



Ohio State Dental Board

77 South High Street, 17th Floor
Columbus, Ohio 43215-6135

Phone #: 614/466-2580
Fax #: 614/752-8995

www.dental.ohio.gov

Dear Volunteer Certificate Applicant:

This application packet contains all the information and application materials necessary to obtain a volunteer certificate that would enable you to provide free dental services to indigent and uninsured persons at non-profit shelters or health care facilities in the state of Ohio.

Please complete the application and submit it to the Ohio State Dental Board (Board) along with the following documentation:

- Proof of degree from dental college or dental hygiene school;
- Copy of most recent license to practice dentistry or dental hygiene in the United States or most recent license equivalent to a license to practice dentistry or dental hygiene in one or more branches of the United States armed services that the United States government issued;
- Evidence that you maintained a dental or dental hygiene license in good standing for at least ten years prior to retirement in the United States, or that you have practiced as a dentist or dental hygienist in good standing in one or more branches of the United States armed services that the United States government issued for ten years prior to retirement;
- Proof of immunity to or inoculation against the Hepatitis B virus;
- A color photograph taken not more than six (6) months prior to application in the space indicated on the application; and

Our goal is to successfully guide and assist you through the application process. Should you have any questions, concerns or comments, please feel free to contact the Dental Board office. Our staff will be happy to assist you.

Sincerely,

A handwritten signature in black ink that reads "Lili C. Reitz". The signature is written in a cursive, flowing style.

LILI C. REITZ, Esq.
Executive Director

Ohio State Dental Board

Ohio Revised Code Section 4715.42 and Ohio Administrative Code Section 4715-22-01

Volunteer Certificate Guidelines

4715.42 Volunteer's certificate issued to retiree to provide free services to indigent and uninsured persons; immunity.

- (A) (1) As used in this section, "indigent and uninsured person," and "operation" have the same meanings as in section 2305.234 of the Revised Code.
- (2) For the purposes of this section, a person shall be considered retired from practice if the person's license has been surrendered or allowed to expire with the intention of ceasing to practice as a dentist or dental hygienist for remuneration.
- (B) Within thirty days after receiving an application for a volunteer's certificate that includes all the items listed in divisions (C)(1), (2), and (3) of this section, the state dental board shall issue, without examination, a volunteer's certificate to a person who is retired from practice so that the person may provide dental services to indigent and uninsured persons.
- (C) An application for a volunteer's certificate shall include all of the following:
- (1) A copy of the applicant's degree from dental college or dental hygiene school.
- (2) One of the following, as applicable:
- (a) A copy of the applicant's most recent license to practice dentistry or dental hygiene issued by a jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
- (b) A copy of the applicant's most recent license equivalent to a license to practice dentistry or dental hygiene in one or more branches of the United States armed services that the United States government issued.
- (3) Evidence of one of the following, as applicable:
- (a) the applicant has maintained for at least ten years prior to retirement full licensure in good standing in any jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
- (b) the applicant has practiced as a dentist or dental hygienist in good standing for at least ten years prior to retirement in one or more branches of the United States armed services.
- (D) The holder of a volunteer's certificate may provide dental services only to indigent and uninsured persons. The holder shall not accept any form of remuneration for providing dental services while in possession of the certificate. Except in a dental emergency, the holder shall not perform any operation. The board may revoke a volunteer's certificate on receiving proof satisfactory to the board that the holder has engaged in practice in this state outside the scope of the holder's certificate or that there are grounds for action against the person under section 4715.30 of the Revised Code.
- (E) (1) A volunteer's certificate shall be valid for a period of three years, and may be renewed upon the application of the holder, unless the certificate was previously revoked under division (D) of this section. The board shall maintain a register of all persons who hold volunteer's certificates. The board shall not charge a fee for issuing or renewing a certificate pursuant to this section.
- (2) To be eligible for renewal of a volunteer's certificate, the holder of the certificate shall certify to the board completion of sixty hours of continuing dental education that meets the requirements of section 4715.141 of the Revised Code and the rules adopted under that section, or completion of eighteen hours of continuing dental hygiene education that meets the requirements of section 4715.25 of the Revised Code and the rules adopted under that section, as the case may be. The board may not renew a certificate if the holder has not complied with the appropriate continuing education requirements. Any entity for

which the holder provides dental services may pay for or reimburse the holder for any costs incurred in obtaining the required continuing education credits.

