

**PLEASE READ CAREFULLY**

**GENERAL INFORMATION**

Each applicant for licensure to practice dental hygiene in the state of New Hampshire must complete all of the information on the attached "**Hygienist Application for Licensure**" form.

**LICENSURE BY EXAMINATION**

Any person who has taken and passed the American Board of Dental Examiners (ADEX) dental hygiene examination or other similar U.S. regional or state board, including clinical procedure components, within the 3 years immediately prior to submitting the application shall be considered for licensure by examination.

**LICENSURE BY ENDORSEMENT CERTIFICATION**

Any person holding a current, unsuspended, unrestricted license to practice dental hygiene in another state who has taken and passed the ADEX dental hygiene examination, or an examination administered by another U.S. regional testing agency, with a passing score on each part of the examination, and practiced clinical dental hygiene in one or more states for not less than 3 years immediately prior to submitting the application, shall be considered for licensure by endorsement.

**APPLICATION FEE**

A certified check or money order in the amount of **\$100.00**, made payable to the "**TREASURER, STATE OF NEW HAMPSHIRE**" must accompany the application, or if presented in person, the payment may be made in cash.

**REQUIREMENTS FOR APPLICATION**

In addition to the application form, the following documents shall be filed with the Board:

**TRANSCRIPT:** An official copy of the applicant's dental hygiene school transcript, bearing the registrar's original signature and the school's seal, sent directly by the school to the New Hampshire Board of Dental Examiners. If applicant's degree will be conferred within 3 months, an official copy of the transcript must be sent within 30 days of the degree being conferred.

**NATIONAL BOARD EXAMINATION:** Applicants must request that their examination results be made accessible to the New Hampshire Board of Dental Examiners to look up on the JCNDE (Joint Commission on National Dental Examinations) website. Please submit your request to JCNDE at [www.ada.org/nbdhe](http://www.ada.org/nbdhe) .

**BIRTH CERTIFICATE:** An original or certified copy of the applicant's birth certificate written in English or translated to English. A certified copy of the applicant's valid passport written in English or translated to English may be used in place of a birth certificate.

**LETTER OF GOOD STANDING:** The following documents shall be filed with the Board: A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant's license to practice in that state, based on the records of the board, has been subject to disciplinary action, has disciplinary action pending, has been under stayed probation, or is under investigation. This statement must be submitted directly from the dental board of each state in which the applicant has ever had a license (whether active, inactive, or lapsed). This statement shall be updated if more than 4 months old.

**REGIONAL BOARD SCORES:** If applying for licensure by examination, the applicant shall advise the Commission on Dental Competency Assessments (CDCA) to make his or her scores available to the Board online. Applicants must send scores from other regional boards directly to the Board's office.

### **JURISPRUDENCE EXAMINATION**

After the application and **all** the supporting documents are received, the application file will be reviewed by the New Hampshire Board of Dental Examiners or its representative. If the file is acceptable to the Board or its representative, the applicant will be notified that the application is complete and that the jurisprudence examination may be taken. The applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

### **LOCAL ANESTHESIA**

**After you have been licensed by the Board of Dental Examiners** and have taken a course in local anesthesia that satisfies the requirements of Den 302.05 (i), (j) and (k), you must send the following to the Board to obtain a local anesthesia permit:

1. A written request to the Board and a \$25 fee (check made payable to "Treasurer-State of NH").
2. Proof of course completion. If the course was taken out of the state, a course syllabus is required.
3. CDCA score.

### **NITROUS OXIDE**

**After you have been licensed by the Board of Dental Examiners** and have taken a course in the monitoring and administration of nitrous oxide which satisfies the requirements of Den 302.05 (m), you must send the following to the Board to obtain an administration of nitrous oxide permit:

1. A written request to the Board and a \$25 fee (check made payable to "Treasurer-State of NH"); and
2. Proof of successful course completion which is signed by the course provider.

### **REGISTRATION**

A registration fee in the amount of **\$165.00** is required at the time of licensure and each biennial registration thereafter. Certified checks or money orders should be made payable to "**TREASURER, STATE OF NEW HAMPSHIRE.**" If presented in person, the payment may be made in cash. The biennial registration period commences **MAY 1st** of odd-numbered years. Biennial registration requires that registration forms be mailed before February 15th of odd-numbered years. Licensees are required to report a change of business or residential address, primary email address and phone number within 30 days of any change to the Board.

**Written notification to the Board is required.**

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, PLEASE CONTACT THE ADMINISTRATIVE OFFICE. PLEASE NOTE THE ADDRESS AND TELEPHONE NUMBER ON PAGE 1 OF THIS INFORMATION SHEET.**

FOR OFFICE USE ONLY  
 PAID \$ \_\_\_\_\_  
 CASH, CHECK OR MO # \_\_\_\_\_

**NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS  
 DENTAL HYGIENIST APPLICATION FOR LICENSURE**

**Examination/Endorsement** application (circle one) to practice dental hygiene.

**False statements, knowingly made by the applicant, shall void any license issued. All questions must be completed or this application will be returned or rejected.**

**PRINT OR TYPE**

1. Name in Full (first, middle, last) \_\_\_\_\_
2. Date of Birth (month, day, year) \_\_\_\_\_
3. Place of Birth (city, county, state) \_\_\_\_\_
4. Social Security Number \_\_\_\_\_
5. Have you ever been known by any other name?    yes \_\_\_\_\_    no \_\_\_\_\_    If yes, give other name(s) \_\_\_\_\_

6. Current residential address: \_\_\_\_\_  
 \_\_\_\_\_

Primary email address (either business or personal): \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

7. School of Dental Hygiene \_\_\_\_\_

Location \_\_\_\_\_

Date of Graduation (Month, Day, Year) \_\_\_\_\_

8. Have you taken and passed:

The National Board	yes _____	no _____	Year _____
The ADEX (written)	yes _____	no _____	Year _____
The ADEX (clinical)	yes _____	no _____	Year _____
Others (name)			
_____	yes _____	no _____	Year _____
_____	yes _____	no _____	Year _____

9. Are you currently certified in BLS-HCP, with hands-on component?    yes \_\_\_\_\_    no \_\_\_\_\_  
 (Please provide proof.)

