

**COMMONWEALTH OF VIRGINIA**  
VIRGINIA BOARD OF DENTISTRY  
9960 MAYLAND DRIVE, SUITE 300  
Henrico, VA 23233-1463  
804-367-4538 [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

## **INSTRUCTIONS FOR FILING ONLINE APPLICATION FOR LICENSURE BY EXAMINATION OR CREDENTIALS FOR DENTAL HYGIENISTS**

A completed application shall include the following unless otherwise stated below. An incomplete application and or fee will delay the processing of your application. Incomplete applications are kept for one year then destroyed.

- \_\_\_\_\_ **1. Application:** Please be sure that all information and questions are completed on the application. The application can be used for one year from date of receipt.
- \_\_\_\_\_ **2. Application Fee:** The fee for a **dental hygiene license by examination is \$175** or the fee for a **dental hygiene license by credentials is \$275**, which may be paid online using a VISA, MasterCard or Discover. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-25-30(F), all fees are non-refundable. Your application will not be submitted to the Board of Dentistry for review until you have submitted payment.
- \_\_\_\_\_ **3. Form A– Original** certification of graduation by each dental hygiene school which granted you a degree or certificate. Applicants must submit a Form A for **each degree and or certificate earned from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or the Commission on Dental Accreditation of Canada (CDAC).** The school may use this form or its own form to meet this requirement. The certification must bear the school's seal or be on letterhead and must include the program's CODA accreditation status at the time you completed the program. This information is only accepted from the programs accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada. Documentation from foreign schools is not required and will not be considered.
- \_\_\_\_\_ **4. Final original** transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable.
- \_\_\_\_\_ **5. Chronology:** List **ALL** activities since receiving degree. (Resumes and curriculum vitas are not required and are not accepted as substitutes for Form B)
- \_\_\_\_\_ **6. Original** licensure verification from any jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a dental hygienist or as another health care professional. Copies of permits are not accepted. Verification cannot be older than 6 months from date prepared.
- \_\_\_\_\_ **7. Clinical Scores:** An **original** score card or report from the testing agency documenting passage of a clinical examination involving live patients is required. Candidate's score cards are not acceptable. **All score cards or reports must be requested by the applicant.** Certificates are not accepted.

**If applying by examination**, the examination results accepted are: SRTA from any year; CRDTS, WREB (request a detailed report) or NERB/CDCA if taken after January 1, 2005; CITA if taken after September 1, 2007; and ADEX if taken after January 1, 2012.

**If applying by credentials**, the examinations results accepted are CRDTS, WREB, NERB/CDCA, CITA and ADEX and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients.

- \_\_\_\_\_ **8. Original**, current report, not older than 6 months from date prepared, must be obtained by Self Query from the National Practitioner Data Bank (NPDB), which may be requested through their website at [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov). There is a fee for the report. ***This report from NPDB is required from all applicants, without exception Regulation 18VAC60-25-130A(3).***
- \_\_\_\_\_ **9. An original** grade card **indicating passage** issued by the Joint Commission on National Dental Examinations is required. Copies of grade cards are not accepted.
- \_\_\_\_\_ **10. Applicant's Electronic Signature** authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read and understand and will remain current with the laws and the regulations governing the practice of dentistry in Virginia.
- \_\_\_\_\_ **11. Name Change:** Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Applicants for licensure by credentials are additionally required to:

- 12. Hold a current active dental hygienist license** in another jurisdiction in the United States which was obtained by successfully passing a clinical competency examination comparable to the exam required by the Commonwealth of Virginia. Submission of an original scorecard from the comparable exam or a letter from the testing agency, reflecting successful completion of the exam, is required.
- 13. Employment Verification.** Provide verification that you have had "clinical, ethical and legal practice for 24 months out of the previous 48 months immediately preceding application for licensure" from **each dentist and/or agency** that has employed you within the four years immediately preceding the date of your application. The statement may be provided by completing the attached form, including the **printed** name and address of the employer. Only original, notarized statements are accepted.

# Virginia Board of Dentistry Employment Verification

Name of Employing Dentist(s) or Agency: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

"I, \_\_\_\_\_ D.D.S./D.M.D./agency representative,  
(Print the name of the Employing Dentist or Agency Representative)

certify that \_\_\_\_\_ R.D.H., was employed by me  
(Name of Applicant)

from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, in the clinical, ethical and legal  
month day year month day year

practice of dental hygiene.

