

Application for Dental Hygiene Licensure

Enclosed is the application for Georgia dental hygiene licensure. **Please read all supporting documents below before completing the attached application. NOTE: The fees are non-refundable.** The licensure process could take a minimum of 30 days after submission of a completed application. Plan your application time accordingly.

All questions on the application must be answered.

ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED WITH COMPLETED APPLICATION IN ONE PACKAGE TO THE BOARD OFFICE.

In order to verify your compliance with licensure requirements submit:

1. **Completed application form** accompanied by a fee of \$50.00 (subject to change). Your application will not be processed unless the fee and all supporting documents are received. This is only an application fee. If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. Personal checks or money orders are acceptable, payable to the order of **Georgia Board of Dentistry. FEES ARE NON-REFUNDABLE. Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. §16-9-20**
2. **Incomplete applications** are maintained in the Board office for a period of one (1) year. After such time the application is rendered void and the applicant **must** re-apply and pay all required fees.
3. **Official letter(s) of licensure verification** for **every** dental hygiene license **ever** held. Each letter must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) standing of license, any disciplinary charges made against you by the licensing board or by any other state agency, and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The letter(s) must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE**, and must be dated within four months of Board receipt of your complete application packet.
4. **An Official Transcript** which documents graduation with an A.S., B.A., or B.S. degree from a dental hygiene school which is accredited by the American Dental Association Commission on Dental Education. **The transcript must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE.**
5. **National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE.**

YOUR NATIONAL BOARD SCORE MUST COME DIRECTLY FROM THE ADA TO

THE BOARD OFFICE.

6. **Proof of having successfully passed the Southern Regional Testing Agency (SRTA) examination.** NOTE: The Board **will not** consider examination results from SRTA that were obtained prior to February 22, 1993. Once you have taken the SRTA exam, you must submit a **notarized copy** of your SRTA score card. SRTA may be contacted through their website at: www.srta.org or by telephone at: (757) 318-9082.
7. **Jurisprudence Examination.** The examination must be downloaded from our website (see applications and other forms). The study materials are also available on our website. (www.sos.state.ga.us/plb/dentistry) The fee for this examination is \$25.00, payable to the order of **Georgia Board of Dentistry. FEES ARE NON-REFUNDABLE.**
A score of 75 or higher is considered a passing score.
8. **A National Practitioner Data Bank (NPDB) certified report** of any pending or final disciplinary actions or malpractice actions against any license ever held by the applicant in any state. **All applicants must submit a NPDB report along with a completed application** (NPDB must be dated within four (4) months). The **ONLY** applicants exempted from the requirement of NPDB report submission are those applicants within six (6) months of dental graduation who have never been issued a dental license in any state or U.S. territory. The NPDB report **must** be received in the **ORIGINAL SEALED ENVELOPE FROM NPDB.** Those applications which have any disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case by case basis, after receipt of all required application materials. For each case, the applicant must submit : 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency, 2) a copy of the final action, disposition, or settlement, 3) a personal explanation of the disciplinary action or the malpractice claim, and 4) any further information requested by the Board in separate communications. To obtain information (self-query) from the NPDB-HIPDB, please visit www.npdb-hipdb.com, scroll to the right side of the home page, and click **Perform a Self-Query**. The self-query is \$20.00, payable by credit card (VISA, MasterCard, Discover, or American Express). If you do not have Internet access, contact the Customer Service Center at 1-800-767-6732 from 8:30 a.m. to 6:00 p.m. Eastern Time (8:30 a.m. to 5:30 p.m. Fridays).
9. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s). [i.e. marriage certificate, divorce decree, legal name change]
10. **Current** CPR certification (photocopy)

Relocation: If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (478) 207-1699 or mail. This will enable you to received Board correspondence.

SUBMIT COMPLETED APPLICATION PACKET TO:

**Georgia Board of Dentistry
237 Coliseum Drive
Macon, Georgia 31217-3858**



Do Not Write In This Section:
 Receipt#: _____
 Amount: _____
 Applicant #: _____
 Initials/Date: _____

Board Name: Georgia Board of Dentistry
Address: 237 Coliseum Drive
Address: Macon, GA 31217-3858
Telephone #: (478) 207-1686
Fax #: (478) 207-1699
Website: www.sos.state.ga.us/plb/dentistry

Application For: Dental Hygiene License

Obtained By Method: Application \$75 Non-Refundable Fee (\$50 application fee \$25 Exam fee)
Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD-214 with your application.**

Part I: Personal Information

1. Name: _____
 Last First Middle Maiden

2. Mailing Address: _____
 (Street) (Apt. #) (City/State/Zip Code)

3. If your mailing address is a P.O. Box, you must provide a physical address:

_____ (Street) (Apt. #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

4. E-Mail Address: _____

5. Telephone #: Home: () _____ Work () _____ Other () _____

6. Date of Birth: _____ 7. Gender: ___M ___F

8. Race: _____ 9. Ethnicity: ___(Hispanic or Latino) ___(Not Hispanic or Latino)

10. Social Security Number*: _____ - _____ - _____

11. Military Service: _____ Dates of Service: _____
 Honorable/Dishonorable Discharge: _____

*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

Part II: Professional Education

12. Highest Degree Earned: ___Doctorate ___Master ___Bachelor ___Associate ___Diploma/Certificate

13. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): _____
a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

14. Name/Address of Graduate School/University: _____
a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

15. Name/Address of Post-Graduate School/Hospital (if applicable): _____
a. Type of Training: _____ b. Dates Attended: _____

16. National Board Information:
I understand that it is my responsibility to see that a copy of my scores be mailed from the Joint Commission on National Dental Examinations directly to the Board. For your convenience, the number is: 1-800-621-8099.