- (3) The board shall issue to each person who qualifies under this section for a volunteer's certificate a wallet certificate and a wall certificate that state that the certificate holder is authorized to provide dental services pursuant to the laws of this state. The holder shall keep the wallet certificate on the holder's person while providing dental services and shall display the wall certificate prominently at the location where the holder primarily practices.
- (4) The holder of a volunteer's certificate issued pursuant to this section is subject to the immunity provisions in section 2305.234 of the Revised Code.
- (F) The board shall adopt rules in accordance with Chapter 119. of the Revised Code to administer and enforce this section.
- (G) Within ninety days after the effective date of this amendment, the state dental board shall make available through the boards website the application form for a volunteer's certificate under this section, a description of the application process, and a list of all items that are required by division (C) of this section to be submitted with the application.

4715-22-01 Volunteer's certificate issued to retired dentist or dental hygienist to provide free services to indigent and uninsured persons; immunity.

- (A) Terms
- (1) As used in this rule, "indigent and uninsured person" means a person who meets all of the following requirements:
- (a) The person's income is not greater than two hundred per cent of the current poverty line as defined by the United States office of management and budget and revised in accordance with Section 673(2) of the "Omnibus Budget Reconciliation Act of 1981", 95 Stat. 511, 42 U.S.C. 9902, as amended.
- (b) The person is not eligible to receive medical assistance under Chapter 5111. of the Revised Code, disability assistance medical assistance under Chapter 5115. of the Revised Code, or assistance under any other governmental health care program.
- (c) Either of the following applies:
- (i) The person is not a policy holder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract, or plan.
- (ii) The person is a policy holder, certificate holder, insured, contract holder, subscriber, enrollee, member, beneficiary, or other covered individual under a health insurance or health care policy, contract or plan, but the insurer, policy, contract, or plan denies coverage or is the subject of insolvency or bankruptcy proceedings in any jurisdiction.
- (2) As used in this rule, "health care facility or location": means a hospital, clinic, ambulatory surgical facility, office of a health care professional or associated group of health care professionals, training institution for health care professionals, or any other place where medical, dental, or other health-related diagnosis, care, or treatment is provided to a person.
- (3) As used in this rule, "nonprofit health care referral organization" means an entity that is not operated for profit and refers patients to, or arranges for the provision of, health-related diagnosis, care, or treatment by a health care professional or health care worker.
- (4) As used in this rule, "operation" means any procedure that involves cutting or otherwise infiltrating human tissue by me-

Volunteer Certificate Guidelines (Continued)

chanical means, including surgery, laser surgery, ionizing radiation, therapeutic ultrasound, or the removal of intraocular foreign bodies. "Operation" does not include the administration of medication by injection, unless the injection is administered in conjunction with a procedure infiltrating human tissue by mechanical means other than the administration of medicine by injection. "Operation" does not include routine dental restorative procedures, the scaling of teeth, or extractions of teeth that are not impacted.

