

*****FOR OFFICE USE ONLY*****
Public Health Dental Hygienist Checklist

App & Fee (\$65.00)

Valid Photo ID

Work and/or clinical experience

CEU Requirements

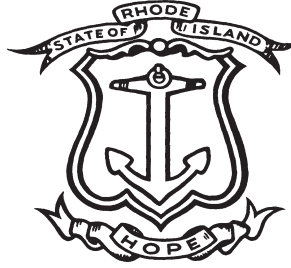
Out of State

Official Transcript

National Board Exam results

ADEX exam results

Verification from other state(s)



*****FOR OFFICE USE ONLY*****

Receipt # _____

ID # _____

Issue Date _____

License # _____

**Rhode Island
Board of Examiners in Dentistry**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and
License Application for:***

Public Health Dental Hygienist

RI Dental Hygienist License

Applicant - Print License Number

License # _____

Name _____

MILITARY STATUS ELIGIBILITY *(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

I am in active military duty or a reservist

I am a military veteran with honorable discharge

I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

LICENSURE REQUIREMENTS

- Completed, Notarized Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$65.00** and attached to the upper left-hand corner of the first (Top) page of the application. THIS APPLICATION FEE IS NONREFUNDABLE. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Dental Hygiene licenses expire biennially on June 30th of the even numbered years.
- Valid license as a dental hygienist in the State of Rhode Island.
- Supporting official documentation of a minimum of three (3) years full time work as a Registered Dental Hygienist or completion of at least four thousand five hundred (4500) hours of clinical experience.
- Supporting documentation of completion of a minimum of twelve (12) hours of continuing education in which six (6) hours are hands on experience in a public health setting as defined in the Rules and Regulations Pertaining to Dentists, Dental Hygienists, and Dental Assistants.
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

In addition to above (Out of State Candidates Only)

- Copy of a valid U.S. Driver's license
- National Board Exam Results be submitted directly to the licensing office.
- ADEX exam results be submitted directly to the licensing office.
- Official Dental Hygiene School Graduate transcript must be submitted directly to this office by the Dental Hygiene School.
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00

7. Preferred Mailing Address
Please check ONE

- Please use my **Home Address** as my preferred mailing address
- Please use my **Business Address** as my preferred mailing address

8. Practice History
Please provide your practice history for the last five (5) years.

| Month | Year | Month | Year | Name and Location of Facility: |
|----------------------|----------------------|-------|----------------------|--------------------------------|
| <input type="text"/> | <input type="text"/> | — | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | — | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | — | <input type="text"/> | <input type="text"/> |

9. Qualifying Education
Please list the name and information about the school that you attended that qualifies you for your **dental hygiene** license.

Type of School (University, College, etc.)

Name of School

Date Graduated

Month Year

Is school accredited by the American Dental Association (ADA)? Yes No

Degree Conferred

10. Regional or State Board Examination
Please indicate the type, name and date of your examination for your Dental Hygiene license.

Regional State

Name of Examination

Date Completed Passed? Yes No

Month Year

11. National Board Examination

Date Completed Passed? Yes No

Month Year

12. Dental Hygiene Licensure
List all states or countries in which you are now, or ever have been licensed to practice dental hygiene, or any other profession.

| | | | |
|----------------------|---|----------------------|---|
| State/Country: _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | State/Country: _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |
| _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive | _____ | <input type="checkbox"/> Active <input type="checkbox"/> Inactive |

13. Board Discipline

List any disciplinary actions by licensing boards in other states. Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials. If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Check here if not applicable.

Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct):

Type of Discipline:

| | Month | Year | |
|-------|----------------------|----------------------|-------|
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |
| _____ | <input type="text"/> | <input type="text"/> | _____ |

Please describe any prior or pending Board action or investigation. Please attach any relevant supplemental materials.

14. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.

Have you ever been convicted of a violation, pled Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated. (Please include any offenses which have been expunged from your record)?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

| | Month | Year |
|-------|----------------------|----------------------|
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |
| _____ | <input type="text"/> | <input type="text"/> |

¹For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

15. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

16. Affidavit of Applicant

I, _____, affirm that the information provided on this application form and the documentation provided to support this application is true, accurate complete, and unaltered. I acknowledge that, pursuant to RIGL 11-18-1, knowingly making a false statement on this application form is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to practice as a Public Health Dental Hygienist in the State of Rhode Island.

I affirm that I have entered into or will enter into a Written Collaborative Agreement (WCA), prior to practicing as a Public Health Dental Hygienist in accordance with section 2.9.3 of the **Rules and Regulations Pertaining to Dentists, Dental Hygienists, and Dental Assistants**.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners in Dentistry of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant _____

Date of Signature (MM/DD/YY) _____



Substitute forms are not acceptable. This form may be duplicated as needed.

Rhode Island Board of Examiners in Dentistry

Room 104, 3 Capitol Hill
Providence, RI 02908-5097
(401) 222-2828

RECIPROCITY RELEASE FORM

I am applying for a license to practice as a Public Health Dental Hygienist in the State of Rhode Island. The Rhode Island Board of Examiners in Dentistry requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Dentistry at the above address.

| | | |
|----------------------------|------------------------------|---------------------|
| Print/Type Full Name _____ | Signature _____ | Date _____ |
| Previous Names Used _____ | Social Security Number _____ | Date of Birth _____ |
| License Number _____ | Date Issued _____ | |

THIS SECTION TO BE COMPLETED BY THE DENTAL BOARD

Basis for issuing License:

ADA National Board
 NERB
 Other Regional Board
 State Exam _____ (State)

If a combination of exams were taken, please list the specific combination:

| | | |
|---|------------------------------------|-------------------------------|
| License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed | Original Date Issued: _____ | Expiration Date: _____ |
|---|------------------------------------|-------------------------------|

Questions:

1. Has this applicant ever been investigated by your Board? Yes No
2. Has this applicant incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

| | |
|--|------------|
| Signature _____ | Date _____ |
| Type or Print Name _____ | |
| Title _____ | |
| Full Name and of Licensing Board including State _____ | |



Please return directly to the Board at the above address. Thank you for your prompt cooperation.