;
- (2) the applicable fees required in 12 AAC 02.190;
- (3) an affidavit stating that the applicant has a minimum of 4,000 hours of clinical experience within the five years preceding the date of application;
- (4) a copy of current certification in cardiopulmonary resuscitation (CPR) techniques for the applicant that meets the requirements of 12 AAC 28.920;
- (5) a copy of the applicant's and the collaborating dentist's current professional liability policy or declaration page that includes the policy number and expiration date;
- (6) an evidence of continuing educational courses meeting the requirements of the collaborative agreement;
- (7) a written agreement including
 - (A) identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship;
 - (B) identification of the procedures that can be performed in accordance with AS 08.32.110 and standing orders that the dental hygienist must follow;
 - (C) a requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside of the dental hygienist's scope of practice;
 - (D) starting and ending dates of the collaboration;
 - (E) patient record location;
 - (F) patient billing process.

(b) The dental hygienist and the affiliated dentist must notify the board of any amendments to the agreement.

(c) The board may not approve a collaborative agreement to a dental hygienist if

- (1) the affiliated dentist has five current collaborative agreements under this section;
- (2) the applicant or affiliated dentist is under unresolved investigation under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction;
- (3) the applicant or affiliated dentist is the subject of adverse disciplinary action under AS 08.32 – 08.36 or this chapter, or a similar provision of another jurisdiction.

- (d) In addition to the continuing education requirements in 12 AAC 28.400 – 12 AAC 28.420, a dental hygienist who wishes to practice under a collaborative agreement must
- (1) complete an additional four contact hours of continuing education per biennial license renewal period in one or more of the following subject areas:
 - (A) medical emergencies;
 - (B) pediatric and other special health care needs;
 - (C) pharmacology;
 - (D) oral pathology;
 - (E) public health or other eleemosynary facility, relating to, or supporting charity;
 - (F) patient management;
 - (G) general medicine and physical diagnosis;
 - (H) jurisprudence relating to unsupervised practice.
- (e) An affiliated dentist in a collaborative agreement must
- (1) be available to provide contact, communication, and consultation with the affiliated dental hygienist;
 - (2) adopt standing orders applicable to dental hygiene procedures that may be performed by the dental hygienist.
- (f) A dental hygienist authorized in a collaborative agreement
- (1) may perform any dental operations or other services the dental hygienist is authorized to perform under AS 08.32.110 and this chapter, and those dental operations and other services authorized under the collaborative agreement, if approved by the board;
 - (2) must maintain contact, communication, and consultation with the affiliated dentist; and
 - (3) before performing any dental hygiene services, shall assess the patient, gather data, interpret the data, determine the patient's dental hygiene treatment needs, and formulate a patient care plan.
- (g) A dental hygienist authorized in a collaborative agreement shall
- (1) maintain dental charts and other records for the patients who are treated by the dental hygienist; the collaborative agreement must specify where these records are to be secured;
 - (2) document in the patient's official chart the name of the affiliated dentist;
 - (3) document all referrals.
- (h) A collaborative agreement
- (1) expires immediately on date agreed upon by the collaborating dental hygienist and dentist and approved by the board;
 - (2) may not have a term exceeding two years.
- (i) If a dental hygienist and affiliated dentist in a collaborative agreement end their affiliation before the expiration date of the collaborative agreement, each shall notify the board within 30 days of the end of the affiliation.
- (j) Before or upon the expiration of the collaborative agreement, the board may renew a collaborative agreement if the applicant submits a new completed application under this section.
- (k) The board shall maintain in registry of all current collaborative agreements.

Authority: AS 08.32.115 AS 08.32.187 AS 08.36.070



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Dental Hygiene Collaborative Agreement Application

PART I Dental Hygienist Information

Full Legal Name:			
AK Dental Hygiene License Number:		Date of Issuance:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	
Number of Collaborative Agreements applicant engaged in:			

PART II Collaborating Dentist Information

Full Legal Name:			
AK Dental License Number:		Date of Issuance:	
Mailing Address:	P.O. Box or Street	City	State Zip
Email Address:		Contact Phone:	
Name of Dentist's Affiliated Practice:			
Physical Address of Practice:	Street	City	State Zip

PART III Collaborative Agreement

In accordance with 12 AAC 28.956, does the collaborative agreement include:

1. Identification of each affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship? Yes No

2. Identification of the procedures that can be performed in accordance with AS 08.32.115 and standing orders that the dental hygienist must follow? Yes No

3. A requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside the dental hygienist's scope of practice? Yes No

4. Starting and ending dates of the collaboration? Yes No

5. Patient record location? Yes No

6. Patient billing process? Yes No

Note

The dental hygienist and the affiliated dentist must notify the board within 30 days of end of affiliation or termination of the agreement, or of any amendments to the agreement. The collaborative agreement will not exceed two years.

PART IV Written Agreement

- I will submit a copy of the written agreement that includes all of the items noted above as part of this application packet.

