



South Dakota State Board of Dentistry

P.O. Box 1079, 105 S. Euclid Ave., Ste C Pierre, SD 57501-1079

Ph: 605-224-1282 Fax: 1-888-425-3032

E-mail: contactus@sdboardofdentistry.com www.sdboardofdentistry.com

Board Members

G. Randy Sachau, DDS
Audrey Ticknor, RDH
Roger Wilson, DDS
Robin Hattervig, DDS
Amber Determan, DDS
Roy Seaverson, DDS
Tina Van Camp

COLLABORATIVE SUPERVISION APPLICATION

Submit the following:

1. Completed application;
2. Fee of \$20;
3. Completed collaborative agreement; and
4. Letter(s) from employer(s) that verify the following:
 1. A minimum of three years of clinical experience;
 2. A minimum of 4,000 practice hours; and
 3. Completion of at least 2,000 of the required 4,000 practice hours within two of the three years preceding this application.

Name: _____ E-mail: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Employer Office: _____ Phone: _____

Physical Address: _____ Mailing address: _____

City: _____ State: _____ Zip: _____

I am currently licensed as a dental hygienist in South Dakota with license # _____

Have you ever had disciplinary action taken against your license in any state for any reason? ___ Yes ___ No

If yes, please explain _____

I declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature: _____ Date: _____

Printed Name: _____

For Office Use Only: Check # _____ Amount _____ Date _____

Revised: 8/31/2011