



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF DENTISTRY AND DENTAL HYGIENE

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STATEMENT OF SUPERVISION FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Name of Applicant: _____

FEDERALLY QUALIFIED HEALTH CENTER DIRECTOR The FQHC director completes this section in the presence of a notary public.

Printed Name of FQHC Director: _____

FQHC Director's Delaware License No: _____

- I verify that the above-named applicant is contracted to practice at:
Name of Institution: _____ Start Date (month/day/year): _____
- I verify that the applicant will be practicing under the general supervision of a Delaware-licensed dentist.
- I verify that the applicant's credentials have been reviewed and approved.
- If the supervising dentist becomes unable or unavailable to provide direction to the applicant, I understand that this FQHC must contract with another Delaware-licensed dentist to provide direction and that I must submit a new *Statement of Supervision* form.
- I will report immediately if the contract between the named applicant and this FQHC terminates.

Signature of FQHC Director: _____ Date: _____

State of _____, County of _____

Sworn and subscribed before me this _____ day of _____ 2 _____

SEAL Signature of Notary Public: _____

My Commission Expires: _____

SUPERVISING DENTIST

The applicant's supervising dentist completes this section.

Printed Name of Supervising Dentist: _____

Delaware License No: G1 - _____

- I accept responsibility for the applicant's practice of dentistry in this FQHC.
- I will notify the Board if my supervision of the above named applicant terminates.

Signature of Supervising Dentist: _____ Date: _____

Upload this form directly to your application in DELPROS.