

Dear Dr. _____
(*Supervising Dentist*)

Dr. _____ is seeking a provisional license from the North Carolina
(*Provisional Applicant*)

State Board of Dental Examiners. The provisional license is classified as a restricted license since it is limited to a specific facility or geographic location and requires the provisional licensee to work under the direction of a duly licensed NC dentist.

As the dentist providing direction for Dr. _____, please sign and return a copy
(*Provisional Applicant*)

of this letter clearly affirming that you have:

1. Read and understand 21 NCAC 16D .0102,
2. Agree to be responsible for **all** consequences or results arising from Dr. _____
(*Provisional Applicant*)
_____’s practice of dentistry including sedation, and
3. Agree that all acts of Dr. _____ are being performed pursuant to your order,
(*Provisional Applicant*)
control, and approval.

So affirmed and signed: _____
(*Supervising Dentist*)

Date: _____