

# PSP DAY OF EVENT TRACKING FORM



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



## ACCESS TO ONLINE ORAL HEALTH REVIEW FORM

The individual conducting the Oral Health Reviews today can access the **PSP Online Oral Health Review Form** by scanning this QR CODE with their mobile device or go to <https://health.mo.gov/oralhealth/psp> and click on tab **PSP Forms**, then **Online Oral Health Review Form**.

Wi-Fi password: \_\_\_\_\_.

**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.

COUNTY: \_\_\_\_\_ SCHOOL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### PLEASE INITIAL THE BOX NEXT TO YOUR PROFESSION/OCCUPATION

Dentist/Dental Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dental Hygienist/Dental Hygiene Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Dental Assistant

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Licensed Medical Professional/Med. Student

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Community Health/Dental Care Coordinator

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Other Volunteers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**YOU ARE MAKING A DIFFERENCE IN THE ORAL HEALTH OF CHILDREN IN YOUR COMMUNITY!**