10. List all places where you have possessed a license to practice dental hygiene.

If none, so state: \_\_\_\_\_

State and License No.	Issue Date	Active/Inactive	Dates of Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Professional Employment History

I have been employed by the following dentists: If none, so state. \_\_\_\_\_

<u>Dates</u>	<u>Name</u>	<u>Location</u>
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____

12. Have you ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled? yes \_\_\_\_\_ no \_\_\_\_\_

13. Have you ever been convicted of the illegal practice of dental hygiene? yes \_\_\_\_\_ no \_\_\_\_\_

14. Have you ever been denied dental hygiene licensure? yes \_\_\_\_\_ no \_\_\_\_\_

15. In any jurisdiction, including New Hampshire, has your license to practice dental hygiene ever been or are you currently subjected by any professional licensing body to any investigation, sanction, or disciplinary action? This includes but is not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntarily or involuntarily relinquished, or being required to submit to care, counseling, supervision, or further education? yes \_\_\_\_\_ no \_\_\_\_\_

16. a. Do you have any physical or mental illness that impairs your ability to practice dental hygiene? yes \_\_\_\_\_ no \_\_\_\_\_

b. Has a health practitioner or mental health practitioner advised you that you have any physical or mental illness that impairs your ability to practice dental hygiene? yes \_\_\_\_\_ no \_\_\_\_\_

17. Is your ability to practice dental hygiene impaired by an addiction to alcohol, narcotics, or other mind altering drugs? yes \_\_\_\_\_ no \_\_\_\_\_

18. Have you ever been or are you currently named as a party in any malpractice or professional liability claim or lawsuit or is there any pending? yes \_\_\_\_\_ no \_\_\_\_\_

If you have answered yes to any question, 12 through 18, attach a statement explaining the circumstances fully.

19. Excluding pre-graduate training, list the dental/dental hygiene continuing education courses you have taken during the last two (2) years. If none, so state. \_\_\_\_\_ (Please do not attach documentation.)

Date	Course	Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

New Hampshire Board of Dental Examiners

**STATEMENTS OF PROFESSIONAL CHARACTER FOR HYGIENISTS**

**(Statements from family members are not acceptable)**

The individual named below has applied for a dental hygienist license. Please complete this form and return to the applicant. This statement of professional character shall be incorporated into the individual's dental hygienist license application.

The undersigned is personally acquainted with \_\_\_\_\_, named in this form, and recommends h\_\_\_\_\_ as a person of good professional character.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

If a dentist, License # \_\_\_\_\_, State \_\_\_\_\_ Length of time applicant known \_\_\_\_\_

**Please return the completed form to:**

Applicant's Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Note to applicant:**

- Complete the name and address lines above before sending this form to each reference.
- At least 2 signed certifications of good professional character are required. If you have had previous employment as a dental hygienist, at least 1 of your 2 professional character references should be by a licensed dentist in good standing.
- Once you have received ALL of the completed statements of professional character, please include with your application to the NH Board of Dental Examiners.
- Additional copies of this form can be found on the Board's website at [www.oplc.nh.gov/dental](http://www.oplc.nh.gov/dental), under Forms and Publications, or you may make additional copies of this form.

**EDUCATION REQUIREMENTS**

I certify that \_\_\_\_\_  
(Name of Applicant)

**ATTACH PHOTOGRAPH**

has attended the required courses in the study of dental hygiene and was graduated from:

\_\_\_\_\_  
(Name of Dental Hygiene School)

\_\_\_\_\_  
(Date degree conferred)  
(or)

\_\_\_\_\_  
(Date degree will be conferred)  
\* degree must be conferred within 3 months of this application

and the photograph attached is a likeness of

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature of Dean, Registrar, or Secretary)

\_\_\_\_\_  
(Date)

Photograph must be a passport photo and not more than 6 months old. Seal of School must be impressed over a portion of the photograph and a portion of the application.

The following affidavit must be completed by the applicant after the previous portion is filled out.

**STATEMENT BY APPLICANT**  
*(Must be sworn to before a notary public)*

I understand that by signing this application I am:

- 1. Waiving any confidentiality regarding disclosure to the Board from any other jurisdiction about any pending complaints or action being taken against my license to practice dental hygiene.
- 2. Giving consent for a criminal background check.

I, \_\_\_\_\_,  
of full age, under the penalties for falsification pursuant to RSA 641:1 through RSA 641:3, state that I am the person referred to in the foregoing application, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct as of this

\_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month)

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and subscribed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

my commission expires: \_\_\_\_\_

**OPTIONAL INFORMATIONAL QUESTION  
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP  
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

***RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.***

**OR**

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

**Please place a check mark in all that apply below:**

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above.