\_\_\_\_\_  
Dentist's/Agency Representative Signature

\_\_\_\_\_  
Date

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

State of \_\_\_\_\_

County/City of \_\_\_\_\_

Sworn and subscribed to, before me, this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.  
day month year

My commission expires on \_\_\_\_\_.  
month/day/year

**SEAL/STAMP**

\_\_\_\_\_  
Signature of Notary Public

## **FYI**

### **SRTA**

4698 Honeygrove Rd., Ste. 2  
Virginia Beach, VA 23455  
757-318-9084  
757-318-9085 FAX  
[www.srta.org](http://www.srta.org)

### **National Practitioner**

#### **Data Bank**

Ste. 100.  
P.O. Box 10832  
Chantilly, Va 20153  
1-800-767-6732  
Chantilly, VA 20153-0832  
[www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)  
(Go to "Practitioners")

#### **Approved Programs**

American Dental Association  
Commission on Dental Accred.  
211 East Chicago Ave.  
Chicago, IL 60611-2678  
312-440-2500  
[www.ada.org/coda](http://www.ada.org/coda)

#### **Commission on Dental Accreditation of Canada (CDAC)**

1815 Alta Vista Drive  
Ottawa, Ontario K1G 3Y6  
(866) 521-2322  
<http://www.cda-adc.ca/cdacweb/en/>

### **CITA**

1003 High House Rd., Ste. 101  
Cary, NC 27513  
919-460-7750  
919-460-7715 FAX  
[www.citaexam.com](http://www.citaexam.com)

### **WREB**

23460 N. 19<sup>th</sup> Ave., Ste. 210  
Phoenix, AZ 85027  
602-944-3315  
602-371-8131 FAX  
[www.wreb.org](http://www.wreb.org)

#### **National Board Scores**

American Dental Association  
Commission on Dental Accred.  
211 East Chicago Ave.  
Chicago, IL 60611-2678  
1-800-232-1694  
[www.ada.org/en/jcnde/examinations/](http://www.ada.org/en/jcnde/examinations/)

### **CRDTS**

1725 SW Gage Blvd.  
Topeka, KS 66604  
785-273-0380  
785-273-5015 FAX  
[www.crdts.org](http://www.crdts.org)

### **NERB/CDCA**

1304 Concourse Dr  
Linthicum, MD 21090  
301-563-3300  
301-563-3307 FAX  
[www.nerb.org](http://www.nerb.org)

## Notes:

- **PLEASE NOTE:** If your Virginia License is not issued within six months of the Board's receipt of parts of the application, certain portions of the application may need to be updated/resubmitted before a license can be issued.
- You might obtain the Virginia laws and the regulations governing the practice of dentistry at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).
- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by "Certified Mail-Return Receipt Requested" or with "Delivery Confirmation".
- After submitting your application and required fee, you may view the checklist items for your application by returning to the Online Applications web site, logging in with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature will allow you to review which application items have been completed and which are still outstanding.
- Completed applications cannot be accessed or edited once they have been submitted.
- Within approximately 10 business days of receipt of an application, applicants will be notified of missing application items. Review of completed applications for licensure by credentials may take another 5 to 20 business days.
- Documents submitted with an application are the property of the board and cannot be returned.
- Consistent with Virginia law §54.1.2400.02 and mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

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**FORM A**  
**CERTIFICATION OF DENTAL HYGIENE SCHOOL**

APPLICANT: ENTER YOUR NAME AND GRADUATION DATE BELOW THEN SEND THIS FORM TO THE DEAN OR DIRECTOR OF EACH DENTAL/DENTAL HYGIENE SCHOOL WHICH GRANTED YOU A DEGREE OR CERTIFICATE.

APPLICANT \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

**DEAN/PROGRAM DIRECTOR: Please provide certification that the applicant named above received a dental/dental hygiene degree or certificate from your program and certification that the program completed was accredited by the Commission on Dental Accreditation of the ADA (CODA) or the Commission on Dental Accreditation of Canada (CDAC). These certifications may be provided by completing this form or by providing a letter with all the information requested on this form. Either document must bear the school's seal. Certifications made prior to the applicant's graduation cannot be accepted.**

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PROGRAM: \_\_\_\_\_

PROGRAM'S CODA/CDAC ACCREDITATION STATUS: \_\_\_\_\_

DEGREE or CERTIFICATION GRANTED: \_\_\_\_\_

DATE GRANTED: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or a certificate from a CODA or CDAC accredited dental program.

**SEAL REQUIRED**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**DEAN/REGISTRAR:** Please provide the applicant an original, final transcript of this alumni record, to include courses, grades, degree or certificate received, and date the degree or certificate was conferred, which bears the certified signature of the registrar and has the college seal affixed.