- (5) For purposes of this rule, a "health care worker" means a person other than a health care professional who provides medical, dental, or other health-related care or treatment under the direction of a health care professional with the authority to direct that individual's activities, including medical technicians, medical assistants, dental assistants, orderlies, aides, and individuals acting in similar capacities.
 - (6) For purposes of the rule, a "volunteer" means an individual who provides any medical, dental, or other health-related care or treatment without the expectation of receiving and without receipt of any compensation or other form of remuneration from an indigent and uninsured person, another person on behalf of an indigent and uninsured person, any health care facility or location, any non-profit health care referral organization, or any other person or government entity.
 - (7) For the purposes of this rule, a person shall be considered "retired" from the practice of dentistry or dental hygiene if the person's license has been surrendered or allowed to expire with the intention of ceasing to practice as a dentist or dental hygienist for remuneration.
- (B) Purpose
- The state dental board may issue, without examination, a volunteer's certificate to a person who is retired from practice so that the person may provide dental services to indigent and uninsured persons at nonprofit shelters or health care facilities.
- (C) Application
- (1) An application for a volunteer's certificate shall include all of the following:
 - (a) A copy of the applicant's degree from dental college or dental hygiene school.
 - (b) One of the following, as applicable:
 - (i) A copy of the applicant's most recent license to practice dentistry or dental hygiene issued by a jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
 - (ii) A copy of the applicant's most recent license equivalent to a license to practice dentistry or dental hygiene in one or more branches of the United States armed services that the United States government issued.
 - (2) Evidence of one of the following, as applicable:
 - (a) The applicant has maintained for at least ten years prior to retirement full licensure in good standing in any jurisdiction in the United States that licenses persons to practice dentistry or dental hygiene.
 - (b) The applicant has practiced as a dentist or dental hygienist in good standing for at least ten years prior to retirement in one or more branches of the United States armed services.
- (D) Restrictions
- (1) The holder of a volunteer's certificate may provide dental services only on the premises of a nonprofit shelter or health care facility and only to indigent and uninsured persons.
 - (2) The holder shall not accept any form of remuneration for providing dental services while in possession of the certificate.
 - (3) Except in a dental emergency, the holder shall not perform any operation.
 - (4) The board may revoke a volunteer's certificate on receiving proof satisfactory to the board that the holder has engaged in practice in

this state outside the scope of the holder's certificate or that there are grounds for action against the person under section 4715.30 of the Revised Code.

- (E) Renewal
- (1) A volunteer's certificate shall be valid for a period of three years, and may be renewed upon the application of the holder, unless the certificate was previously revoked under paragraph (D) of this rule. The board shall maintain a register of all persons who hold volunteer's certificates. The board shall not charge a fee for issuing or renewing a certificate pursuant to this rule.
 - (2) To be eligible for renewal of a volunteer's certificate, the holder of the certificate shall certify to the board completion of sixty hours of continuing dental education that meets the requirements of section 4715.141 of the Revised Code and the rules adopted under that section, or completion of eighteen hours of continuing dental hygiene education that meets the requirements of section 4715.25 of the Revised Code and the rules adopted under that Section, as the case may be. The board may not renew a certificate if the holder has not complied with the appropriate continuing education requirements. The nonprofit shelter or health care facility in which the holder provides dental or dental hygiene services may pay for or reimburse the holder for any costs incurred in obtaining the required continuing education credits.
 - (3) The board shall issue to each person who qualifies under this section for a volunteer's certificate a wallet certificate and a wall certificate that state that the certificate holder is authorized to provide dental services pursuant to the laws of this state. The holder shall keep the wallet certificate on the holder's person while providing dental services and shall display the wall certificate prominently in the nonprofit shelter or health care facility where the holder primarily practices.
- (F) Immunity
- (1) The holder of a volunteer's certificate issued pursuant to this rule is subject to the immunity provisions in section 2305.234 of the Revised Code.
 - (2) Subject to paragraphs (F)(5) and (F)(6)(c) of this rule, a dentist or dental hygienist who is a volunteer and complies with paragraph (F)(2)(a) of this rule is not liable in damages to any person or government entity in a tort or other civil action, including an action on a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the volunteer in the provision of dental services at a nonprofit shelter or health care facility to an indigent and uninsured person of dental care or treatment, including the provision of samples of medicine and other medical products, unless the action or omission constitutes willful or wanton misconduct.
 - (a) To qualify for the immunity described in paragraph (F)(1) of this rule, a dentist or dental hygienist shall do all of the following prior to providing diagnosis, care, or treatment:
 - (i) Determine, in good faith, that the indigent and uninsured person is mentally capable of giving informed consent to the provision of the diagnosis, care, or treatment and is not subject to duress or under undue influence;
 - (ii) Inform the person of the provisions of this rule, including notifying the person that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot hold the health care professional liable for damages in a tort or other civil action, including an action on a dental or other health-related claim, unless the action or omission of the health care professional constitutes willful or wanton misconduct;

