

Compliance with Mercury Amalgam Best Management Practices for Dental Practices or Clinics Certification Form Instructions

Why must Connecticut dentists follow best management practices for mercury amalgam?

Dental amalgam is one of the leading sources of mercury in sewage sludge and can be released to the environment when the sludge is incinerated. In accordance with section 22a-622 of the Connecticut General Statutes dental practitioners are required to store, use, or otherwise handle mercury amalgam in accordance with state and federal law and any best management practices (BMPs) adopted by the state. On January 11, 2006, the Department of Energy and Environmental Protection (DEEP) (formerly the Department of Environmental Protection) adopted a revised version of the mercury amalgam BMP's originally adopted on October 23, 2003. DEEP has also developed a Certification Form on which dental practitioners certify that their practice(s) or clinic(s) is in compliance with the state adopted BMPs. The Certification Form and BMPs are available on the DEEP website at www.ct.gov/deep/mercury

Who must follow the best management practices?

All dental practitioners, who store, use, or otherwise handle mercury amalgam, must comply with the state BMP's. All dentists, hygienists and any other personnel in the practice or clinic need to be properly trained to follow the BMPs. Dental practices or clinics that do not place mercury amalgam but treat patients who have amalgam fillings in a manner that may release amalgam are required to follow the BMPs.

How does DEEP categorize dental practices or clinics?

For the purpose of completing the Certification Form, DEEP categorizes dental practices or clinics in the state in the following manner:

- Dental Practice: a dental practice or clinic which stores, uses, or otherwise handles mercury amalgam or treats patients who have amalgam fillings in a manner that may release amalgam.
- Exempt Dental Practice: a dental practice or clinic which neither stores, uses, nor otherwise handles mercury amalgam.

Who is responsible for submitting the Certification Form?

• A Dental Practitioner/Owner, including owners of exempt dental practices or clinics, must submit the Certification Form for each dental practice or clinic owned.

Who must sign the Certification Form?

A Dental Practitioner/Owner, including owners of an exempt practice or clinic, must sign Part IV of
the Certification Form. If there is more than one Dental Practitioner/Owner of the practice or clinic,
each owner is required to sign Part IV of the Certification Form. Each owner is certifying that their
dental practice or clinic, including all dentists, hygienists or any other personnel, is in compliance
with the BMPs, including the installation and maintenance of amalgam separators if mercury
amalgam is stored, used, or otherwise handled.

How often does the Certification Form need to be submitted?

Once, unless you have any of the changes indicated below, in which case you will need to submit a new Certification Form.

- Change in name, location or ownership interest of the dental practice or clinic; or
- Change in exempt status: if the practice changes from an exempt status to a nonexempt status or vice versa.

The <u>Certification Form</u> is available on the DEEP website at <u>www.ct.gov/deep/mercury</u>

Where must the Certification Form be mailed?

Mail your signed, original Certification Form to:

Central Permit Processing Unit Connecticut Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127

If you have any questions on the Certification Form or the Notification of Change Form, please call the Office of Planning and Program Development at 860-424-3003

Note: Any person operating any source of ionizing radiation (including gamma rays, x-rays, alpha and beta particles, neutrons, protons, high-speed electrons, and other atomic or nuclear particles), or producing, transporting, storing, possessing, or disposing of radioactive materials must register with the DEEP Radiation Program. The Radiation Registration Forms and instructions are available on the DEEP website at www.ct.gov/deep/radiation. If you have any questions, please call the Radiation Program at 860-424-3029.



Certification Statement Form for Dental Practices or Clinics Concerning the Management of Mercury Amalgam

CPPU USE ONLY			
App #:			
Doc #:			
	Program: OPPD		

This form must be completed once, as instructed, for each dental practice or clinic, regardless of whether mercury amalgam is

managed. Submit this completed form to the address specified at the end of this form. This <u>Certification Form and BMPs</u> are available on the DEEP website at <u>www.ct.gov/deep/mercury</u>

There is no fee associated with this certification filing. [1909]

Part I: General Information

Check one of the following:				
☐ Dental Practice or Clinic	☐ Exempt Dental Practice or Clinic			
	(Do not store, use, or otherwise handle mercury amalgam)			
If a Certification Form was previously submitted,	cation Form was previously submitted, check all changes that apply to the dental practice or clinic:			
name change of practice or clinic	☐ change in ownership of practice or clinic			
☐ Change in location	☐ change in exempt status of practice or clinic			

Part II: Dental Practice or Clinic Information

• *If a practice or clinic is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the practice or clinic name shall be stated exactly as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)

New Information (complete the "Previous Information" section also if you have previously submitted a Certification Form)

1. Name of Practice or Clinic:

Street Address:

City/Town: State: Zip Code:

Business Phone: ext.:

Contact Person: Phone: ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part II: Dental Practice or Clinic Information (continued)

2.	Name of Owner(s):					
٠	Owner(s) Phone(s):					
3.	Practice or Clinic Type (check one):					
	☐ individual ☐ *business	entity (*If a business e	ntity complete i throug	h iii):		
	i) check type: ☐ corporation ☐ limited liability partnership	☐ limited liability com☐ statutory trust	· · · ·	rtnership		
	ii) provide Secretary of the State business ID #:This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)					
	iii) Check here if your business is NOT registered with the Secretary of State's office.					
Previous Information (complete this section only if you have previously submitted a Certification Form and are updating the information previously submitted.)						
1.	Name of Practice or Clinic:					
	Street Address:					
	City/Town:		State: Zip	Code:		
	Business Phone:		ext.:			
	Contact Person:		Phone:	ext.		
	*E-mail:					
	☐ Exempt Dental Practice or Clinic	(Do not store, use, or oth	nerwise handle mercury	amalgam)		
	*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.					
2.	Name of Owner(s):					
	Owner(s) Phone(s):					
3.	Practice or Clinic Type (check one):					
	individual **business entity (*If a business entity complete i through iii):					
	i) check type: corporation limited liability company limited partnership check type: Other: Other:					
	ii) provide Secretary of the State business ID #:This information can be accessed at the Secretary of State's database (CONCORD). (www.concord-sots.ct.gov/CONCORD/index.jsp)					
	iii)	is NOT registered with	the Secretary of State	s's office.		
Part	III: Amalgam Separation Unit Ir	nformation: List all u	ınits at the dental ı	oractice or clinic.		
Ма	nufacturer	Model	Serial No.	Date Installed		

Part IV: Certification Statement

This part must be signed by the Dental Practitioner/Owner(s) including owners of an exempt dental practice or clinic.

"I have read the Dental Office Best Management Practices developed by the Connecticut Department of Energy and Environmental Protection and certify that this dental office, including all dentists, hygienists and any other personnel, is in compliance with these practices, including the installation and maintenance of amalgam separators, if mercury amalgam is stored, used, or otherwise handled. The information provided in this certification is true, accurate and complete to the best of my knowledge. In this office at all times, I will maintain a copy of this certification and the department's best management practices and also prominently display the brochure <u>Fillings: The Choices You Have, Mercury Amalgam and Other Filling Materials</u> for all patients to view."

Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date
Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date
Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date
Signature of Dental Practitioner/Owner	Name of Dental Practitioner/Owner (Print or Type)	Date

All completed certification statement forms shall be mailed to the following address:

Central Permit Processing Unit Department of Energy and Environmental Protection 79 Elm Street Hartford, CT 06106-5127