



NEW LICENSE APPLICATION

Board of Dentistry

Dental Hygiene & Administration of Local Anesthesia & Nitrous Oxide

Please read instructions before completing this form. If you have any questions, call HPLA's toll-free Customer Service line at 1-877-258-9217 Monday through Friday, 8AM to 4:45PM EST. A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).

SECTION 1. REQUESTED LICENSE TYPE/FEEs (includes non-refundable application fee – see instructions)

- DEN HYG – Dental Hygienist by Exam \$245.00
- Local Anesthesia and Nitrous Oxide by Exam \$25.00
 - Local Anesthesia \$25.00
 - Nitrous Oxide \$25.00
- DEN HYG– Dental Hygienist by Endorsement \$245.00
- Local Anesthesia and Nitrous Oxide by Endorsement \$25.00
 - Local Anesthesia \$25.00
 - Nitrous Oxide \$25.00

Duplicate Licenses (limit 5) _____ X \$34.00 = \$____.00

Total Enclosed \$____.00

Make check or money order payable to D.C. Treasurer

MAIL TO:
Department of Health
Health Professional Licensing Administration
Board of Dentistry
899 North Capitol Street, NE
First Floor
Washington, DC 20002

HPLA ONLY

Check \$	Check #	Staff
\$ ____ .00		

SECTION 2. APPLICANT NAME/DEMOGRAPHIC INFORMATION

Enter your name exactly as it should appear on the license. If your name has changed at any point since you first attended college or university, please complete Section 4 on page 2. You must also provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

FIRST NAME	MI	LAST NAME	SUFFIX (“Jr”, “Sr”, not “DDS”, etc.)
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SOCIAL SECURITY NUMBER

____ - ____ - _____

If applicant does not provide a social security number, a sworn affidavit is required.

DATE OF BIRTH

MM - DD - YYYY

____ - ____ - _____

PLACE OF BIRTH

Provide City and State for US birthplace or Country for foreign place of birth.

Male Female

GENDER

Please check the correct box.

Section 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Dentistry. Keep a photocopy of all supporting documents for your records.

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	YES	NO	HPLA ONLY
A. Two recent and identical passport-type photos of the applicant's face (approx. 2"x2") with applicant's name printed on the back. The photos must be original photos and cannot be computer-generated copies or paper copies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Official transcript (with seal) from the applicant's dental school indicating the type of degree conferred and date of graduation. This may be sent directly from the school, but is preferred that it accompany the application in a sealed envelope. Submit certificates of completion of local anesthesia & nitrous oxide training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. National Board of Dentistry Examination results (ask the Joint Commission on National Dental Examinations to submit exam results to the DC Board of Dentistry) AND NERB (North East Regional Board) examination results for Dental hygiene and local anesthesia & nitrous oxide administration results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. For Administration of Local Anesthesia and Nitrous Oxide by Dental Hygienists. Please submit a copy of a valid CPR Certification for healthcare providers at the basic level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. If licensed in another state/jurisdiction: Certified Letters of Good Standing from all jurisdictions licensed to practice Dental Hygiene & Administer Local Anesthesia and Nitrous Oxide in past and present.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Character Reference List – List (on a separate piece of paper) names and addresses of three responsible persons (other than relatives, instructors, or employers) who have know you for at least one year and can attest to your character.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Completed DC Dental Hygienist Written “Take-Home” Law Exam Answer Sheet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Copies of legal documents supporting all name changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Completed and Signed Clean Hands Form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section 4. PREVIOUS NAMES

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.)

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.)

FIRST NAME MI LAST NAME SUFFIX

Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.)

FIRST NAME MI LAST NAME SUFFIX ("Jr", "Sr", not "DDS", etc.)

Section 5A. HOME ADDRESS

Even if you have a PO Box, a street address should also be provided, if applicable.

APARTMENT SUITE FLOOR PO BOX NUMBER

HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)

HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS

Section 5B. BUSINESS ADDRESS

Please note: This information will be made available to the public.

COMPANY NAME

APARTMENT SUITE FLOOR PO BOX NUMBER

BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)

CITY

STATE ZIP CODE + 4

BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS

Section 5C. PREFERRED MAILING ADDRESS

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

HOME BUSINESS

DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

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SECTION 7. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this application.

HPLA ONLY

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).

IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:

Yes No

- A. 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

YES NO

B.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations)?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to complete section 6C of this form.)	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E.	Have you ever voluntarily surrendered a license after formal charges have been filed against you or while under investigation?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
F.	Have you ever been terminated from or resigned from a clinical or professional training program?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
G.	Do you have a physical or mental condition that currently impairs your ability to practice your profession?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
H.	Have you been diagnosed or treated for substance abuse or is your ability to practice your profession impaired by alcohol or drug use?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
I.	1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession? 2) Has any authority or peer review board taken adverse action against your license or privileges? 3) Are you currently under investigation or were you investigated by any authority or peer review board for any violation of state, federal, or local law? 4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board?	YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/> YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) license?	YES NO <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

HPLA ONLY

LICENSEE SIGNATURE

NAME (Please Print)

DATE