

Compliance With Best Management Practices for Dental Offices Certification Form Instructions

Why must Connecticut dentists follow best management practices for mercury amalgam?

In accordance with Section 22a-622 of the Connecticut General Statutes dental practitioners are required to store, use and otherwise handle mercury amalgam in accordance with state and federal law and any best management practices (BMPs) adopted by the state. On January 11, 2006, the Department of Environmental Protection (DEP) adopted a revised version of the mercury amalgam BMP's originally adopted on October 23, 2003. DEP has also developed a Certification Form on which dental practitioners certify that their practice(s) or clinic(s) is in compliance with the state adopted BMPs. Access to an electronic version of the Certification Form and BMPs is available on the DEP website at <http://www.ct.gov/dep>.

Who must follow the best management practices?

All dental practitioners must comply with the state BMP's. All dentists, hygienists and any other personnel in the practice or clinic need to be properly trained to follow the BMPs.

How does the DEP categorize licensed dentists?

For the purpose of completing the Certification Form, the DEP categorizes licensed dentists in the state in the following manner:

- **Dental Practitioner/Owner:** A licensed dentist who owns a dental practice or clinic which uses, stores, or otherwise handles mercury amalgam.
- **Exempt Dental Practitioner/Owner:** A licensed dentist who owns a dental practice or clinic which neither uses, stores, places nor removes mercury amalgam.
- **Non-Practicing Licensed Dentist:** A licensed dentist who does not practice dentistry.
- **Dental Practitioner/Non-Owner:** A licensed dentist who practices dentistry but does not own a dental practice or clinic.

Who is responsible for completing and submitting the Certification Form?

- A Dental Practitioner/Owner must complete Parts I, II, IV, V and VI A of the Certification Form and is responsible for ensuring that all licensed dentists working at their practice or clinic sign the appropriate certification on the form.
- An Exempt Dental Practitioner/Owner must complete Parts I, II, V, and VI A of the Certification Form and is responsible for ensuring that all licensed dentists working at their practice or clinic sign the appropriate certification.
- A Non-Practicing Licensed Dentist must complete Parts I, III and VI B of the Certification Form.
- *A Dental Practitioner/Non-Owner is not required to complete and submit a Certification Form to the department. However, all Dental Practitioner/Non-Owners are required to sign Part VI B of the Certification Form after the form is completed by the owner of the dental practice where they work.*

Note: If more than one practice is owned, reproduce the Certification Form and complete and submit a separate form for each practice location. If more space is necessary to complete an item, reproduce the Certification Form and complete the item as necessary.

Who must sign the Certification Form?

- A Dental Practitioner/Owner must sign Part VI A of the Certification Form. If there is more than one Dental Practitioner/Owner of the practice or clinic, each owner is required to sign Part VI A of the Certification Form.
- An Exempt Dental Practitioner/Owner must sign Part VI A of the Certification Form. If there is more than one Exempt Dental Practitioner/Owner of the practice or clinic, each owner is required to sign Part VI A of the Certification Form.
- A Non-Practicing Licensed Dentist must sign Part VI B of the Certification Form.
- A Dental Practitioner/Non-Owner must sign Part VI B of the Certification Form after the form is completed by the owner of the practice where they work.

How often does the Initial Certification Form need to be submitted?

Once. After filing the Initial Certification, you only need to file a Notification of Change Form under the following circumstances:

- Change in name, location or ownership interest of the dental practice or clinic; or
- Change in amalgam separation unit information.

Access to an electronic version of the Notification of Change Form is available on the DEP website at <http://www.ct.gov/dep>.

Where must the Certification Form be mailed?

