



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

APPLICATION FOR A LICENSE TO PRACTICE DENTAL HYGIENE
(Please print or type application)

Date: _____

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

Fees (Please see Fee Chart):
Examination: \$110.00
Reciprocity: \$110.00

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

- Dental Hygiene Licensure by Examination Dental Hygiene License in Another Jurisdiction (State) – Reciprocity

SECTION B – PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET <http://www.nebraska.gov/LISSearch/search.cgi> Items 1-2 are displayed on the internet.**

NOTE: To expedite notification of any pending requirements, the notification will sent to your e-mail address or mailing address you provide. If you change your address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other Names you are 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(s):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:		SSN#
				A#
				I-94 #
		If you have both a SSN and an A# or I-94 number, you must report both.		
Neb. Rev. Stat. §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.				
5	Phone #:			
6	E-Mail Address:			

SECTION C - EDUCATION (All applicants must complete this section) **A certified transcript showing graduation must be sent directly from your accredited college/school of dental hygiene to our office.**

Accredited College/School of Dental Hygiene Attended:	Name:		
School Address:	Street/PO/Route:		
	City:	State:	Zip:
Date of Graduation:	Date:		

SECTION D –LICENSURE INFORMATION (All applicants must complete this section) Direct source verification/certification of any dental hygiene license that you hold or have held is required. **You are required to request that each state or jurisdiction sends a verification/certification of your license directly to our office.**

1	Have you ever been licensed as a dental hygienist in another state or jurisdiction?	YES	NO
	List all other states, jurisdictions, or territories of the U.S. where you have been or are currently licensed, including license number, issue date, and expiration date.		
	State	License #	Issue Date
			Expiration Date

NDEN	Yes__	No__		BOARD	Yes__	No__
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SECTION E – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)
Failure to disclose any such conviction or 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 criminal charges or license disciplinary actions pending that results in conviction or license discipline, you are required to report such actions to the Investigative Unit within 30 days http://dhhs.ne.gov/Pages/reg_invest-p.aspx or by telephone at 402-471-0175.

Answer each of the following questions by placing a (✓) in the appropriate box (yes or no) and completing the information requested. All 'yes' responses MUST be explained in detail and you must submit the requested documentation and you may attach a separate page if needed.

The following questions relate to any credential that you hold or have held in health services, health-related services or environmental services in another jurisdiction.			
1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	YES	NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	YES	NO
3	Have you ever been requested to appear before any licensing agency?	YES	NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	YES	NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	YES	NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	YES	NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	YES	NO
8	Are you currently, or have you ever been, addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	YES	NO
9	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	YES	NO
10	Do you currently, or have you ever had, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your health care profession safely and competently?	YES	NO
11	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	YES	NO
12	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, place on probation, counseled, received a warning or been subject to any remedial or disciplinary action during dental hygiene school or postgraduate training?	YES	NO
13	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	YES	NO
14	Have you ever been requested to voluntarily resign or suspend hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other dental hygiene related employment?	YES	NO
15	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	YES	NO
16	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	YES	NO
17	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	YES	NO
18	Have you ever been convicted of a felony? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	YES	NO
19	Have you ever been convicted of a misdemeanor? Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.	YES	NO
20	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	YES	NO
21	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	YES	NO
22	Are you aware of any professional liability claims currently pending against you?	YES	NO

Please note: There is a separate application required for a Certificate to Administer Local Anesthesia.

SECTION F - EXAMINATION (All applicants must complete this section)

- I have taken a practical examination.
- I have requested an official copy of my score report to be sent to your office directly from the testing agency.
- I have failed on two occasions to pass a regional or state practical examination.
- I have taken the examination given by the Joint Commission on National Board Dental Hygiene Examinations and requested that an official copy of my score report to be sent to your office directly.
- I have taken the jurisprudence examination and have included it with my application.

Acceptable licensure practical examinations: *Acceptable examinations will be updated by August 15th of each calendar year.
 The Nebraska Board of Dentistry has determined that the following examinations will be accepted for Dental Hygiene license applications completed between January 1 through December 31 of the current graduating year (A passing score for each examination is determined by the respective testing agency):

- 2017 Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination (Passing score is 75)

<input type="checkbox"/> CRDTS	<input type="checkbox"/> WREB	<input type="checkbox"/> SRTA	<input type="checkbox"/> CDCA
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If you took the CDCA exam you will need to contact them and request that your scores be sent directly to this office. If you took a state exam, request that include in their certification of your license the requirements that you had to meet in order to receive a license in that state. You need to request that the scores for CRDTS be placed on the MASTER SCORE Sheet that is sent to our Department. Scores from the regional exams will be accepted for a period of five years from the date the exam was passed.

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

Examination	Location	Dates

SECTION G – RECIPROCITY APPLICANTS ONLY: An individual applying for licensure by reciprocity must answer the following questions and submitted the required documentation. You may submit proof of employment by submitting a copy of your W-2's or a letter from your employer/partner on their letterhead, stating the beginning and ending dates of employment and approximate number of hours worked per week.

1	Have you submitted proof that you have been actively engaged in the practice of dental hygiene for at least three (3) years?	YES	NO
2	Have you submitted proof that one (1) of the years has been within the three (3) years immediately preceding the date of this application?	YES	NO

SECTION H – PRACTICE PRIOR TO CREDENTIAL

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	I have practiced dental hygiene in Nebraska before submitting the 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:	# of days: _____ Name of Business: _____ City: _____ Telephone #: _____	

SECTION I - ATTESTATION

Attestation: For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

- I attest that:**
- I am a citizen of the United States.
- OR**
- I am a qualified alien under the Federal Immigration and Nationality Act.
 - I am a nonimmigrant lawfully present in the United States.
 - 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.

Application Attestation: I attest that:

- I have read the application or have had the application read to me; and
- All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____