## REPORTING FORM FOR RENEWAL HYGIENIST ORAL HEALTH ACCESS SUPERVISION PERMIT

Name:_____ Permit #:_____

Date of Report:_____

Services **under OHASP** during the two years prior to submission of the renewal application:

| Service Date | Service Site | Service City | County | # Pts Hygiene Services Provided | Supervising Dentist |
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| Grand Total | | | | | |

This Reporting Form **must** be completed and uploaded to the online renewal application.