

REQUIREMENTS FOR COMMUNITY SERVICE LICENSE – DENTAL EXAMINERS

Access this form via website at: www.hawaii.gov/dcca/areas/pvl/boards/dentist

- AGE** Be at least 18 years of age.
- APPLICATION** Complete the attached application form. Type or print legibly in dark ink and sign application. Applicants are subject to requirements in effect at the time of filing.
- **Failure to provide the requested information will result in this form being returned to you for completion.**
- SOCIAL SECURITY NUMBER** Your social security number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued you must **provide your social security number or your application will be deemed deficient and will not be processed further.**
- The following laws require that you furnish your social security number to our agency:
- FEDERAL LAWS:**
- 42 U.S.C.A. §666(a)(13)** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and
- If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the social security number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.
- HAWAII REVISED STATUTES ("HRS"):**
- §576D-13(j), HRS** requires the social security number of any applicant for a professional license or occupational license be recorded on the application for license; and
- §436B-10(4) HRS** which states that an applicant for license shall provide the applicant's social security number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the social security number).
- FEES** **ATTACH** fee of **\$85 for dentists, (\$50-application* + \$35-compliance resolution fund)** and **\$55 for dental hygienist, (\$20-application* + \$35-compliance resolution fund)** made payable to COMMERCE & CONSUMER AFFAIRS.
- *Application fee is not refundable.*
- Note:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*
- If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*
- FAILURE OF BOARD OF DENTAL EXAMINERS' EXAMINATION** Any person who has failed the Hawaii Dental or Dental Hygiene licensure examination or the ADEX examination **after 7/2/04** shall not have the benefit of a community service license.
- DENTAL/ DENTAL HYGIENIST GRADUATE** Be a graduate of a dental/dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation. **ATTACH** a copy of diploma.

NATIONAL BOARD EXAMINATION

Pass the National Board Dental Examination Part I & II or National Board Dental Hygiene Examination. **There shall be a 5-year limit of recognition of Part II of the National Board dental and National Board dental hygiene exams.** Such time shall be computed from the date the exam is passed to the date of application. ***Arrange to have the final report of the National Board Examination Data Score Card forwarded to the board or attach an original score card to license application.*** Copies are not acceptable. Contact the National Board at (312) 440-2678 to request that scores be sent to the Board.

If your examination is beyond the 5-year limit of recognition and unable to qualify pursuant to the alternative below, make arrangements with the Joint Commission on National Dental Examinations to retake the examination, if applicable.

OR

VERIFICATION OF ACTIVE CLINICAL DENTAL/DENTAL HYGIENE PRACTICE

Alternatively, **provide** evidence of active clinical dental/dental hygiene practice of not less than 1,000 hours per year for the 3 years immediately prior to the date of application by having another licensed dentist/dental hygienist complete the attached "Verification of active Clinical Dental/Dental Hygiene Practice" form.

NATIONAL PRACTITIONER DATA BANK/HIPDB VERIFICATION

For dental applicants only, call the Data Bank at 1-800-767-6732 to request a form for self-query or you may download the form from their website at: www.npdb-hipdb.hrsa.gov and click on "Perform a Self-Query". **After completing the form, return it directly to the NPDB.** They will send the reports back to you. You are then to forward all pages of the correct report titled "**NPDB Response to Self-Query**" to our office.

LICENSE VERIFICATION

All applicants for a community service license **MUST** hold an active, unrestricted license from another state. Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

EMPLOYMENT

Attach a letter of employment prepared by your prospective employer giving specific employment dates. Also, have your prospective employer provide documentation of qualifying as a federally qualified health center, Native Hawaiian health systems center, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation.

TERMINATION OF EMPLOYMENT

Pursuant to Chapter 448, Hawaii Revised Statutes, a community service license authorizes the licensee to practice dentistry **only** within the employment of an eligible organization and shall be in force until the date the person leaves the employment authorized under the community service license. Therefore, employers shall inform the Board's office when the employment of the community service licensee expires or terminates.

CONTINUING EDUCATION ("CE")

Community Service licensees shall actively participate in a formal and ongoing program of clinical quality assurance. Dentists are required to complete 32 hours of CE credits and dental hygienists are required to complete 10 hours of CE credits.

RENEWAL

- **For dental hygienists, licenses expire after one (1) year and may be renewed prior to the expiration date on a year to year basis.** It is the responsibility of the licensee to contact the Board's office at (808) 586-3000 to request a renewal application or you may download form from our website at www.hawaii.gov/dcca/areas/pvl/boards/dentist. The failure to timely renew a license, including payment of fees and completion of the continuing education requirement, shall cause the license to be automatically forfeited.
- **For dentists, licenses expire on December 31, odd-numbered years and may be renewed biennially. A renewal will be mailed to your employer approximately 60 days before the expiration of your license.**

RELEASE OF INFORMATION

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

ADDRESS OF BOARD

Mail all required items to:

*Board of Dental Examiners
DCCA, P&VL, Lic Br.
P.O. Box 3469
Honolulu, HI 96801*

or

*Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000*

**LAWS & RULES
PUBLICATION**

A copy of the laws, Chapters 447 and 448, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dentistry may be obtained by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 447 and 448 and Chapter 79.