Volunteer Certificate Guidelines (Continued)

- (iii) Obtain the informed consent of the person and a written waiver, signed by the person or by another individual on behalf of and in the presence of the person, that states that the person is mentally competent to give informed consent and, without being subject to duress or under undue influence, gives informed consent to the provision of the diagnosis, care or treatment subject to the provisions of this rule. A written waiver under this paragraph shall state clearly and in conspicuous type that the person or other individual who signs the waiver is signing it with full knowledge that, by giving informed consent to the provision of the diagnosis, care, or treatment, the person cannot bring a tort or other civil action, including an action on a dental or other health-related claim, against the health care professional unless the action or omission of the health care professional constitutes willful or wanton misconduct.
- (3) Subject to paragraphs (F)(6) and (F)(7)(c) of this rule, health care workers who are volunteers are not liable in damages to any person or government entity in a tort or other civil action, including an action upon a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the health care worker in the provision of dental services to an indigent and uninsured person of dental, or other health-related diagnosis, care, or treatment, unless the action or omission constitutes willful or wanton misconduct.
- (4) Subject to paragraphs (F)(6) and (F)(7)(c) of this rule and to the extent that the registration requirements of Section 3701.071 of the Revised Code apply, a health care facility or location associated with a dental or dental hygiene volunteer as described in paragraph (F)(2) of this rule or a health care worker described in paragraph (A)(5) of this rule, or a nonprofit health care referral organization as described in paragraph (A)(3) of this rule is not liable in damages to any person or government entity in a tort or other civil action, including an action on a dental or other health-related claim, for injury, death, or loss to person or property that allegedly arises from an action or omission of the dentist or dental hygienist or worker or nonprofit health care referral organization relative to the shelter or facility, dental or other health-related diagnosis, care or treatment provided to an indigent and uninsured person on behalf of or at the health care facility or location, unless the action or omission constitutes willful or wanton misconduct.
- (5) Exemptions to immunity
 - (a) Except as provided in paragraph (F)(5)(b) of this rule, the immunities provided by divisions (F)(1) through (4) of this rule are not available to a health care professional, health care worker, nonprofit health care referral organization, health care facility or location if, at the time of an alleged injury, death, or loss to person or property, the health care professional or health care workers involved are providing one of the following:
 - (i) Any dental or other health-related diagnosis, care, or treatment pursuant to a community service work order entered by a court under division (B) of section 2951.02 of the Revised Code as a condition of probation or other suspension of a term of imprisonment or imposed by a court as a community control sanction pursuant to sections 2929.15 and 2929.17 of the Revised Code.
 - (ii) Performance of an operation to which any one of the following applies:
 - (a) The operation requires the administration of deep sedation or general anesthesia.
 - (b) The operation is a procedure that is not typically performed in an office.
 - (c) The individual involved is a health care professional, and the operation is beyond the scope of practice or the education, training, and competence, as applicable, of the health care professional.
 - (b) Paragraph (F)(5)(a) of this rule does not apply when a health care professional or health care worker provides, diagnosis, care or treatment that is necessary to preserve the life of a person in a medical emergency.
- (6) Miscellaneous legal considerations regarding immunity
 - (a) This rule does not create a new cause of action or substantive legal right against a health care professional, health care worker, or nonprofit shelter or health care facility.
 - (b) This rule does not affect any immunities from civil liability or defenses established by another Section of the Revised Code or available at common law to which a health care professional, health care worker, nonprofit health care referral organization, or health care facility or locations may be entitled in connection with the provision of emergency or other diagnosis, care, or treatment.
 - (c) This rule does not grant an immunity from tort or other civil liability to a health care facility or location for actions that are outside the scope of authority of health care professionals, health care workers, or nonprofit health care referral organization.
 - (d) This rule does not affect any legal responsibility of a health care professional or health care worker to comply with any applicable law of this state or rule of an agency of this state.
 - (e) This rule does not affect any legal responsibility of a nonprofit shelter or health care facility to comply with any applicable law of this state, rule of an agency of this state, or local code, ordinance, or regulation that pertains to or regulates building, housing, air pollution, water pollution, sanitation, health, fire, zoning, or safety.

