



# Georgia Board of Dentistry

2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor  
Atlanta, GA 30334

(404) 651-8000

[www.gbd.georgia.gov](http://www.gbd.georgia.gov)

## Health Fair Dental Screening Applicable Laws and Rules

### Georgia law O.C.G.A. § 43-11-20(b) states:

(b) Nothing in this chapter shall prevent students of accredited dental colleges or residents in advanced dental education programs in this state from engaging in activities otherwise defined as the practice of dentistry, provided that said students work under the direct supervision and responsibility of a licensed dentist or instructor as a part of a training clinic; nor shall this chapter prevent students of accredited dental hygiene schools in this state from engaging in activities otherwise defined as the practice of dental hygiene, provided that said students work under the direct supervision and responsibility of a licensed dentist or dental hygienist as a part of an on campus training clinic or at affiliated sites approved by said schools, colleges, or programs and the board for the purpose of educational training...

### Georgia law O.C.G.A. §43-11-74(e)(2) states:

(2)The requirement of direct supervision shall not apply to the performance of dental hygienists providing dental screenings in settings which include schools, hospitals, clinics, state, county, local and federal public health programs. Other health fair settings must be pre-approved by the Board.

### Georgia law O.C.G.A. § 43-11-74 states:

(a) Dental hygienists shall perform their duties only under the direct supervision of a licensed dentist... .

(e)(1) As used in this subsection, the term "dental screening" means a visual assessment of the oral cavity without the use of X-rays, laboratory tests, or diagnostic models to determine if it appears that a more thorough examination and diagnosis should be conducted by a dentist.

(2) The requirement of direct supervision shall not apply to the performance of dental hygienists providing dental screenings in settings which include schools, hospitals, and clinics and state, county, local, and federal public health programs. Other health fair settings must be preapproved by the board.

*“Other Health Fair Settings”* as defined by the Georgia Board of Dentistry is a healthcare setting where other healthcare disciplines are represented as part of the overall screening.

**GEORGIA BOARD OF DENTISTRY**  
**2 MLK Jr. Drive, SE, 11<sup>th</sup> Floor**  
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**(404) 651-8000**  
[www.gbd.georgia.gov](http://www.gbd.georgia.gov)

**Dental Screening Request for Board Approval**

(Please print)

Date(s) of Health Fair: \_\_\_\_\_ Time(s) of Health Fair: \_\_\_\_\_

Name/Type of facility where Health Fair will be held: \_\_\_\_\_

Address of Facility: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City, State, Zip

Health Fair Sponsor: \_\_\_\_\_

*Name of Organization*

Contact Name for Sponsoring Organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Are other healthcare disciplines participating? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please attach list)

Will all dentist/dental hygiene participants hold an active license to practice in Georgia?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please attach an explanation)

Person submitting request:

Name: \_\_\_\_\_

Georgia dentist/dental hygiene license number (if applicable): \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a list of all licensed dentists/dental hygienists who will be present at the health fair. By submitting this application, I agree that all applicable CDC infection control guidelines will be adhered to and under penalty of perjury. I hereby swear or affirm that the information I have provided is correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_