Recent changes in the Dental Practice Act may positively impact some Kansas Dental Hygienists. When House Bill 2161 was accepted in this past legislative session, it allowed hygienists to practice unsupervised in public health settings with some stipulations. A dentist may sponsor up to five Registered Dental Hygienists, s/he may also be employed by another agency to provide services, such as in Head Start centers, schools, local health departments, or indigent health care clinics, and correctional institutions.

This expanded role allows RDH's to practice dental hygiene services on students, inmates, clients or patients of the above who are eligible for Medicaid, Health Wave or the federal free and reduced lunch program (less than 185% federal poverty level). It specifies that the Kansas Dental Board issues an "extended care permit" to qualified RDHs who have met the educational and work experience requirements listed in the bill. The dental hygienist must have performed 1,800 hours of care, or been an instructor in a dental hygiene program for four semesters during the three years prior. The RDH operating in the expanded role must have liability insurance and be sponsored by a Kansas licensed dentist with whom they have a signed agreement, and who will monitor the RDH. Additional requirements for RDHs are listed as follows: advising the patient that these services are preventive in nature and do not substitute for routine dental care; RDH providing a copy of findings to the sponsoring dentist or organization; payments for services are not issued directly to the RDH but must go through the sponsoring dentist, or agency.

RDHs working in an expanded role in an adult care home, hospital long-term care unit, state institution or at the home of a homebound person who qualifies for the federal HCBS waiver will be issued an "extended care permit II" by the KDB. Also, a minimum of 6 hours of continuing education in the area of special needs care must be completed in addition to the other earlier stated requirements.

Screening permits are no longer required by Registered Dental Hygienists in the state of Kansas.

KANSAS DENTAL BOARD
900 SW Jackson, Room 564-S
Topeka, KS 66612
Phone (785) 296-6400 Fax (785) 296-3116

DENTAL HYGIENE EXTENDED CARE PERMIT I and II APPLICATION

Application Date: _____

Permit Requested: Extended Care Permit I or II
(Circle Choice)

Licensed Dental Hygienist:

_____
(Name) (License #)

_____
(Home Address) (Telephone #)

_____
(City) (State) (Zip Code)

Licensed Sponsoring Dentist:

_____
(Name) (License #)

_____
(Office Address) (Telephone #)

_____
(City) (State) (Zip Code)

Dental Hygiene Care Hours: _____ OR **Semesters Taught in Accredited Program:** _____
(1,800 hours in previous 3 years required) (4 semesters in previous 3 years required)

Professional Liability Insurance: _____
(Carrier and Policy #)

********** **For Extended Care Permit II Only** **********
If you are applying for an Extended Care Permit II, you must meet all the requirements for a Permit I, plus the following:

Special Needs Patient Training Hours: _____ (6 hours required; Detail on Page 2)

****

I have agreed to sponsor the above named dental hygienist in accordance with K.S.A. 65-1456 as amended:

Signature of Sponsoring Dentist: _____ **DATE:** _____

I attest that all statements on this form are true and that I will work in accordance with K.S.A. 65-1456 as amended:

Signature of Hygienist Applicant: _____ **DATE:** _____

---------- For KDB Office Use Only ----------

Beginning Date: _____ **Expiration Date:** _____ **Permit Number:** _____

SPECIAL TERMS AND CONDITIONS BY THE KANSAS DENTAL BOARD

_____

_____

_____

(Attach Board Seal) _____ **DATE:** _____
Approved by KDB Executive Director

DENTAL HYGIENE EXTENDED CARE PERMIT I and II APPLICATION (Page 2)

Practice location(s) and hours worked (1800 hours in previous three years required)

Practice Name: _____

Practice Address: _____

Phone Number: _____ **Hours Worked:** _____

Practice Name: _____

Practice Address: _____

Phone Number: _____ **Hours Worked:** _____

Practice Name: _____

Practice Address: _____

Phone Number: _____ **Hours Worked:** _____

- - OR - -

Teaching location(s) during prior three years (four semesters in previous three years required)

Accredited Hygiene Program Name: _____

School Address: _____

Semesters and Courses Taught: _____

Accredited Hygiene Program Name: _____

School Address: _____

Semesters and Courses Taught: _____

********** **For Extended Care Permit II Only** **********

If you are applying for an Extended Care Permit II, you must also complete the following:

Special needs patient care training completed (six hours required)

Date	Course Title	Clinician	Sponsoring Institution or Component	Credit Hours
			Total Hours	

****

Attach additional pages if necessary.