

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100, 600 East Amite Street • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

APPLICATION TO REGISTER A MOBILE OR PORTABLE DENTAL OPERATION

DATE _____

INSTRUCTIONS: This form must be **TYPEWRITTEN**. If more space is required, attach additional sheets.

GENERAL INFORMATION

Legal Name of Business

Official and Physical Office Address Where All Dental and Official Records Shall Be Maintained (**NOT** a P.O. Box)

Website Address

E-mail Address

Telephone Number of Record

Name of Contact Person

Title

Telephone Number

Fax Number

Address of Contact Person

Operator Responsible for Operation of Facility

License Number

Telephone Number

Address of Operator Responsible for Operation of the Facility

List All Corporate, Trade, or Business Names Used by the Corporation or Licensee

I do solemnly swear or affirm, under the penalties of perjury, that I am the person authorized to sign this application for registration and that the statements made are true and correct in all respects.

Signature of Operator

Title

Date Signed (month/date/year)

Signature of Owner or Corporate Officer

Title

Date Signed (month/date/year)

Printed Name of Owner or Corporate Officer

Name of Person to Contact Regarding Questions Concerning Application

Telephone Number

E-mail Address

Names of dentists to whom the Operator of the mobile dental facility or portable dental operation will refer patients for follow-up care, subject to the patient's right to choose another dental provider. A dentist who agrees to provide follow-up care must be practicing and located in a land-based dental office which provides dental services either in the county wherein the mobile dental facility or portable dental operation provides services, or in an adjacent county to the location wherein such services are being provided.

Attached Statement from Dentist

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

_____ Yes _____ No _____
 Full Name Business Address Telephone Number

ADDITIONAL REQUIRED DOCUMENTATION AND APPLICATION FEE

1. Proof from the Mississippi State Board of Health that licensee's radiographic equipment has been approved.
2. Copy of written procedure for emergency follow-up care for patients treated in the mobile dental facility or portable dental operation, and such procedure includes arrangements for treatment in a dental facility that is permanently established in the area where services were provided. *(Any change in written procedure must be submitted to the Board within thirty (30) days of change.)*
3. Letters of support indicating the aforementioned arrangements for emergency follow-up care in the areas where services are to be provided.
4. Copy of valid Mississippi driver's license appropriate for the operation of the mobile dental facility.
5. Copy of consent form.
6. Copy of patient information sheet.
7. Identification of location where mobile dental facility or portable dental operation is to be provided.
8. Certified check or money order in the amount of \$300.00 made payable to the Mississippi State Board of Dental Examiners.