

## APPLICATION INSTRUCTIONS FOR DENTAL HYGIENISTS

There are **two** pathways for licensure in Virginia, **licensure by examination** or **licensure by credentials**. Read through the application instructions carefully before deciding which pathway to pursue. 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 remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia licensure. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

You may view the status of the checklist items for your application by visiting the Online Applications website, creating an online account, log 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.

- \_\_\_\_\_ 1. **Application:** Please be sure that all information and questions are completed on the application.
- \_\_\_\_\_ 2. **Application Fee:** The fee for a **dental hygiene license by examination is \$175**, and the fee for a **dental hygiene license by credentials is \$275**, which must 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 (must print from): Original** certification of graduation by each dental hygiene school which granted you a degree or certificate. Faxed copies are not acceptable. Applicants must submit a Form A for **each** degree and/or certificate earned from a dental 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/CDAC accreditation status at the time you completed the program. This information is only accepted from programs accredited by the CODA or CDAC. Documentation from foreign schools is not required and will not be considered. **(Must be mailed to the Board)**
- \_\_\_\_\_ 4. **Transcript:** Final **original** transcript bearing SEAL, date degree received and registrar's signature. **Copies of transcripts, certificates and diplomas are not acceptable.** **(Must be mailed to the Board)**
- \_\_\_\_\_ 5. **Form B (complete online or print form):** Chronology: List **ALL** activities, personal and professional, to include all time periods of employment and unemployment, since receiving degree. *(Resumes and curriculum vitae are not accepted as substitutes for completing the chronological listing Form B and will not be considered.)* **(Must be mailed to the Board)**
- \_\_\_\_\_ 6. **Form C (must print from): Original** licensure status and certification from every 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. Certifications cannot be older than 6 months from date prepared. **(Must be mailed to the Board)**
- \_\_\_\_\_ 7. **Clinical Scores:** An **original** and detailed 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.*** (Canadian exams are not accepted.) Certificates are not accepted. **(Must be mailed to the Board)**

**If applying by examination**, the examination results accepted are: SRTA (Southern Regional Testing Agency) from any year; CRDTS (Central Regional Dental Testing Service), WREB (Western Regional Examining Board – request an Individual Performance detailed report) or NERB/CDCA (North East Regional Board of Dental Examiners/Commission on Dental Competency Assessments) if taken after January 1, 2005; and CITA (Council of Interstate Testing Agencies, Inc.) if taken after September 1, 2007.

If applying by credentials, the examination results accepted are CRDTS, WREB, NERB/CDCA, CITA and ADEX from any year and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients. **See the additional requirements in numbers 13 and 14 before selecting this pathway.**

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 pursuant to Regulation 18VAC60-25-130A(3).*** (Must be mailed to the Board)
9. An **original** grade card **indicating passage of all parts of the National Board Dental Examination** issued by the Joint Commission on National Dental Examinations is required. Copies of grade cards are not accepted.
10. Please be aware that your signed and notarized application affidavit authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand, and will remain current with the laws and the regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at [www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry).
11. **Name Change:** Documentation must be provided to show each name change, if your name has ever been changed since graduation from a CODA or CDAC accredited program or were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.
12. **Address of Record and Publicly Disclosable Address:** Consistent with Virginia law §54.1.2400.02 and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publicly disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publicly 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.

**Additional requirements for licensure by credentials** which is *the pathway to licensure for an applicant who holds a license in another state, who passed a state administered clinical exam or one of the regional clinical exams before the dates specified for acceptance for licensure by examination in number 7 above, and who has recently practiced dentistry for at least 5 years.* The applicant is **additionally** required to:

13. 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.
14. Provide verification that they have had "clinical, ethical and legal practice for 24 months out of the previous 48 months immediately preceding application for licensure". A **notarized statement from each dentist and/or agency** that has employed you within the four years immediately preceding the date of your application (**may use the optional employment verification form on page 7**). The statement must include the printed name and address of the employer, must include the information noted on the optional employment verification form (see page 12), and must state the months, days and years of your employment. Only original, notarized statements are accepted.

For example, the four year period immediately preceding an application received on October 15, 2018 began on October 16, 2014. The four calendar years for this example application are:

First year:       October 16, 2014 to October 15, 2015;  
Second year:     October 16, 2015 to October 15, 2016;  
Third year:       October 16, 2016 to October 15, 2017; and  
Fourth year:      October 16, 2017 to October 15, 2018;

**Notes:**

- Completed applications cannot be accessed or edited once they have been submitted.
- If your Virginia License is not issued within six months of the date of the NPDB (National Practitioner Databank) Self Query Report and certification of state licensure, you will be asked to submit a current NPDB Self Query Report and current state licensure certification before your application can be reviewed.

- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by Fed-Ex or UPS with “Delivery Confirmation”.
- Applicants will be notified of missing application items within approximately 15 business days of receipt of an application. Once your application is complete, allow 30 business days processing time.

