

Date Application & Fee Received _____

License Number _____

Approved for License _____

Issue Date _____ Expiration Date _____

APPLICATION FOR LICENSURE TO PRACTICE DENTAL HYGIENE IN THE STATE OF WYOMING

WYOMING BOARD OF DENTAL EXAMINERS
1800 Carey Avenue 4th Floor
Cheyenne WY 82002
(307) 777-7387

Please type or print neatly.

INSTRUCTIONS TO APPLICANT: Before completing your application, please review the enclosed Rules and Regulations, Chapter 3 to ensure you are applying for a dental hygiene license under one of the three categories of licensure for which you are qualified. That is, there are **THREE (3)** different paths to obtaining licensure as a dental hygienist in Wyoming:

- 1) New Graduate (graduated within past 12 months of application submission from approved Dental Hygiene School)
- 2) Licensure by Credentials for Experienced Licensed Dental Hygienist (licensed in another state with 800 practice hours performed within 12 months immediately preceding submission of this application to the Board)
- 3) Alternative Licensure (candidates who do not meet New Graduate or Licensure by Credentials for Experienced Dental Hygienist)

Are you applying for: Local Anesthesia Administration ___ Yes ___ No
Nitrous Oxide Analgesia ___ Yes ___ No

If you are applying for any expanded function, please complete the attached application for a permit. Note, you are prohibited from performing any expanded function until such time as you receive a separate expanded function permit to do so. That is, an Expanded Function Permit is issued separate and apart from a Registered Dental Hygienist License.

If the space provided for any answer is insufficient, complete the answer on a separate sheet of paper, sign it, and specify the number of the question to which it relates. All applicants for licensure must submit to a jurisprudence examination as prescribed by the Wyoming Board of Dental Examiners. The application, application fee, and proof of graduation must be sent to the above address prior to scheduling the Wyoming jurisprudence examination.

Please mark **ONLY ONE** of the following categories for which you qualify for licensure:

_____ I am a **NEW GRADUATE**. I have graduated from a CODA accredited Dental Hygiene School within the past twelve months of submitting this application and I passed, or intend to take, a regional or clinical examination from one of the following testing agencies:

- 1) WREB 2) CRDTS 3) NERB 4) CITA 5) SRTA

If applying as a New Graduate, complete pages 1 thru 5 and 8 thru 11.

_____ I am currently **CREDENTIALLED** by another state and have significant clinical experience. (In addition to holding a dental hygiene license in another jurisdiction, I can provide proof of the following:

Provided 800 clinical practice hours within the past twelve (12) months immediately preceding my submission of this application;

If applying by Credentials, complete pages 1 thru 4, 6 and 8 thru 10.

_____ I am an **ALTERNATIVE** applicant who:

- 1) Graduated from a CODA accredited Dental Hygiene School more than twelve (12) months ago, **and**
- 2) Have obtained or maintained clinical competency as outlined by Chapter 3, Section 3 through:
 - a) Having received ten (10) hours of clinical (hands on) continuing education within the last twelve (12) months; or
 - b) Having taken and passed a clinical examination within the past twelve (12) months;

If applying by Alternative, complete pages 1 thru 4, 7 and 8 thru 10.

SECTION A: All APPLICANTS TO COMPLETE THIS SECTION

1. Name: _____
Last First Middle Initial Previous Names Used

2. Social Security: _____ Date of Birth: _____

3. Citizenship: U.S. Other (U.S. Code Title 8, Chapter 14, Section 1621 requires proof of legal presence in the United States. Attach acceptable documentation from enclosed List A and B.)

4. Home Address: _____ Telephone Number(s): _____
()

5. Business Address: _____ Telephone Number(s): _____
()

6. Preferred Address for Correspondence: Home Business

The Board often receives requests for a list of license holders from organizations offering continuing education courses, or other information, which could be of interest to you. The list provided includes your name, license information and business mailing address, which by law are public records. If you have not provided a business address, your address appears on this list as "Address Not Available".

7. Preferred Email Address: _____

8. HIGH SCHOOL EDUCATION:

I graduated from the _____ High School in

_____ in _____
(City, State) (Month) (Year)

9. COLLEGE OR UNIVERSITY EDUCATION: (including dental education)

Name and location of institutions attended:	Period of attendance:
1 st year _____	_____
2 nd year _____	_____
3 rd year _____	_____
4 th year _____	_____

10. DENTAL HYGIENE EDUCATION:

Name and location of institutions attended:	Period of attendance:
_____	_____
_____	_____

11. DEGREES CONFERRED:

<u>Type of Degree</u>	<u>Conferred by (Identify College or University)</u>	<u>Date</u>
1. _____	_____	_____
2. _____	_____	_____

12. REGIONAL BOARD EXAMINATION TAKEN: _____

13. ARMED FORCES:

Give detailed statement regarding any service in the armed forces during the last ten years, including dates of active service, rank, serial number, locations, last commanding officer, and your last service address. If separated from the service, state nature of separation, and, if other than honorable, specify type thereof and circumstances surrounding your release. Give full particulars as to any conviction by court martial while serving in the armed forces. (Attach statement)

Branch of Service _____ Serial Number _____

14. BASIC LIFE SUPPORT: I have current Basic Life Support (CPR) certification. Yes _____ No _____

15. CHARACTER:

Have you ever held a license, other than as a dental hygienist, the procurement of which required proof of good character?

Yes _____ No _____ As to each license, state type of license, the date it was granted, and the name and address of issuing authority.

Have you ever been suspended or expelled by any high school or college for any cause?

Yes _____ No _____ If so, state reasons fully, giving the name of school, date and cause. (Attach statement)

16. OTHER APPLICATIONS:

Indicate license(s) in all states where you are currently or have been previously licensed. Begin with your original license. Note carefully any licenses not currently in good standing.

State(s)	License Number	Issue Date	Expiration Date	Current Status
		Month/Day/Year	Month/Day/Year	Active, Inactive, Other (Explain Other)

17. The last year I actively practiced as a dental hygienist was: _____

18. DISCIPLINARY ACTION:

Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dental hygienist or a member of any profession? Yes _____ No _____

Have you been denied a license to practice any profession in any state? Yes _____ No _____

Have you been disciplined by any educational institution? Yes _____ No _____

If you checked "Yes" to any of the above questions, please attach a separate statement setting forth the facts, dates the action took place, final disposition of the matter, and the name and address of the entity from whom the Board office may request and receive records/verifications of your statement(s).

19. CONVICTIONS:

(a) Have you ever been convicted of a felony or misdemeanor other than a speeding or parking violation?
Yes _____ No _____ If so, state date, location, and nature of offense.

(b) Are any criminal charges or investigations pending against you? Yes _____ No _____

If you answered "Yes" to any of the questions above, please attach a separate statement with the following information: full details/facts surrounding the event(s) including dates; exact name and location of court; case/docket numbers; final disposition of the matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel, and location where the offense was adjudicated.

20. MENTAL AND PHYSICAL HEALTH:

Have you ever been adjudged an incompetent person or an insane person by any court?
Yes _____ No _____ If "Yes", please attach statement giving full explanation.

Have you ever been a patient in any sanitarium, hospital, or mental institution for treatment of mental illness?
Yes _____ No _____ If "Yes", attach a statement giving full explanation, including name and address of all doctors and institutions who provided treatment.

Are you now, or have you ever been, addicted to, or have you undergone treatment for, the use of narcotics or other similar controlled substances, illegal drugs or the use of alcohol?
Yes _____ No _____ If so, attach statement giving full explanation which identifies all substances, types of treatment, dates of treatment, length of treatment and providers of treatment.

21. JUDGMENTS/BANKRUPTCIES:

Are there any unsatisfied judgments against you resulting from the practice of dental hygiene?
Yes _____ No _____ If "Yes", list details, giving amounts, dates and the nature of the judgments, and the reason for non-payment. (Attach statement)

Have you ever filed a voluntary petition for bankruptcy? If "Yes", explain. Yes _____ No _____

22. REFERENCES: Six (6) references are required. Three (3) are to be personal and three (3) are to be dental.

If applying for licensure as a new graduate, please request each of your references send a letter directly to the Board office on your behalf. If applying for licensure by credentials or alternative, only state the names of your six references.

PERSONAL: State names of three persons with whom you are personally acquainted and have had association within the past ten years. Do not use immediate relatives or spouse.

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

DENTAL: State names of three dentists and/or dental hygienists who know you. (If you have not practiced previously, give the names of hygiene school instructors, etc.) **At least one of the three dental references HAS to be a dentist who provides a testimonial of good moral character.**

Name _____ Occupation _____

Name _____ Occupation _____

Name _____ Occupation _____

SECTION B: To be completed by **NEW GRADUATE** Applicants only. Upon completion of this section, proceed to **Section E:**

1. NATIONAL BOARDS:

I have passed National Board Dental Hygiene Examination: Yes _____ No _____
Date _____ Year _____

(You must have the National Board send a copy of your grade card directly to the Board office.)

2. REGIONAL BOARDS:

I took and passed the following Regional Board Examination on the date indicated below:

1. WREB _____
2. CRDTS _____
3. NERB _____
4. CITA _____
5. SRTA _____

(You must have the testing agency send a copy of your grade card directly to the Board office.)

SECTION C: To be completed by **CRENTEIALED** applicants only. Upon completion of this section proceed to **Section E:**

1. Identify all states in which you are currently licensed as a dental hygienist along with date of licensure issuance:

State

Date License Issued

State

Date License Issued

State

Date License Issued

2. By checking this box, I certify I have completed **800 hours of continued practice WITHIN the past twelve (12) months** immediately prior to application submission.

3. I submitted an application to PBIS on Date _____ Year _____

SECTION D: To be completed by ALTERNATIVE applicants only (which includes those who do not meet the criteria of a “New Graduate” or “Credentialed” Applicant). Upon completion of this section, proceed to Section E.

Applicants applying for ALTERNATIVE licensure consist of those applicants who graduated from a CODA accredited Dental Hygiene School more than one (1) year prior to submission of this application and have obtained and maintained clinical skills as otherwise outlined by the Board’s Rules and Regulations (Chapter 3, Section 3): Information provided below is subject to verification by PBIS. Please CHECK one of the following three options which may satisfy current clinical competency standards:

_____ OPTION 1: I passed a WBDE approved regional clinical examination more than twelve (12) months prior to my application submission and I have maintained clinical competency by successfully completing the equivalent of ten (10) hours of clinical (hands on) education in the twelve (12) months prior to application.

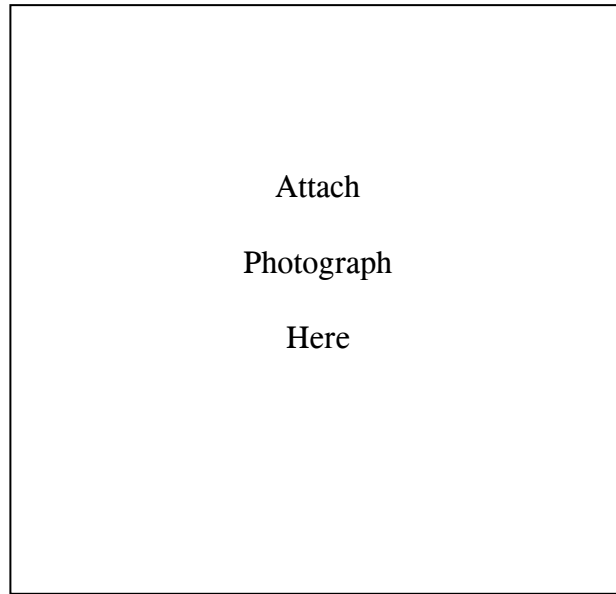
If you have selected this option, please include a brief statement (or certificates) which verify and explain how you have fulfilled the ten (10) hours of clinical (hands-on) education requirement in the twelve (12) months immediately prior to application.

_____ OPTION 2: I took and received passing scores from a WBDE approved regional clinical licensure examination within the past twelve (12) months of submitting this application in order to demonstrate current clinical competency. Specifically, I took the following examination on the date indicated (select examination and insert date as indicated):

- WREB _____
- CRDTS _____
- NERB _____
- CITA _____
- SRTA, or _____
- STATE AGENCY _____

I submitted an application to PBIS on Date _____ Year _____

An unmounted bust photograph 3 x 3, of applicant taken not more than six months before date of application, must be pasted in this space and must not be larger than space provided.



The following items must be included before this application is considered complete:

- _____ Copy of CPR certification with date of expiration. CPR certification has to be kept current at all times during the licensure period.
- _____ Official transcript sent directly from the dental hygiene school indicating degree.
- _____ Copy of Proof of Legal Presence (Copy of birth certificate etc. See attached list A or B).
- _____ For New Graduate applicants, a certified check or money order for \$150.00 application/examination fee payable to State of Wyoming.
- _____ For Credentialed and Alternative applicants, a certified check or money order for \$200.00 application/examination fee payable to State of Wyoming.

Application, application fee, and proof of graduation must be submitted to the following address before scheduling to sit for the Wyoming Jurisprudence Examination. Incomplete applications will not be scheduled for Jurisprudence Examination. Licensure will not be granted until the entire application is complete and the Board office has verified that all criteria set forth in Chapter 3, Section 3 has been met and the Application Review Committee has determined that no basis for denial of the application exists.

CERTIFICATION/VERIFICATION

(If applicable, to be completed by New Graduate only.)

If you have been granted a license to practice in any other state(s), please have the Secretary of the respective state(s) complete this form and send it directly to the Board office. If you need more copies, you may reproduce this form.

I, _____, Secretary of the _____

hereby certify that _____

was granted license number _____ to practice _____ in the State of _____

on _____, on the basis of _____

and that such license is _____ is not _____ current.

I hereby do _____ do not _____ certify to the good standing of the said applicant as appears on record in this office, and do _____ do not _____ recommend him/her to the Wyoming State Board of Dental Examiners to receive a license, and I further certify that said applicant has _____ has not _____ been the subject of final or pending disciplinary action in this state.

Dated this _____

(Seal)

Secretary