STATE OF NEW HAMPSHIRE

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

BOARD OF DENTAL EXAMINERS

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Telephone: 603-271-2152

TDD Access: Relay NH 1-800-735-2964

www.oplc.nh.gov

Simulated Emergency Management

Name of Licensee: ____

License #: _______________

Date: ____________________

Facility Address: ____

Name of Inspector: ____

Scenario	Pass	Fail
Scenario 1		
Scenario 2		
Scenario 3		
Scenario 4		
Scenario 5		

For Inspector's Use Only

Deficiencies:

Correction Plan:

Signature: ____________________________

Date: _________________

DRAFT