Ohio State Dental Board

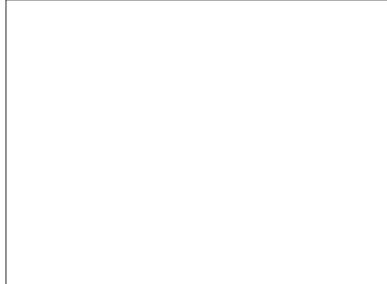


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APPLICATION FORM FOR A VOLUNTEER CERTIFICATE IN THE STATE OF OHIO Do Not Write In This Space

DENTAL VOLUNTEER CERTIFICATE

DENTAL HYGIENE VOLUNTEER CERTIFICATE

1. Present Legal Name (Print)		Last	First	Middle	Maiden (If applicable)	
2. Address		Number and Street	City	State	Zip Code	County
3. Name as you wish it to appear on your certificate: (Type or Print)						
4. Place of Birth		City	State	County	For this application to be processed, a color passport-type photograph of the applicant taken not more than six (6) months prior to the date of application, must be attached in this space.	
5. Date of Birth		Age	Sex <input type="checkbox"/> Male	Soc. Sec. No.		
/ /			<input type="checkbox"/> Female			
6. Color of Hair		Color of eyes	Height	Weight		

7. I hereby certify that I studied dentistry/dental hygiene and received the degree or certificate of _____
D.D.S., D.M.D., R.D.H.

_____, _____ from _____
Month/Day Year School/Program

Attach certification letter from school/program

8. List all jurisdictions where you have been issued a license to practice dentistry/dental hygiene, indicate license number, date issued and date expired. **Attach a copy of your most recent license or license equivalent to practice dentistry or dental hygiene.**

Jurisdiction	License Number	Date Issued	Date Expired

Attach a letter of certification from the jurisdiction in which you were most recently licensed or branch of the United States armed services that you have maintained for at least ten (10) years prior to retirement full licensure in good standing

- | | |
|---|------------------------------|
| 12. Are you immune to or immunized against the Hepatitis B virus? If YES, attach copies of documentation. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| 13. Have you been convicted of or plead guilty to any felony or misdemeanor? (Exclude all traffic violations other than those involving driving while under the influence of alcohol or drugs.)? If YES, attach statements. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| 14. Do you have any criminal charges pending against you? If YES, attach statement giving details of the matter and the name and address of the authority in possession of the record thereof. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| 15. In the past year, have you been a patient in any sanitarium, hospital, or mental institution for the treatment of mental illness? If YES, attach statements, giving full explanation, including name and address of doctor and institution. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| 16. Are you engaged in the current illegal use of controlled substances, or other habit-forming drugs, or alcohol, or other chemical substances? If YES, attach statement giving full explanation, dates, places, etc. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |
| 17. Do you have a physical or mental condition which could affect your ability to perform the duties and responsibilities of a dental/dental hygiene completely? If YES, attach statement giving full explanation. | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> No |

AFFIDAVIT

18. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservation of any kind.

I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application.

I hereby authorize all educational institutions, governmental agencies and instrumentalities, my references, employers and business and professional associates (past and present), to release to the Ohio State Dental Board any information, files or records requested by the Board in connection with the processing of this application.

I hereby WAIVE all provisions of law forbidding any physician or other person who has attended to or examined me, or who may hereafter attend to or examine me, from disclosing any knowledge or information which he/she thereby acquired, and I hereby consent that he/she may disclose such knowledge or information to the Ohio State Dental Board.

I hereby certify that I have read carefully and understand the law and rules pertaining to the practice of dentistry.

I hereby certify that I have retired from active practice and I intend to practice exclusively in accordance with the volunteer certificate, pursuant to Ohio Revised Code 4715.42 and Ohio Administrative Code 4715-22-01

Signature of Applicant _____

This Space To Be Completed By The Ohio State Dental Board

APPLICATION	CERTIFICATE NUMBER	DATE ISSUED
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied		