

NOTE: Use the following checklist to help organize your application. You must submit:

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, U.S. passport, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation).

2. **Citizenship/Lawful Presence:**

If you are a U.S. Citizen, a photocopy of one of the following

- A U.S. Passport (unexpired or expired)
- A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal **Hospital-issued Keepsake Birth Certificates will not be accepted**
- American Indian Card (I-872) (only issued to members of the Texas Band of Kickapoo)
- Certificate of Naturalization (N-550 or N-570)
- Certificate of Citizenship (N-560 or N-561)
- Certification of Report of Birth (DS-1350)
- Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240)
- Certification of Birth Abroad (FS-545 or DS-1350)
- United States Citizen Identification Card (I-197 or I-179)
- Northern Mariana Card (I-873)

If you are a Qualified Alien or a Nonimmigrant under the Federal Immigration and Nationality Act, a photocopy of one of the following

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US Visa

If you are not a U.S. Citizen nor a Qualified Alien under the Federal Immigration and Nationality Act and are lawfully present in the United States, you may still be eligible for a license if you provide a copy of

Employment Authorization Document (EAD) (unexpired) **AND**
Evidence of one of the following documents under the Federal REAL ID Act

- An approved deferred action status (DACA)
- A pending application for asylum in the United States
- A pending or approved application for temporary protected status in the United States
- A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence, or in the United States or conditional permanent resident status in the United States

NOTE: Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

3. **Other Licensing Information:** If you hold or have held a credential to provide health services, health-related services, or environmental services in another state or jurisdiction, you must have the licensing agency submit to this Department a certification of your credential.
4. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.
5. **Conviction Information:** You are required to list ALL misdemeanor and felony convictions (regardless of when they occurred) on the application. You are NOT required to list infractions, diversions, or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions.
For all convictions, you must submit
- (1) A copy of the court record, which includes charges and disposition

- (2) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions
- (3) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required
- (4) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation

6. **Diploma:** Proof of graduation from high school or its equivalent.
7. **Education/Experience:** Official transcript showing your graduation date sent directly to our office from a dental assisting program accredited by the American Dental Association Commission on Dental Accreditation **OR** proof of substantially similar education, training, or service completed while a member of the armed forces of the United States **OR** employment or staffing records, or other reports from an employer, demonstrating a minimum of one thousand five hundred (1,500) hours of experience as a dental assistant during the five-year period prior to the date of this application.
8. **Examination:**
 (1) Verification of your successful completion of the Certification Exam for Dental Assistants (CDA) will be confirmed by our office with the Dental Assisting National Board (DANB). If we are unable to verify that you have passed the CDA examination, you will be required to contact DANB and have verification of your examination sent directly to our office from DANB.
AND
 (2) You are required to pass the **Jurisprudence Examination** that relates to the statutes that govern dentistry and dental hygiene. You may take the Nebraska Jurisprudence Examination at <https://www.proprofs.com/quiz-school/story.php?title=nebraska-dental-assistant-jurisprudence-examination>
9. **Fee:** The required fee. Please see fee chart below.

Fee chart

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Odd	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$25.00	\$25.00	\$25.00	\$25.00
Even	\$25.00	\$25.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00

NOTE: Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Application Processing: All applications will be processed in the order they are received. If a preliminary review shows that you are missing information, you will be contacted within approximately 15 days **by e-mail or by mail (if no e-mail is provided)**.

License Decision: 5-8 weeks from receipt of **complete** application

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
 Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

This form may be completed online and mailed to the address listed below.



DEPT. OF HEALTH AND HUMAN SERVICES

DHHS - Licensure Unit
 P.O. Box 94986
 Lincoln NE 68509-4986
 402-471-2118

For Office Use Only
No: _____
Date: _____

**Application for a License to Practice as a
 Dental Assistant**
 (Please print or type application)

SECTION A – LICENSE APPLICATION CATEGORY and FEES (All applicants must complete this section)
Check the category that applies.

<input type="checkbox"/> Licensure by Examination \$95.00 <i>see fee chart</i> Applicants who qualify by education or experience and have passed a certifying examination.	<input type="checkbox"/> Licensure by Reciprocity - Another Jurisdiction (State) \$95.00 <i>see fee chart</i> Applicants who are certified in another state, have practiced dental assisting for three years, and one of those years of practice was within the three years immediately preceding the date of this application.
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SECTION B – PERSONAL INFORMATION (All applicants must complete this section)
 Items 1-2 are displayed on the internet. <http://www.nebraska.gov/LISSearch/search.cgi>

NOTE: To expedite communication, any notifications will be sent to the e-mail address you provide. If no e-mail address is provided, notification will be sent to the mailing address you provide. If you change either your e-mail or mailing address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
		Maiden:	Other Names you are or have been known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth	Month/Day/Year:	Place of Birth (City/State or Country):	
4	Check the appropriate box(es) and give the number requested. If you have both a SSN and an A# or I-94 number, you must report both.	<input type="checkbox"/> Social Security Number: <input type="checkbox"/> Alien Registration Number ("A#"): <input type="checkbox"/> Form I-94 Number:		
<p>Nebraska Revised Statute 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</p>				
5	E-Mail address: (optional)	Phone number: (optional)		

CDA	Verified by	Date	NDEN	Checked by	Date	BOARD	Yes	No
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SECTION C – LICENSURE INFORMATION (All applicants must complete this section)				
Have you ever been licensed for a health, health-related, or environmental service in another state or jurisdiction?			YES	NO
List all other states, jurisdictions, or territories of the United States where you have been or are currently licensed. You are required to request that each state or jurisdiction sends a verification/certification of your license directly to our office.				
State	License Type	License Number	Issue Date	Expiration Date
Has any license listed above ever . . .	been disciplined?		YES	NO
	received adverse action?		YES	NO
	been denied?		YES	NO
Have you ever . . .	been denied the right to take a credentialing exam?		YES	NO
	received other actions?		YES	NO
If you answered YES to any of these questions, you are required to submit documentation and a letter of explanation for Board review. Failure to disclose any such disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. If you have any license disciplinary actions pending that results in license discipline, you are required to report such actions to the Investigative Unit within 30 days at http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.				

SECTION D – CONVICTION INFORMATION (All applicants must complete this section)					
Failure to disclose any conviction, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. If you have any criminal charges pending that result in conviction, you are required to report such actions to the Investigative Unit within 30 days at http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.					
1	Have you ever been convicted of a felony?			YES	NO
2	Have you ever been convicted of a misdemeanor?			YES	NO
If you answered YES to any of these questions, you are required to submit all requested documentation for each conviction. The Board of Dentistry may request that you submit additional documents, such as police reports.					
YES	NO	N/A	Copy of court records including charges and disposition.		
YES	NO	N/A	Letter of explanation which includes events leading to the conviction and a summary of actions taken to address the behaviors/actions related to the conviction.		
YES	NO	N/A	If the conviction involved drug/alcohol and you were required to obtain an addiction/mental health evaluation, a copy of the evaluation.		
YES	NO	N/A	If the above evaluation recommended that you obtain treatment, a copy of your discharge summary from the treatment program.		
YES	NO	N/A	If you were placed on criminal probation, a letter from the probation officer addressing the probationary conditions and current status of your probation.		

SECTION E – DIPLOMA (All applicants must complete this section) Proof showing graduation/completion of high school (or its equivalent) must be provided to our office.			
Accredited High School (or Equivalent Agency) Attended	Name of School:		
	Date of Graduation:	City:	State:

SECTION F – EXAMINATION (All applicants must complete this section)				
1	I have taken the Certification Exam for Dental Assistants (CDA) offered by the Dental Assisting National Board (DANB).	YES	NO	Date CDA exam was taken (Month/Year):
2	I have taken the Nebraska jurisprudence exam and passed it with a score of 75% or greater.	YES	NO	
3	I have failed a practical examination on two occasions.	YES	NO	

List what practical examinations, locations and dates that you have failed on two occasions:
Please note that if you failed on two occasions you are required to complete a remedial course in dental assisting approved by the Board before the Department will consider the results of the third examination as valid.

Examination	Location	Date

SECTION G – EDUCATION APPLICANTS ONLY: An individual applying for licensure by education must have a certified transcript showing graduation date sent directly from the accredited dental assistant program/college/school to our office.			
Accredited Dental Assistant Program/College/School Attended	Name:		
	Date of Graduation:	City:	State:

SECTION H – EXPERIENCE APPLICANTS ONLY: An individual applying for licensure by experience must answer the following questions and submit the required documentation. You may submit proof of employment on an employment verification form or a letter from your employer on their letterhead stating the beginning and ending dates of employment, approximate number of hours worked per week, and duties performed.		
Have you been actively engaged as a dental assistant for at least one thousand five hundred (1,500) hours within the five (5) years immediately preceding the date of this application?	YES	NO

SECTION I – RECIPROCITY APPLICANTS ONLY: An individual applying for licensure by reciprocity must answer the following questions and submit the required documentation. You may submit proof of employment on an employment verification form or a letter from your employer on their letterhead stating the beginning and ending dates of employment, approximate number of hours worked per week, and duties performed.			
1	Have you been actively engaged as a dental assistant for at least three (3) years?	YES	NO
2	Was at least one (1) of the years within the three (3) years immediately preceding the date of this application?	YES	NO

SECTION J – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the credential.			
1	Have you performed functions as a licensed dental assistant or as an expanded function dental assistant in Nebraska after January 1, 2018, and before submitting this application?	YES	NO
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location, and telephone number of the practice?	Name of Business:	
		City:	
		Telephone Number:	Number of Days:

SECTION K – ATTESTATION	
For the purpose of complying with Nebraska Revised Statutes 4-108 through 4-114 and 38-129 (<i>check ONE of the boxes below</i>):	
I attest that:	
<input type="checkbox"/> I am a citizen of the United States.	
OR	
<input type="checkbox"/> I am a qualified alien under the Federal Immigration and Nationality Act.	
<input type="checkbox"/> I am a nonimmigrant lawfully present in the United States.	
<input type="checkbox"/> Check this box if you are NOT a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.	
NOTE: You may still be eligible for a credential if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.	
<u>Application Attestation:</u>	
I attest that:	
1. I have read the application or have had the application read to me	
2. All statements on this application are true and complete	
3. I am of good character	
Print Name: _____	
Signature: _____	Date: _____

Please note: There is another application required for the following additional permits available for licensed Dental Assistants:

- Take Dental Impressions for Fixed Prosthodontics
- Take Dental Impressions and Make Minor Adjustments for Removable Protheses
- Cement Prefabricated Fixed Protheses on Primary Teeth
- Monitor and Administer Nitrous Oxide Analgesia
- Expanded Function Restorative Level One Simple Restorations (One Surface)
- Expanded Function Restorative Level Two Complex Restorations (Multiple Surfaces)