



Annual Report of Public Health Dental Hygienist Services and Location of Work

As required in the Illinois Public Act 099-0680, the public health dental hygienist who has rendered services under public health supervision must provide an annual report of activity to the Division of Oral Health in the Illinois Department of Public Health. REMINDER: Annual completion of four hours of continuation education in public health dentistry is required per Illinois Public Act 099 0680.

PUBLIC HEALTH DENTAL HYGIENIST INFORMATION			
Name <i>(Last, First, Middle)</i>		IL Dental Hygiene License #	
Address		City	State ZIP Code
Telephone	E-mail Address		

SUPERVISING/SPONSORING DENTIST INFORMATION			
Name <i>(Last, First, Middle)</i>		IL Dental License #	
Address		City	State ZIP Code
Telephone	E-mail Address		
Initiation date of written supervision agreement with public health dental hygienist			

LOCATION AND SERVICES PROVIDED BY PUBLIC HEALTH DENTAL HYGIENIST						
Reporting Calendar Year: _____	Estimated number of people served in each age group					County
	Pre-school (birth - 5 years)	Primary School (6 - 13 years)	Secondary School (14 - 18 Years)	Adults (19 - 64 Years)	Older Adults (65+ Years)	
Type of Public Health Setting						
Federally Qualified Health Center						
State Operated Facility						
Other State Licensed Facility						
Local Public Health Department						
Head Start / Early Head Start						
Women, Infant, and Children (WIC) Facility						
Illinois Certified School-Based Health Center						
School-Based Oral Health Program						
Other (List)						
Other (List)						

CERTIFICATION: I herein certify that this Annual Report of Public Health Dental Hygienist Services and Location of Work and the information herein are true and accurate.

Signature of Public Health Hygienist: _____ Date: _____

Signature of Supervising/Sponsoring Dentist: _____ Date: _____

Please email complete signed forms to DPH.PHDentalHygienist@illinois.gov by January 31st for the previous calendar year.