Signature of Applicant

17. Southern Regional Testing Agency Information:
I understand the Georgia Board of Dentistry accepts the results from the Southern Regional Testing Agency, but it is my responsibility to send a notarized copy of those results to the Georgia Board of Dentistry. For your convenience, the number is: 757-428-1003.

Signature of Applicant

18. National Practitioners Data Bank/Healthcare Integrity and Protection Data Bank
The Georgia Board of Dentistry requires all candidates for licensure to query the **NPDB/HIPDB** before licensure will be granted: You may contact the NPDB/HIPDB by calling: 1-800-767-6732 or by submitting query online at: www.NPDB.com (When you receive the RESPONSE from the NPDB/HIPDB please forward the information to the Board office along with your completed application).

If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.

19. Did you require special accommodations for the examination administered by the Southern Regional Testing Agency as outlined in the Americans with Disabilities Act? Yes or No **If yes, what accommodations were made?**

20. Have you ever failed a portion of the Southern Regional Testing Agency Examination or any other regional or state clinical examination?
 Yes No **If yes, give dates (list regional or state if applicable).**

If you've failed this exam three (3) or more times please request an exam history from SRTA or other regional or state board.

Part III:

If yes to any of the following questions you must attach a full written explanation pertaining to that particular question.

21. Do you presently have any contagious or infectious disease? Yes No

22. Have you ever had a formal complaint filed against you with any dental hygiene society, association, hospital, or dental board? Yes No
23. Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action? Yes No
24. Have you ever voluntarily surrendered a dental hygiene license? Yes No
25. Have you ever had any malpractice suits filed against you? Yes No
26. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? Yes No
27. Have you ever been denied the privilege of taking an examination before any Dental Board or licensing authority? Yes No
28. Have you ever failed an examination required of any Dental Board or other licensing authority? Yes No
29. Have you ever been refused, or suspended from membership in a dental hygiene society, or association, or hospital staff? Yes No
30. Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances? Yes No
31. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry? Yes No
32. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled, nolo contendere to, a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations), (DWI & DUIs' are not minor traffic violations), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter? Yes No

(Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question). If yes, for **each** occurrence furnish a written statement giving the complete facts in your own words, including in such statement the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. **You must attach the court disposition.**

33. Out of State Licensure Certification(s):

List all states which you have been issued a license to practice dentistry: (active, inactive, revoked, suspended, expired, lapsed etc.) You should have each state listed send an official letter of licensure verification/certification. **See instruction sheet for details. If not applicable check here: () n/a and initial**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part IV:

34. AFFIDAVIT OF APPLICATION

I acknowledge and state that I have read the Application and Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules.

I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board of Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Georgia Board of Dentistry, it's agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

This is to certify that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

(Print Name Above)

County _____ State _____

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

(PHOTOGRAPH)
Please attach recent photograph

Notary Public

Sworn to and subscribed before me this _____ day of _____, _____.

(SEAL) My Commission Expires _____

Notary: Do not notarize this section unless photograph is attached.

Part V: STATE LICENSURE CERTIFICATION

TO THE APPLICANT: *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dental hygiene. This form may be reproduced as necessary.*

TO: _____ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order that my application for licensure may be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure.

My license Number _____ was issued by your Board on _____ on the basis of () State Board Exam, () Reciprocity/Endorsement, () National Board, () Credentials, () other _____.

Applicant's Full Name (print or type)	Address		
Signature	City	State	ZIP

This section to be completed by an official of the above referenced licensing board. Please return this form directly to the applicant in a sealed envelope.

Dental Hygiene License Number _____ to practice dental hygiene in the State of _____ was issued on _____ to _____ Licensee

Is license current and in good standing? _____ Yes _____ No*

Has any disciplinary action ever been taken against this license?
_____ Yes* _____ NO ***If yes, please attach disciplinary documents.**

* Please provide complete details, including copies of any documents.

Signature	Date
Title	(BOARD SEAL)
Licensing Board	

Permit # _____
Date Issued _____

GEORGIA DENTAL HYGIENE TEMPORARY PERMIT APPLICATION

INSTRUCTIONS: The Georgia Board of Dentistry will issue a Temporary Dental Hygiene Permit to a dental hygienist who meets the following conditions:

1. Holds a current license in another state
2. Holds a current CPR certificate
3. Has applied for and been issued an examination admittance card from the Southern Regional Testing Agency for the next regularly scheduled examination
4. Has paid a \$150.00 non-refundable fee
5. Has completed all other requirements for permanent licensure on file in the Board office, except having taken the Southern Regional Examination (**Submit copy of Admission Card for the next regularly scheduled examination**)

Name: _____
(Last) (First) (Middle)

Address: _____ Home Telephone # _____

Internet E-Mail Address: _____ SS# _____

Date of Birth _____ Place of Birth _____

In what state(s) are you currently licensed to practice dental hygiene? _____

Name of dental school and graduation date: _____

Employment information must be supplied to the Board before actual practice of dental hygiene begins. If granted a Dental Hygiene Temporary Permit, I will be employed by:

Dentist's Name _____ Telephone# _____

Address _____ City, State, Zip _____

If employer is not known at the time of making application, it is the applicant's responsibility to contact the Board when you do have this information before you begin work.

I understand that this permit is valid only until the release of the scores from the next examination.

Signature _____ Date _____