**Related contact information:**

**SRTA**

4698 Honeygrove Road, Suite 2  
Virginia Beach, VA 23455  
757-318-9082  
757-318-9085 FAX  
[www.srta.org](http://www.srta.org)

**CITA**

1518 Elm Street, Suite A  
Sanford, NC 27330  
919-460-7750  
919-460-7715 FAX  
[www.citaexam.com](http://www.citaexam.com)

**CRDTS**

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

**WREB**

23460 N. 19<sup>th</sup> Ave, Suite 210  
Phoenix, AZ 85027  
623-209-5400  
602-371-8131 FAX  
[www.wreb.org](http://www.wreb.org)

**NERB/CDCA**

1304 Concourse Dr, Suite 100  
Linthicum, MD 21090  
301-563-3300  
301-563-3307 FAX  
[www.cdcaexams.org](http://www.cdcaexams.org)

**National Practitioner Data Bank**

P.O. P.O. Box 10832  
Chantilly, VA 20153  
1-800-767-6732  
[www.npdb.hrsa.gov](http://www.npdb.hrsa.gov)

**Approved Programs**

ADA (American Dental Association)  
CODA (Commission on Dental Accreditation)  
211 East Chicago Avenue  
Chicago, IL 60611-2678  
1-800-621-8099 or 312-440-4653  
<https://www.ada.org/en/coda>

**National Board Scores**

**Joint Commission on National Dental Examinations**

211 East Chicago Avenue  
Chicago, IL 60611-2678  
1-800-232-1694  
[www.ada.org/jcnde/examinations](http://www.ada.org/jcnde/examinations)



9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
(804) 367-4538 (Tel)  
(804) 698-4266 (eFax)  
[denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

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

Applicant: Enter only 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. The certification may 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/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED:**

- A1: Approval (without reporting requirements) [ ]
- A2: Approval (with reporting requirements) [ ]
- IA: Initial accreditation [ ]
- DIS: Accreditation voluntarily discontinued [ ]
- WDRN: Accreditation withdrawn [ ]
- X: Intent to withdraw accreditation [ ]
- T: Program is in Teach-Out by institution [ ]
- NE: Required period of non-enrollment [ ]

**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/CDAC accredited dental program.

**SEAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
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.



Virginia Department of  
**Health Professions**  
Board of Dentistry

9960 Mayland Drive, Suite 300  
Henrico, Virginia 23233  
(804) 367-4538 (Tel)  
(804) 698-4266 (eFax)  
[denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

## FORM B CHRONOLOGY

APPLICANT NAME: \_\_\_\_\_

Every applicant must provide a complete chronological, personal and professional history of all activities you have engaged in since receiving your degree or certification, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vitae and resumes are not accepted as substitutes for completing the chronological listing and will not be considered.**

*Form B may be photocopied if copies are needed.*

FROM Month/Year	TO Month/Year	Employer/Location of Private Practice, Complete Address, Contact Person & Telephone #	Position Held



9960 Mayland Drive, Suite 300  
 Henrico, Virginia 23233  
 (804) 367-4538 (Tel)  
 (804) 698-4266 (eFax)  
[denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov)  
[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

**FORM C**  
**CERTIFICATION OF DENTAL HYGIENE BOARDS**

Please forward one form to each state dental/dental hygiene board where you hold or have ever held a dental/dental hygiene license. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

**I am making application for licensure in Virginia by:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Examination for Dental License | <input type="checkbox"/> Examination for Dental Hygiene License | <input type="checkbox"/> Dental Restricted Volunteer License         |
| <input type="checkbox"/> Credentials for Dental License | <input type="checkbox"/> Credentials for Dental Hygiene License | <input type="checkbox"/> Dental Hygiene Restricted Volunteer License |
| <input type="checkbox"/> Dental Faculty License         | <input type="checkbox"/> Dental Hygiene Faculty License         | <input type="checkbox"/> Dental Reinstatement                        |
| <input type="checkbox"/> Dental Temporary Permit        | <input type="checkbox"/> Dental Hygiene Temporary Permit        | <input type="checkbox"/> Dental Hygiene Reinstatement                |

I was granted License Number \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_ by the State of \_\_\_\_\_  
 Month Date Year.

\_\_\_\_\_. The Virginia Board of Dentistry requires that I submit evidence of the status of my license. You are hereby authorized to release any information in your files, favorable or otherwise directly to the **Virginia Board of Dentistry** at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233** or [denbd@dhp.virginia.gov](mailto:denbd@dhp.virginia.gov). Your early attention is appreciated.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Applicant's Typed/Printed Name

\_\_\_\_\_  
 Applicant's Address

**Executive Officer of the Board: please send this form directly to the Virginia Board of Dentistry.**

State of \_\_\_\_\_ Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_ License # \_\_\_\_\_ Issued \_\_\_\_\_

By:  Examination\*  Credentials  Reciprocity with the State of \_\_\_\_\_  Endorsement with the State of \_\_\_\_\_

\*If licensed by a state administered examination, please provide a score card or report which shows that testing included live patients.

License is:  Current-Expires \_\_\_\_\_  Active  Inactive  Lapsed-Expired \_\_\_\_\_

Has applicant's license ever been disciplined, suspended or revoked  NO  YES

If "YES", give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): \_\_\_\_\_

Comments, if any: \_\_\_\_\_

**SEAL**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name



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[www.dhp.virginia.gov/dentistry](http://www.dhp.virginia.gov/dentistry)

### EMPLOYMENT VERIFICATION

(Optional Form)

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

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

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

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

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

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

certify that \_\_\_\_\_, was employed by me as a \_\_\_\_\_  
(Print Applicant/Employee Name) (Print Job Title)

from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_, in the clinical, ethical and legal practice of a \_\_\_\_\_  
Month Day Year Month Day Year

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

\_\_\_\_\_  
Date

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

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

Sworn and subscribed to, before me, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ Year  
Day Month

My commission expires on \_\_\_\_  
Month Day Year

**SEAL/STAMP**

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

\_\_\_\_\_  
Print Name