

APPLICATION REQUIREMENTS FOR DENTAL HYGIENISTS

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

- _____ **1. Application.** Please be sure that all information is completed on the application. The application can be used for one year from date of receipt. Please note that a passport photo (full face) not older than six months is required and must be attached to Page 4 of the application. Additional photos are not required.

- _____ **2. Application Fee:** Certified check, cashier's check or money order, made payable to the **Treasurer of Virginia** in the amount of \$175 for applicants applying for dental hygiene license by examination, license to teach dental hygiene, or a temporary permit as a dental hygienist. The application fee for dental hygienist license by endorsement is \$275. The fee can be used for one year from date of receipt. Pursuant to 18 VAC 60-20-40, all fees are non-refundable. A processing fee of \$35 will be charged for any check or money order returned unpaid by your bank.

- _____ **3. Form A. (Original)** Completed by dental hygiene school which granted degree or certificate;

- _____ **4. Final original transcript** bearing SEAL, date degree received and registrar's signature. Copies of transcripts/certificates/diplomas are not acceptable.

- _____ **5. Form B – Chronology.** List **ALL** activities since receiving degree. (Resumes and curriculum vitas are not required and are not accepted as substitutes for Form B.)

- _____ **6. Form C – Original** licensure verification from any jurisdiction in which you currently hold or have ever held a license to practice dental hygiene. Copies of licensure permits are not accepted. Verifications cannot be older than 6 months;

- _____ **7. Clinical scores.** An **original** score card or original report from the testing agency documenting passage of a clinical examination. Candidates score cards are not acceptable. If you are applying by examination, the examinations accepted are SRTA from any year and CRDTS, WREB or NERB results for examinations completed after January 1, 2005. CITA scores are accepted if examination is taken after September 1, 2007. If you are applying by endorsement, results from CRDTS, WREB, NERB and CITA are accepted and the results of state administered examinations are accepted. The board receives and maintains SRTA score reports for five years. Beginning with exams completed in 2005, the Board received WREB score reports and will maintain the report for five years. All other score cards or reports must be requested by the applicant.

- _____ **8. Original** current reports, not older than 6 months from date prepared, obtained by self query to the (1) Healthcare Integrity and Protection Data Bank (HIPDB) AND (2) National Practitioner Data Bank (NPDB). **These two reports (combined as one report) are required from all applicants (Regulation 18 VAC 60-20-100) and should be submitted with application;**

- _____ **9. An original** grade card giving scores issued by the Joint Commission on National Dental Examinations. 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.** Please be aware that your notarized application signature affirms that you attest 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.

_____ **12.** Applicants for a **teacher's licenses** (Code 54.1-2725 and Regulation 60-20-90) must submit a letter from the dental hygiene school, on letterhead, noting where the applicant is employed or is to be employed indicating the applicant's employment status.

_____ **13.** Applicants for **temporary permits** must submit a letter, on letterhead, from either:

- The director of the clinic at the Virginia Department of Health,
- The director of the clinic at the Virginia Department of Mental Health and Mental Retardation and Substance Abuse Services, or
- The director of the Virginia Charitable corporation, which holds tax-exempt status, which states where the applicant is or will be employed and which indicates the anticipated length of employment. Please refer to Code § 54.1-2726 and Regulation 18 VAC 60-20-90.

ENDORSEMENT APPLICANTS – ADDITIONAL INFORMATION REQUIRED

_____ **14.** Dental Hygienists applying by endorsement must also have **a current active 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.**

When applying by endorsement, the applicant must provide verification that 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:

_____ **15.** A **notarized** statement from each dentist and 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. Dates of employment need to match dates on Form B-Chronology.

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., Suite 2
Virginia Beach, VA 23455-5934
757.318.9082
757.318.9085 FAX
www.srta.org

CITA
1003 High House Rd.
Suite 101
Cary, NC 27513
919-460-7750
919-460-7715 FAX
www.citaexam.com
(go to: Education & Testing)

CRDTS
1725 Gage Blvd.
Topeka, KS 66604
785.273.0380
785.273.5015- FAX
www.crdts.org

Healthcare Integrity and
Protection Data Bank
National Practitioner
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832
1-800-767-6732
www.npdb-hipdb.hrsa.gov

WREB
234 North 19th Ave. Ste 210
Phoenix, AZ 85021
602.944-3315
602.371-8131.FAX
www.wreb.org

NERB
Georgia Ave., Ste. 900
Silver Spring, Md.
301-563-3300
301-563-3307 FAX
www.nerb.org

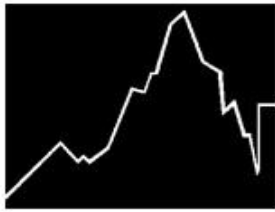
National Board Scores
American Dental Association
Commission on Dental Accred.
211 East Chicago Avenue
Chicago, IL 60611-2678
800-232-1694
www.ada.org

Approved Programs
American Dental Association
Commission on Dental Accred.
211 East Chicago Avenue
Chicago, IL 60611-2678
312-440-2500
www.ada.org

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 obtain immediate notice that your application has been received by the Board, it is suggested that the complete packet be mailed by "Certified Mail-Return Receipt Requested" or with "Delivery Confirmation".