Mail your signed, original Certification Form to:

Central Permit Processing Unit - Mercury Program
Connecticut Department of Environmental Protection
79 Elm Street
Hartford, CT 06106-5127

Note: Any person operating any source of ionizing radiation (including gamma rays, x-rays, alpha and beta particles, neutrons, protons, high-speed electrons, and other atomic or nuclear particles), or producing, transporting, storing, possessing, or disposing of radioactive materials must register annually with the DEP Radiation Program. All registrations expire on December 31 of the year issued. This registration does **not** apply to medical x-ray devices. The Ionizing Radiation Registration Form and instructions are available on the DEP website at <http://www.ct.gov/dep>. If you have any questions, please call the Radiation Program at 860-424-3535.



Initial Certification Statement Form for Dental Practices or Clinics

This form must be completed as instructed by every licensed dentist in the state who owns a dental practice or clinic **and** for each dental practice or clinic which they own and by Non-Practicing Licensed Dentists. Dental Practitioner/Non-Owners must sign the Certification Form once it is completed by the owner of the practice where they work. Please refer to the instructions for specific definitions. Reproduce this form for each practice or clinic location or if additional space is necessary to complete an item. Submit the completed form to DEP to the address specified at the end of this form. This certification statement form and instructions are available online on the DEP website at <http://www.ct.gov/dep>.

Part I: General Information

<p>1. Please check one of the following:</p> <p><input type="checkbox"/> Dental Practitioner/Owner: – complete Parts I, II, IV, V, and VI A of this form</p> <p><input type="checkbox"/> Exempt Dental Practitioner/Owner: – complete Parts I, II, V and VI A of this form</p> <p><input type="checkbox"/> Non-Practicing Licensed Dentists: - complete Parts I, III and VI B of this form.</p>

Part II: Dental Practice or Clinic Information

<p>1. Name of Practice or Clinic:</p> <p>Street Address:</p> <p>City/Town: State: Zip Code:</p> <p>Business Phone: ext. Fax:</p> <p>Owner of Dental Practice or Clinic:</p> <p>License No.:</p> <p>2. <input type="checkbox"/> Check the box if there is more than one owner of the dental practice or clinic. If so, please be sure to list additional owners in Part V of this form.</p>
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Part III: Non-Practicing Licensed Dentist Information

<p>Name of Licensed Dentist:</p> <p>License No.:</p> <p>Street Address:</p> <p>City/Town: State: Zip Code:</p> <p>Phone: ext. Fax:</p>
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Part IV: Amalgam Separation Unit Information: List all units at the dental practice or clinic.

Manufacturer	Model	Serial No.	Date Installed

Part V: List all other licensed dentists practicing at the dental practice or clinic identified in Part II of this form and indicate by checking the box if one is an owner. Be sure each licensed dentist signs the appropriate certification in Part VI of this form.

Name of Dentist	License Number	Owner
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Part VI: Certification Statement

<p>A. This subpart must be signed by the Dental Practitioner/Owner(s) and Exempt Dental Practitioners/Owners of the dental practice or clinic.</p> <p>"I have read the Dental Office Best Management Practices developed by the Connecticut Department of Environmental Protection and certify that this dental office is in compliance with these practices. The information provided in this certification is true, accurate and complete to the best of my knowledge. I will maintain a copy of this certification and the department's best management practices guideline document in this office at all times."</p>		
Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date
Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date
<p>B. This subpart must be signed by Dental Practitioner/Non-Owners And Non-Practicing Licensed Dentists.</p> <p>"The information provided in this certification is true, accurate and complete to the best of my knowledge."</p>		
Signature of Licensed Dentist	Name of Licensed Dentist (Print or Type)	Date
Signature of Licensed Dentist	Name of Licensed Dentist (Print or Type)	Date
Signature of Licensed Dentist	Name of Licensed Dentist (Print or Type)	Date
Signature of Licensed Dentist	Name of Licensed Dentist (Print or Type)	Date

All completed certification statement forms shall be mailed to the following address:

Central Permit Processing Unit (Mercury Program)
 Department of Environmental Protection
 79 Elm Street
 Hartford, CT 06106-5127