

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

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay 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 dental hygiene license by examination is \$175 or the fee for dental hygiene license by endorsement 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 18VAC 60-20-40, all fees are non-refundable. Your application will not be submitted to the Board of Dentistry for review until you have submitted your payment.

_____ **3. Form A – Original** completed by dental hygiene school which granted 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. 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. This information is only accepted from the programs accredited by the Commission on Dental Accreditation of the American Dental Association. Documentation from foreign schools is not required or accepted. (Faxed copies are not acceptable.)

_____ **4. Final original transcript** bearing SEAL, date degree received, and registrar's signature. Copies of transcripts/certificates/diplomas are not acceptable. (Documentation from foreign schools is not required or accepted as foreign schools are not acceptable.)

_____ **5. Chronology listing ALL** personal and professional activities you have engaged in since receiving your degree or certification, including teaching positions, periods of non-professional activity or employment, volunteer work, and all periods of unemployment. (*Resumes and curriculum vitas are not required and are not accepted as substitutes for completing the chronological listing.*)

_____ **6. Original** licensure verification from any jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a health care provider. Copies of permits are not accepted. Verifications 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 is required. Candidates score cards are not acceptable. The board receives and maintains SRTA score reports for five years. **All other score cards or reports must be requested by the applicant.** (Canadian exams are not accepted.)

If applying by examination, the examination results accepted are: SRTA from any year: CRDTS, WREB or NERB if taken after January 1, 2005; CITA if taken after September 1, 2007; and ADEX if taken after January 1, 2012.

If applying by endorsement, the examinations results accepted are CRDTS, WREB, NERB, CITA, and ADEX and the results of state administered clinical examinations are accepted.

_____ **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). There are processing fees for this service, which may be requested through their website at www.npdb.hrsa.gov. **This report from NPDB is required from all applicants, without exception** (Regulation 18 VAC 60-20-100).

_____ **9.** An **original** grade card **giving scores** issued by the Joint Commission on National Dental Examinations is required. An original grade card received from the Commission or from the applicant will be kept for one year. Copies of grade cards are not accepted.

_____ **10. Application'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 applicable Virginia dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry.

_____ **11. Name change:** Documentation must be provided to show 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.

ENDORSEMENT APPLICANTS – ADDITIONAL INFORMATION REQUIRED

Applicants applying **for licensure by endorsement** are **additionally** required to provide verification they have had “clinical, ethical and legal practice for 24 months out of the past 48 months immediately preceding application for licensure.” To appropriately document this, you are required to submit:

_____ **12.** Dental Hygienists applying **by endorsement** must also have 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.** A **notarized statement from each dentist and/or agency** who has employed you within the four years immediately preceding the date of your application. The statement must include the printed name and address of the employer, must include the information noted in the sample format below, and must state the months, days and years of your employment. Only original, notarized statements are accepted.

SAMPLE FORMAT

"I, _____ D.D.S./D.M.D./agency representative,
certify that _____ R.D.H., was employed by me from
_____/_____/_____ to ____/____/_____, in the clinical, ethical and legal practice of
Month Day Year Month Day Year
dental hygiene.

Dentist's/Agency Representative Signature

Date

FYI

SRTA

4698 Honeygrove Rd., Ste. 2
Virginia Beach, VA 23455
757-318-9084
757-318-9085 FAX
www.srta.org

CITA

1003 High House Rd., Ste. 101
Cary, NC 27513
919-460-7750
919-460-7715 FAX
www.citaexam.com

CRDTS

1725 SW Gage Blvd.
Topeka, KS 66604
785-273-0380
785-273-5015 FAX
www.crdts.org

National Practitioner Data Bank

P.O. Box 10832
Chantilly, VA 201153-0832
1-800-767-6732
www.npdb.hrsa.gov
(go to: Start a "Self-Query")

WREB

23460 N. 19th Ave, Ste. 210
Phoenix, AZ 85027
602-944-3315
602-371-8131 FAX
www.wreb.org

NERB

1304 Concourse Dr., Ste. 100
Linthicum, MD 21090
301-563-3300
301-563-3307 FAX
www.nerb.org

National Board Scores

American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
800-232-1694
www.ada.org

Approved Programs

American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500
www.ada.org/267.aspx

Notes:

- 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 dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry on-line at 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 you will be able to review which application items have been completed and which are still outstanding.
- Within approximately 10 business days of receipt of application, applicants will be notified of missing application items.
- After 10 business days of applying, you might check online to see if your license has been issued by going to www.dhp.virginia.gov and selecting "License Lookup".
- Documents submitted with an application are the property of the Board and cannot be returned.
- Consistent with Virginia law §54.1.2400.02 and the mission of the Department of Health Professions, address 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.

FORM A
CERTIFICATION OF DENTAL/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). The certification may be provided by completing this form or by providing a letter with the information requested on this form. Either document must bear the school's seal. The certification should be returned to the APPLICANT. Certifications made prior to the applicant's graduation cannot be accepted.

NAME OF SCHOOL: _____

NAME OF PROGRAM: _____

PROGRAM'S CODA 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 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.