- A **jurisprudence examination** is not required to complete an application; however it is recommended applicants take [the Virginia Dental Law](#) examination to evaluate their understanding of the applicable laws and regulations governing the practice of dentistry and dental hygiene in the Commonwealth of Virginia [before signing the APPLICATION AFFIDAVIT](#). Enclosed is a “Candidate Information” Bulletin which gives you information on how to take [the](#) examination. However, if you obtained the licensure application from the Board of Dentistry website, please go to “Forms, Applications and Exam Information” for a copy of the “Candidate Bulletin”.
- **Within approximately 10 business days of receipt of application, applicants will be notified of missing application items. The process to review completed endorsement applications for final determination may take another 5 to 20 days.**
- 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 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.



Virginia Board of Dentistry
 Virginia Department of Health
 Professions
 9960 Mayland Drive, Suite 300
 Henrico, Va 23233-1463
 804-367-4538
 www.dhp.virginia.gov/dentistry

APPLICATION FOR LICENSURE TO PRACTICE DENTAL HYGIENE

- | | |
|--|--|
| <input type="checkbox"/> DENTAL HYGIENE BY EXAMINATION | <input type="checkbox"/> TEACHER'S LICENSE |
| <input type="checkbox"/> DENTAL HYGIENE BY ENDORSEMENT | <input type="checkbox"/> TEMPORARY PERMIT |

INSTRUCTIONS: Use typewriter or print clearly. If the space provided for any answer is insufficient, the applicant must complete his/her answer on a separate page, signed by him/her, specifying the number of the question to which it relates and enclose the page with this application. **OMISSIONS OR INACCURACIES ARE GROUNDS FOR REJECTION.**

I. GENERAL INFORMATION: PLEASE COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name: Last*		First	Middle/Maiden	Suffix
Address of record(Mailing Address)		City	State	Zip
Telephone Number				
Public Disclosable Address		City	State	Zip
Telephone Number				
Email address			Fax #	
Date of Birth ____/____/____		Social Security Number or Virginia DMV Control Number* ____-____-____		
Graduation Date	Professional Degree	School	City	State
Print Name as you wish it to appear on your license			Place of Birth	

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

DATE RECEIVED	CHRONOLOGY (FORM B)	REGIONAL EXAM	<input type="checkbox"/> National Practitioner Data Bank <input type="checkbox"/> Healthcare Integrity & Protection Data Bank	
FEE	APPLICANT #	LICENSE #	DATE ISSUED	
NATIONAL BOARD	TRANSCRIPT	CERTIFICATION (EDUCATION) (FORM A)		
CERTIFICATION (LICENSE)	ENDORSEMENT EXAM	ENDORSEMENT LETTERS		

*In accordance with § 54.1-116 of the Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided for by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.

**Name change: Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or licensed in other jurisdictions other than what is listed on your application.

II. ALL EXAMINATIONS

(PLEASE ANSWER ALL QUESTIONS “a” through “g”

Beginning January 1, 2005, The Virginia Board of Dentistry will continue to accept SRTA from any year and will accept CRDTS, NERB and WREB examination results for exams completed after Jan. 1, 2005. SRTA and WREB scores are submitted to Board office. CITA scores are accepted if completed after Sept. 1, 2007. NERB, CRDTS and CITA scores need to be requested by applicant to be sent directly to Board office. (If taken SRTA prior to Jan. 1, 2005, scores are maintained in Board office for five years)

- a. Southern Regional Testing Agency (SRTA) – Exam Site _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- b. Western Regional Examining Board (WREB) –Exam Site _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- c. North East Regional Board (NERB) – Exam Site _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- d. Central Regional Dental Testing Services, Inc. (CRDTS) –Exam Site: _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- e. Council of Interstate Testing Agencies, Inc. (CITA) – Exam Site _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- f. State of _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Day/Year
- g. National Board Examination: (Original grade cards are required) _____ /_____/_____
 Passed Failed Never Taken Taken more than once (attach explanation) Month/Date/Year

ENDORSEMENT APPLICANTS: Provide original scorecard, or letter, from testing agency reflecting successful completion of the clinical and didactic portions of this examination.

