

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: \_\_\_\_\_

Supervising Dentist Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervising Dentist License Number:

\_\_\_\_\_