

# PSP DAY OF EVENT TRACKING FORM

Coordinators retain this Tracking Form to complete the "Online Mandatory PSP Event Report" found at <https://psp.health.mo.gov/forms> following the completion of your event.



MISSOURI DEPARTMENT OF  
**HEALTH & SENIOR SERVICES**  
Office of Dental Health



## ACCESS TO ONLINE SCREENING FORM

Dentist/Hygienist screening today can access the **PSP Online Screening Form** by scanning this QR CODE with their mobile device or go to <https://psp.health.mo.gov/forms> and click on the **PSP Online Screening Form** tab. Have Wi-Fi password available \_\_\_\_\_.

**Volunteer Confidentiality Agreement:** I understand that when I work as a volunteer that any information I read, hear, or learn about a child must remain private. I must obey the HIPAA laws (Health Insurance Portability and Accountability Act). I cannot share any information, including but not limited to student name or type of insurance. I cannot share information about any health problems or treatment needs. I understand that if I fail to keep everything private that I may be asked to leave and/or have possible legal action taken against me for not keeping information private.

## PLEASE SIGN IN

Volunteer Name	Circle One Title Below		
Example: Suzi Molar	DDS	<b>RDH</b>	Volunteer
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**YOU ARE MAKING A DIFFERENCE IN THE ORAL HEALTH OF CHILDREN IN YOUR COMMUNITY!**