APPLICATION FOR REGISTRATION OF A MOBILE DENTAL FACILITY

State Form 50923 (R2 / 9-07)
Approved by State Board of Accounts, 2006

INDIANA STATE BOARD OF DENTISTRY
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2054
E-mail: pla8@pla.IN.gov

* Disclosure of your Social Security number is **MANDATORY** according to Indiana Code 4-1-8-1.

FOR OFFICE USE ONLY		
Fee paid	Date (*month, day, year*)	Receipt number

FOR INDIANA BOARD OF DENTISTRY USE ONLY			
Date of review (*month, day, year*)	Decision	Registration number	Initials

DO NOT WRITE ABOVE THIS LINE

GENERAL INFORMATION

Legal name of business		Type of application ☐ New ☐ Renewal
Official business or mailing address, where all dental and official records shall be maintained (*number and street, city, state, and ZIP code - may **not** be a P.O. Box*)		
Website address	E-mail address	Telephone number of record ( )
Name of contact person	Title	Fax number ( )
Address of contact person (*number and street, city, state, and ZIP code*)		
Name of person responsible for the operation of the facility		Telephone number ( )
Address of person responsible for the operation of the facility (*number and street, city, state, and ZIP code)*		
List all 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 owner or corporate officer		Date signed (*month, day, year*)
Printed name and title of owner or corporate officer		Social Security number *
Name of person to contact with questions concerning application	Telephone number ( )	E-mail address

PHYSICAL REQUIREMENTS FOR MOBILE DENTAL FACILITY

828 IAC 4-3-4 Physical requirements for mobile dental facility

Authority: IC 25-14-1-3
Authority: IC 25-14

Sec. 4. The operator shall ensure that the mobile dental facility or portable dental operation has:

(1) Ready access to a ramp or lift if services are provided to disabled persons.
(2) A properly functioning sterilization system.
(3) Ready access to an adequate supply of potable water, including hot water.
(4) Ready access to toilet facilities.
(5) A covered galvanized, stainless steel, or other non-corrosive container for deposit of refuse and waste materials.

The mobile dental facility referred to in this application satisfies the above physical requirements. ☐ Yes ☐ No

(*Continued on reverse side*)

NOTICE

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record.

INDIANA LICENSED PERSONNEL

Full Name	Title	Address (*number and street, city, state, and ZIP code*)	Telephone Number	License Number
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
			( )	
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			( )	
			( )	

ADDITIONAL REQUIRED DOCUMENTATION

1. Proof of radiographic equipment inspection from the Indiana State Department of Health.
2. Copy of written procedure for emergency follow-up care, which indicates the arrangements for follow-up care for patients treated in the mobile dental facility and that 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 30 days of change.*)
3. Letters of support, indicating the aforementioned arrangements for emergency follow-up care in all the areas where services are to be provided.
4. Copy of valid Indiana's driver's license appropriate for the operation of the mobile dental facility.
5. Copy of consent form.
6. Copy of patient information sheet.
7. Proof of communication facilities.