

COLORADO STATE BOARD OF DENTAL EXAMINERS

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Notification Form for Volunteer Dentists and Dental Hygienists

Section 12-35-115(1)(k) of the Colorado Revised Statutes states:

(1) Nothing in this article shall apply to the following practices, acts and operations:

...

(k) The practice of dentistry or dental hygiene by dentists or dental hygienists licensed in good standing by other states while providing care as a volunteer, at the invitation of any group of licensed dentists or dental hygienists in this state who are in good standing, so long as such practice is limited to five consecutive days in a twelve-month period and the name of each person engaging in such practice is submitted to the Board, in writing and on a form approved by the Board, at least ten days before the person performs such practice.

By submitting this notification all participants in the program acknowledge that persons who are not licensed in Colorado cannot practice in Colorado outside of the volunteer program and that the practice of such persons in the volunteer program is limited to five consecutive days in a twelve-month period. This notification form is valid for one year from the date it is received by the Board.

DATA RELATING TO THE COLORADO LICENSED DENTISTS/HYGIENISTS SPONSORING THE VOLUNTEER CARE

Name of Sponsoring Group/Person

Name of Colorado Dentist or Dental Hygienist Representative Providing this Notification

Address of Group/Person

Colorado Licensed Dentists/Hygienists in Group

Name D.D.S., D.M.D., R.D.H. License Number

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Name D.D.S., D.M.D., R.D.H. License Number

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Name D.D.S., D.M.D., R.D.H. License Number

Add an additional sheet if there are more members in the group.

Dates individuals will be engaged in volunteer care in Colorado:

From _____ To _____

Location the volunteer care will be provided:

Street, City, Zip

