

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. 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.
- 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

CITA

1518 Elm Street, Suite A
Sanford, NC 27330
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

WREB

23460 N. 19th Ave, Suite 210
Phoenix, AZ 85027
623-209-5400
602-371-8131 FAX
www.wreb.org

NERB/CDCA

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

National Practitioner Data Bank

P.O. P.O. Box 10832
Chantilly, VA 20153
1-800-767-6732
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



9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
denbd@dhp.virginia.gov
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
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. 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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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