

REASON FOR REQUESTING A DENTAL LOCUM TENENS PERMIT

I hereby request that the Licensure Unit issue a letter of authority for a Locum Tenens Permit to the following dentist: _____

.....
This portion of the form is to be used for locum tenens requested by a dentist due to vacation, sickness, hospitalization or other similar leaves of absence.

The beginning date of this service is _____

and the ending date is _____.

This is being requested due to my absence for the following reason(s): _____

If approved, I understand that the said dentist shall be allowed to practice at all locations at which I practice.

Each location of practice shall not be listed, but my primary place of practice, and the address to which I request the letter of authority to be sent, is as follows:

.....
This portion of the form is to be used for locum tenens requested by a dentist for volunteer services such as the Mission of Mercy Program.

The beginning date of this service is _____

and the ending date is _____.

.....
All requesting dentist need to provide their Signature by either the dentist requesting help due to vacation, sickness, hospitalization or other similar leaves of absence or by the dentist in charge of arranging the volunteer services.

I, _____, being first duly sworn say that I am the person
(Print Name)

referred to on this request form, that I am of good moral character and that the statements on the request form are true and complete. I understand that a letter of authority may be issued by your office and if I allow this dentist to begin practice prior to approval to practice as a locum tenens, I and the dentist practicing are in direct violation of the laws of the State of Nebraska.

(Signature of NE Dentist)

(NE License #)

(Date)

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