PART V Acknowledgments

I understand that before my application can be considered complete, I must provide all items listed in the collaborative agreement application instructions, including:

- A copy of my current certification in cardiopulmonary resuscitation (CPR) techniques that's based upon training required for completion of CPR course certified by the American Health Association or the American Red Cross.
- Evidence of four continuing educational course hours - separate from the continuing educational hours submitted for your dental hygienist license/renewal - in one or more of the following subject areas: medical emergencies; pediatric and other special health care needs; pharmacology; oral pathology; public health or other eleemosynary facility, relating to, or supporting charity; patient management; general medicine and physical diagnosis; and/or jurisprudence relating to unsupervised practice.

PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you ever been the subject of adverse disciplinary action under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction? Yes No
2. Are you the subject of an unresolved investigation under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction? Yes No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).



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Notary Signature Page

PART VII Notarized Signature

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in disapproval and rejection to enter into a Collaborative Agreement.

I hereby certify that I have read the Alaska Dental Practice Act. I solemnly declare upon my honor that I will respectfully comply with any law governing the practice of dental hygiene and collaborative agreements in this state, and I will do my best to uphold and maintain the ethics and laws of the profession.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Affidavit of Active Clinical Practice

To be completed by dental hygienist. Applicants applying for approval to enter into a Collaborative Agreement must document active practice of dental hygiene for at least 4000 documented hours of clinical experience within the five years preceding application.

Dental Hygienist Name:		License Number:	
Email Address:		Phone Number:	
<p>By my signature below, I certify that I have been engaged in the active, clinical practice of dental hygiene at least 4,000 documented hours within the five years preceding application for the board's approval to enter into a Collaborative Agreement.</p> <p>I certify that the above information is true and correct to the best of my knowledge.</p>			
Notary Stamp	Printed Name:		
	Signature:		
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Declaration of Dentist Affiliated in a Collaborative Agreement

To be completed by the affiliated dentist engaged in a collaborative agreement with an Alaska licensed dental hygienist.

Pursuant to AS 08.32.115 and 12 AAC 28.956 a dentist licensed under AS 08.36 and who is affiliated with an active dental practice in Alaska may engage in a collaborative agreement with a dental hygienist licensed under AS 08.32. The licensed dentist may not be approved to be engaged in more than five (5) collaborative agreements at any one time.

PART I Collaborative Agreement Information

Collaborating Dentist Name:		AK License Number:	
Dentist Email Address:		Dentist Phone Number:	
Dental Hygienist Name:		AK License Number:	
Total number of active Collaborative Agreements the dentist is affiliated with:			

In accordance with 12 AAC 28.956, do you agree to comply with the following:

- To be available to provide contact, communication and consultation with the affiliated dental hygienist? Yes No
- To adopt standing orders applicable to dental hygiene procedures that may be performed by the dental hygienist? Yes No

Does the Collaborative Agreement include:

- Identification of **each** affiliated practice setting in which the dental hygienist may engage in dental hygiene practice under the collaborative agreement relationship? Yes No
- Identification of the procedures that can be performed in accordance with AS 08.32.110 and standing orders that the dental hygienist must follow? Yes No
- A requirement that the dental hygienist refer patients who have been assessed by the dental hygienist to the affiliated dentist for treatment or planning that is outside the dental hygienist's scope of practice? Yes No
- Starting and ending dates of the collaboration? Yes No
- Patient record location? Yes No

Note

The dental hygienist and the affiliated dentist must notify the board within 30 days of end of affiliation or termination of the agreement, or of any amendments to the agreement. The collaborative agreement will not exceed two years.

PART II Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

For each "yes" response to any question, you must provide an explanation and documentation. Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you ever been the subject of adverse disciplinary action under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction? Yes No
2. Are you the subject of an unresolved investigation under AS 08.32 – 08.36, or any provision of the Alaska Dental Practice Act, or a similar provision of another jurisdiction? Yes No

"Yes" Answers

If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).

PART III Notarized Signature

I certify that the above information is true and correct to the best of my knowledge.

Notary Stamp	Dentist Printed Name:			
	Dentist Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Collaborative Agreement Liability Policy Declaration

Proof of liability insurance for the dental hygienist and the dentist entering into a collaborative agreement is required. You may submit a copy of each of the policies showing current status or complete this form and submit to the board.

12 AAC 28.956 Collaborative Agreement Requirements. (5) A copy of the applicant's and the collaborative dentist's current professional liability policy or declaration page that includes the policy number and expiration date.

PART I Collaborating Dentist Information

Collaborating Dentist Name:			
Insurance Carrier Name:			
Liability Insurance Policy Number:		Policy Expiration Date:	
Dentist Signature:		Date Signed:	

PART II Dental Hygienist Information

Dental Hygienist Name:			
Insurance Carrier Name:			
Liability Insurance Policy Number:		Policy Expiration Date:	
Dental Hygienist Signature:		Date Signed:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with the application (initial, renewal, reactivation) for issuance of a dental hygiene collaborative agreement.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business, and Professional Licensing and its investigators, and all others directly and/or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	P.O. Box or Street	City	State Zip
Phone:		Date of Birth:	
Email:			
Signature:		Date Signed:	



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to: suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:		PL Code:	
Signature:		Date:	

You must submit one form for each “Yes” answer. Make copies of this form as necessary.



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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Profession Type (e.g., Acupuncture): _____

License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (fine, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.