

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 200 • 715 S. Pear Orchard Road • Ridgeland, MS • 39157 • 601-944-9622 • www.dentalboard.ms.gov

TO: DENTAL HYGIENIST

FROM: Denny Hydrick, Executive Director

SUBJECT: Application to Register for Practice Under General Supervision

Updated: June 2025

Thank you for your application to register your eligibility to practice under general supervision, pursuant to Miss. Code Ann. § 73-9-5. A dental hygienist may only practice under general supervision upon obtaining a Registration to Practice under General Supervision from the Board and Authorization to Practice under General Supervision by a Supervising Dentist.

Registration to Practice under General Supervision requires the following:

1. The dental hygienist must submit a completed application to the Board with a one-time payment of \$25.00 registration fee.
2. The dental hygienist must submit to the Board verifiable documentation evidencing practice as a dental hygienist in Mississippi for a minimum of (5) years and a minimum of six thousand (6,000) hours. This may be evidenced by:
 - A. Affidavits by current and former employers that identify specific periods of the applicant's employment as a dental hygienist in Mississippi; or
 - B. Employer affidavits evidencing the applicant's full-time employment as a dental hygienist in Mississippi **over five (5) years.**
 - (1) Unless otherwise indicated by the affiant, the Board shall consider one (1) year of full-time employment as a dental hygienist in Mississippi as equivalent to one thousand two hundred (1,200) hours.
 - (2) Employer affidavits evidencing part-time employment should specifically identify the number of hours the applicant practiced during his or her employment as a dental hygienist in Mississippi.
3. The dental hygienist must submit evidence of current CPR certification, in compliance with Board Regulation 41.
4. The dental hygienist must submit evidence of completion within the previous twelve (12) months of three (3) hours of Board-approved continuing dental education (CDE) focused on medical emergencies.

Upon the Board's verification of the dental hygienist meeting the requirements, the Board shall register the dental hygiene license as eligible to practice under the general supervision of a Mississippi licensed dentist. Upon registration with the Board as eligible to practice under general supervision, the dental hygienist must obtain authorization to practice under general supervision from the supervising dentist.

Please note that you may not practice under general supervision until you have successfully registered with the Board and the Board receives express authorization from your supervising dentist. Express authorization by the supervising dentist shall be conferred to the dental hygienist exclusively through the Board's online licensure system.

APPLICATION CHECKLIST

- Application form completed
- \$25 One-time Registration fee
- Documentation evidencing practice as a dental hygienist in Mississippi for a minimum of five (5) years and a minimum of six thousand (6,000) hours
- Evidence of current CPR certification
- Evidence of completion of three (3) hours of Board-approved continuing dental education on medical emergencies taken within the previous twelve (12) months

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APPLICATION FOR REGISTRATION OF ELIGIBILITY TO PRACTICE UNDER GENERAL SUPERVISION

I hereby make application for registration of eligibility to practice under general supervision, all in accordance with and subject to the rules and regulations of the Mississippi State Board of Dental Examiners and the laws governing the practice of dentistry in the State of Mississippi.

First Name Middle Maiden Name Last Name

Mississippi Dental Hygienist License Number Email

Current Residence Address (STREET ONLY) City State Zip Code

Current Office Address (STREET ONLY) City State Zip Code

Current Mailing Address (STREET OR POST OFFICE) City State Zip Code

Home Phone Cell Phone

Office: Telephone Number Office: Fax

EMPLOYMENT HISTORY

Employer/Dental Practice: _____

Address: _____ City _____ State _____ Zip _____

Start Date: _____ to End Date: _____ Full-time _____ or Part-time _____

Employer/Dental Practice: _____

Address: _____ City _____ State _____ Zip _____

Start Date: _____ to End Date: _____ Full-time _____ or Part-time _____

Employer/Dental Practice: _____

Address: _____ City _____ State _____ Zip _____

Start Date: _____ to End Date: _____ Full-time _____ or Part-time _____

NOTE: Registrants must have a certified affidavit of employment from each Mississippi dental employer listed to evidence the required five (5) years of practice in Mississippi and a minimum of six thousand (6,000) hours.

ACKNOWLEDGMENT

In addition to the foregoing, I add the following:

- (a) I understand that, even if the Board approves my eligibility to practice under general supervision, I must still practice under the supervision of a Mississippi licensed dentist, pursuant to Miss. Code Ann. § 73-9-5.
- (b) I hereby grant permission to the Mississippi State Board of Dental Examiners to secure additional information concerning me or any statement in this Application from any person or any source the Board may desire. Additionally, I understand that the Board will post on its Internet web site all information it deems necessary to enable the public to verify my registration status. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- (c) I, _____, the applicant herein, depose and say that all facts, statements, and answers contained in this Application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from registration in Mississippi, and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Mississippi Dental Hygienist License even though it is not discovered until after issuance.

Applicant's Signature: _____

Date: _____

Return the notarized application and required supporting documents with a check or money order for the registration fee to:

**MS State Board of Dental Examiners
715 S. Pear Orchard Road
Suite 200
Ridgeland, MS 39157**

NO APPLICATIONS WILL BE PROCESSED BEFORE JULY 1, 2025

SWORN TO AND SUBSCRIBED BEFORE ME on this the

_____ day of _____, 20_____

Notary Public: _____

State: _____ County: _____

My Commission Expires: _____