



Annual Report of Public Health Dental Hygienist Location and Services Provided

As required in the Illinois Public Act 099-0680, the public health dental hygienist (PHDH) 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 continuing education in public health dentistry is required per Illinois Public Act 099 0680.

This form collects data on the service activity of the certified PHDH who has a written public health collaborative agreement with a licensed Illinois dentist and is working in an approved facility or program. Do not report dental hygienist services that are provided under general supervision. The persons that can be treated by the PHDH under this Act and reported on this form are those who are (1) eligible for Medicaid or (2) uninsured and whose household income is not greater than 200% of the federal poverty level.

PUBLIC HEALTH DENTAL HYGIENIST INFORMATION				
Name (Last, First, MI)			Ill. Dental Hygiene License #	
Address		City	State	ZIP Code
Telephone	E-mail Address			

COLLABORATING DENTIST INFORMATION				
Name (Last, First, MI)			Ill. 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: _____		Law mandates annual reporting. If you prefer sending four quarterly reports instead of one annual report, indicate for which quarter you are reporting <input type="checkbox"/> January-March <input type="checkbox"/> April-June <input type="checkbox"/> July-September <input type="checkbox"/> October-December				Number of patients served in each age group				
Public Health Setting						birth - 5 Years	6 - 13 Years	14 - 18 Years	19 - 64 Years	65+ Years
Type (Choose one from drop-down box.)	ZIP Code	City	County							

Thank you for providing this important information to the Illinois Department of Public Health Division of Oral Health. Make additional copies if space is needed.

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 Collaborating Dentist: _____ Date: _____

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