

**Application Information for
 Nebraska Dental Hygiene License**

License Fee: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$27.50	\$27.50	\$27.50	\$27.50
Odd	\$27.50	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110	\$110

Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only ONE waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

Application Section A – Personal Information (Provide copies of the following documents)

1. **US Citizenship/Lawful Presence**
U.S. Citizens, a PHOTOCOPY of one of the following:
 ___ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
 ___ U.S. Passport (unexpired or expired).
 ___ Certificate of Naturalization.
 ___ Other documents that show U.S. Citizenship.
- A Driver’s License is NOT acceptable.**
- NOT a U.S. Citizen (Current Immigration Status) 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; or
 ___ Employment Authorization Card **AND one of the following**
 ___ 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; or
 ___ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
 ___ Other document that shows current immigration status
- ***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.
2. According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

3. **Information for Military Spouses:**

Temporary License: If you have an **active (license type)** in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent licensing requirements. A temporary license for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a license to determine which process is right for you.

To apply for this temporary license, you must **be a resident of Nebraska** and submit the following:

- The license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your (license type) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's (license type) requirements.
- The license fee.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

Application Section B – Conviction and Licensure Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** had a misdemeanor conviction, you are required to list ALL 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.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none">• MIP/ Tobacco Use by Minor• DUI / DWI / Open Container• Controlled Substance• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault / Prostitution• Disorderly Conduct / Disorderly House• Fail to Appear in Court	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• False Information or Reporting• Reckless Driving / Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action.** Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

2. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) our office may contact you and request that you contact that state and request a certification/verification of your license (**do not send a copy of your license**).

Application Section C - Education

- 1. **Transcripts:** An Official Transcript which shows your Dental Hygiene degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your dental program via email (dhhs.medicaloffice@nebraska.gov) or regular mail or submitted with your application in a sealed envelope.

Application Section D – Examination Information

- 1. **Examination Information:** You are required to submit official score reports for your Joint Commission on National Board Dental Hygiene Examinations and your practical examination. The score reports must be submitted directly from the testing agencies giving the examinations. **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.**

Pass an acceptable licensure practical examination. The Nebraska Board of Dentistry has determined that the following examinations will be accepted for Dental Hygiene license applications completed between January 1, 2023 through PRESENT (A passing score for each examination is determined by the respective testing agency) (currently these examinations can be either patient-based or manikin):

- 2023 Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination

*Note: The Department will retain a list of acceptable licensing examinations for 5 years as an administrative reference for applicants who do not apply for licensure during the same year the examination is completed. *Acceptable examinations will be updated by November 1st of each calendar year.*

Reciprocity Applicants Only: *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.*

- 2. **Jurisprudence Examination Information:** Each Applicant is required to take the State jurisprudence examination at <http://www.proprofs.com/quiz-school/preview.php?title=nebraska-dental-dental-hygiene-jurisprudence-exam>

Application Section E – Licensure Information

- 1. **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state/jurisdiction other than Nebraska, you must submit verification of the credential that includes whether you have ever been disciplined (do not send a copy of your license card).
- 2. **Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must **submit a copy of the disciplinary action(s), including alleged violations and findings.**

Application Section F – Practice Information (This section only needs to be completed by applicants that are applying by reciprocity)

- 1. **Practice Requirement for Reciprocity Applicants:** If you are applying for a dental license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of dentistry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
 - a) A copy of your W-2's;
 - b) A letter from your employer/practice partner on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Application Section G – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

Application Section H – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

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 Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

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

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

For Office Use Only	
BU # 25550143	Issue Date:
License #	

NEBRASKA Application for a Dental Hygiene License

Check below how you will be applying for the license:

- EXAMINATION (taken a practical examination within the last 5 years)
 RECIPROCITY (proof of practicing for 3 yrs and 1 yr must be within the last 3 yrs) RECIPROCITY (NRS 38-129)

Fee Waiver:

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only ONE waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

You must complete all sections of this application that apply to you.

SECTION A – PERSONAL INFORMATION

1	You must provide your Legal Name below			
	First:	Middle:	Maiden Name:	Last Name:
	List any 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 (mm/dd/yy):		Place of Birth (City/State or Foreign COUNTRY):	
4	Phone #:		Additional Phone #:	
5	E-Mail Address:			
6	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 (SSN):	
			<input type="checkbox"/> Alien Registration Number ("A#"):	
			<input type="checkbox"/> Form I-94 Number:	
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>Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in Nebraska? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If checked yes, are you applying for a temporary license as a military spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> (to apply for a temporary license, you must include all documentation identified in the instructions)</p>				

OFFICE USE ONLY

BOARD	Yes__	No__	AADE	Yes__	No__	NDEN	Yes__	No__
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SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

CONVICTION INFORMATION: You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

- | The following provides SOME examples of convictions; this is NOT a complete list | |
|--|---|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION C – EDUCATION			
Accredited College/School of Dental Hygiene Attended:	Name:		
School Address:	City:	State:	
Date of Graduation:	Degree Received:		

SECTION D – EXAMINATION INFORMATION (All applicants must complete this section) **Scores from the practical examinations will be accepted for a period of five years from the date the examination was passed.**

1	I have taken the National Board examination and have requested my scores be sent directly to the Department.	YES	NO
2	I have taken one of the following practical examinations:	<input type="checkbox"/> CRDTS (Licensure Unit receives scores directly from testing agency)	<input type="checkbox"/> ADEX (accepted if taken or signed-up to take prior to 11-1-2022) (applicant must request individual score report be sent directly to the Licensure Unit from the testing agency)
3	I have failed a practical examination on two occasions.	YES	NO
List what practical examinations, locations and dates that you 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 Licensure Unit will accept the results of the third examination.			
Examination		Location	Dates

SECTION E – PRACTICE INFORMATION (This section only needs to be completed by applicants that are applying by reciprocity). You must provide proof of practicing by submitting a copy of your W-2's or a letter from your employer or practice partner on their letterhead, stating the beginning and ending dates of employment and the 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 F – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to the issuance of a credential is subject to an 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 such credential.

1	<input type="checkbox"/> NO. I have not practiced dental hygiene in Nebraska without a license. <input type="checkbox"/> YES. I have practiced dental hygiene in Nebraska without a license.		
2	If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice:	Number of days:	
Name of Business:			
City:			
Telephone #:			

PLEASE NOTE: A separate application is required for the following:

- Local Anesthesia Certification;
- Public Health Authorization for Treating Children;
- Public Health Authorization for Treating Children and Adults;
- Expanded Scope Functions; and
- Expanded Functions.

SECTION G - 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.

Application Attestation and Signature: I attest that:

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

Print Name: _____

Signature: _____

Date: _____

Contact Information:

Telephone: 402-471-2118

Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
Licensure Unit - 6th Floor
P.O. Box 94986
Lincoln Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
Licensure Unit - 3rd Floor
301 Centennial Mall South
Lincoln Nebraska 68508