III. APPLICANT HISTORY

ALL QUESTIONS MUST BE ANSWERED. If any of the following questions are answered “YES”, explain and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding health treatment and shall include diagnosis, treatment and prognosis.

a. I hereby certify that I studied dental hygiene and received the degree or certificate of:

_____ on _____/_____/_____ from _____
 Degree/Certificate Month Day Year School/Program

List in chronological order including months and years, the dental hygiene school(s) attended:

Months & Years	Name of Dental Hygiene School	Passed/Failed
_____ to _____	_____	_____
_____ to _____	_____	_____

b. List all jurisdictions in which you have been issued a license to practice dental hygiene, active or inactive.

Jurisdiction	License Number	Date Issued	Date Expired
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- c. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause whatever? If yes, give details, schools(s), address(es) and date(s) on a separate page. Yes No
- d. Have you ever been denied a license, or the privilege of taking a dental hygiene licensure/competency examination by a licensing authority? If yes, give detail(s), jurisdiction(s) and date(s). _____

- e. Have you ever failed the dental hygiene licensing examination(s) given for another jurisdiction? If yes, give details, jurisdiction(s) and date(s). _____

- f. Have you ever been convicted of a violation or plead Nolo Contedere, to any federal, state or local statute, regulations or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? If yes, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record certified by the Clerk of the Court. Yes No
- g. Have you ever voluntarily surrendered your clinical privileges while under investigation, been censured or warned or been requested to withdraw from the staff of any hospital, nursing home other health care facility, or any health care provider? If yes, give details, jurisdictions(s) and date(s) on a separate page. Yes No
- h. Have you ever voluntarily withdrawn from any professional society while under investigation? If yes, give details, jurisdiction(s) and date(s) on a separate page. Yes No
- i. Have you ever had any of the following disciplinary actions taken against your license to practice dental hygiene, or are any such actions pending: suspension/revocation, or probation, or reprimand/cease and desist, or monitoring of practice? If yes, give details, jurisdiction(s) and date(s) on a separate page. Yes No
- j. Have you ever been a defendant in a military court martial or received medical or other than honorable discharge? If yes, give details, jurisdiction(s) and date(s) on a separate page. Yes No
- k. Have you, within the last two (2) years, been physically or emotionally dependent upon the use of alcohol/drugs or been treated by, consulted with, or under the care of a professional for any substance abuse? If yes, give details, jurisdiction(s) and date(s) on a separate page and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis. Yes No
- l. Have you, within the last two (2) years, received treatment for, or been hospitalized for a nervous, emotional or mental disorder? If yes, give details, jurisdiction(s) and date(s) on a separate page, and provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment and prognosis. Yes No
- m. Do you have a physical disability, disease, or diagnosis which could affect your performance or professional duties? If yes, provide a letter of explanation from the treating professional(s), including a summary of diagnosis, treatment, and prognosis. Yes No
- n. Have you been adjudged mentally incompetent, or been voluntarily or involuntarily committed to a mental institution within the last five (5) years? If yes, give details, jurisdiction(s) and date(s) on a separate page, and provide certified copies of all applicable court documents. Yes No

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY
Department of Health Professions
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
(804) 367-4538 www.dhp.virginia.gov/dentistry

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.

Signature

(SEAL REQUIRED)

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.

COMMONWEALTH OF VIRGINIA
BOARD OF DENTISTRY
 Department of Health Professions
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233-1463
 (804) 367-4538 www.dhp.virginia.gov/dentistry

FORM B: CHRONOLOGY

NAME OF APPLICANT: _____

Please provide a chronological, personal, and professional history of all activities since receiving your degree or certification, including teaching, internship, hospital affiliations, all periods of non-professional activity or employment, volunteer work, and all periods of unemployment. ***Please account for all time.*** *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
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____
_____	_____	_____ _____ _____	_____ _____ _____

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FORM C

CERTIFICATION OF DENTAL/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"/> Teachers License |
| <input type="checkbox"/> Examination for Dental Hygiene License | <input type="checkbox"/> Full Time Faculty |
| <input type="checkbox"/> Endorsement for Dental Hygiene License | <input type="checkbox"/> Reinstatement |
| <input type="checkbox"/> Registration for Volunteer Practice | |

I, _____, was granted License Number _____

on _____ by the State of _____. The Virginia Board of Dentistry
Month Date Year

requests that I submit evidence that my license in the State of _____

is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise directly to the Virginia Board of Dentistry. Your early attention is appreciated.

Applicant's Signature

Applicant's Typed/Printed Name

Applicant's Address

Executive officer of State Board: Please complete and return this form to the applicant. If disciplinary action has been taken, return the form to the Board of Dentistry.

State of _____ Name of Licensee _____

Graduate of _____ License # _____ Issued _____

By Reciprocity Examination Endorsement with the State of _____

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): _____

Derogatory information, if any: _____

Comments, if any: _____

SEAL

Signature

Title

Date