The laws and rules are also posted on our website at: www.hawaii.gov/dcca/areas/pvl. Click on "Dentists and Dental Hygienist". Then click on "Statute/Rule Chapter".

**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

APPLICATION FOR COMMUNITY SERVICE LICENSE – DENTAL EXAMINERS

Follow the instructions and read requirements on the attached sheet.

- diploma NPDB (CSDT only)
- NB (w/in 5 yrs) OR Employment Ltr
- Active Practice Lic Verif _____

Circle Type of Community Service License Applying For:
 DENTIST DENTAL HYGIENIST

Approved _____ Initials/Date _____

Legal Name (First, Middle) _____ (Last) _____

License No. _____ Eff. Date: _____

Residence Address (Include apt. no., city, state & zip code) _____

Employer: _____ Exp. Date _____
 xxx-

Mailing Address (ONLY if different from residence) _____

FOR OFFICE USE ONLY

Social Security No. _____ Other names used: _____
 Phone No. (days) _____

Employer Name & Address: _____

Circle or underline answers; give details when required:

- 1) Are you at least 18 years of age? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) Are you a graduate of an ADA accredited program? YES NO
- 4) Have you taken and passed all parts of the National Board exam **within the past five years**? YES NO
- 5) a. Do you presently hold or have you ever held a license in any other state or country? YES NO
 b. Where? _____ Date licensed: _____
 c. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
 d. Are there any disciplinary actions pending against you? YES NO
(If "YES" to questions 5c or 5d, explain on separate sheet and arrange to have certified documents sent to the Board.)
- 6) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? YES NO
(If "YES", explain on a separate sheet and attach court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)
- 7) Have you ever had or have pending legal or regulatory action relating to claims of malpractice, or personal or professional misconduct? YES NO
(If "YES", explain on separate sheet.)
- 8) Have you actively practiced clinical dentistry/dental hygiene of not less than 1,000 hours per year for the three years immediately prior to the date of application? YES NO
(If "YES", please have a licensed dentist or dental hygienist complete the attached "Verification of Active Clinical Dental/Dental Hygiene Practice" form and attach to your application if applicable.)
- 9) Have you previously taken and failed the Hawaii dental or dental hygiene licensure examination or the ADEX examination after 7/2/04? YES NO
 If "YES", date of examination: _____.

(CONTINUED ON BACK)

App 168 \$50/\$20
 CRF 169 \$35
 Service Fee..... BCF \$25

APPLICATION FOR COMMUNITY SERVICE – DENTAL EXAMINERS

Name of Applicant: _____ Date: _____

	Dates (mo/yr)		Semester or Cr Hrs	Degree Earned & Date Earned	Name of Institution	Location (City/country)
	From	To				
EDUCATION					College/University (other than dental)	
					Dental	
					Graduate	

AFFIDAVIT OF APPLICANT:

I have carefully read the questions in the foregoing application and have answered them truthfully and completely, without reservations of any kind. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Board of Dental Examiners of the State of Hawaii any information, files or records requested by the board in connection with the processing of this application.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which is thereby acquired, and I hereby consent that any knowledge or information be disclosed to the Board of Dental Examiners in the State of Hawaii.

I hereby certify that the statements, answers, and representations made in this application and in the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 448-17, Hawaii Revised Statutes).

I further certify that I have read, understand, and agree to the provisions of Chapter 447, 448 and 436B, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative Rules.

_____ Date _____ Signature of Applicant

Release of Information to Third Party:

To assist me in the licensing process, I authorize the BDE and staff to release any and all information regarding my application (including but not limited to, application status, examination scores, disciplinary or criminal history, National Practitioner Data Bank Report) to:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

_____ Signature of Applicant _____ Date

VERIFICATION OF LICENSE – DENTAL EXAMINERS

Access this form via website at: www.hawaii.gov/dcca/areas/pvl

State of Hawaii
Board of Dental Examiners
P.O. Box 3469
Honolulu, HI 96801

APPLICANT: Complete Applicant section and mail to all jurisdictions where you hold or held a license at anytime. Contact the appropriate licensing agency for information on their processing time and service fees.

A P P L I C A N T	Name (First-Middle)	(Last)	Social Security No.
	Address (Include apt. no., city, state and zip code)		Type of License:
	License Number	Date Issued	DENTIST DENTAL HYGIENIST
	I hereby authorize the licensing agency of _____ to furnish the information below to the State of Hawaii Board of Dental Examiners. Date _____ SIGN HERE _____		

TO BE COMPLETED BY LICENSING AGENCY:

L I C E N S I N G A G E N C Y O N L Y	This is to certify that the above-named individual was issued license number _____ to practice as a: <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist
	Social Security Number: _____ Date issued: _____ Date license/certificate expires: _____
	Has this license/certificate ever been sanctioned in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response and attach copy of board's order and related information.)</i>
	Do your files contain any derogatory information on this applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please explain yes response and attach copy of board's order and related information.)</i>
COMMENTS: _____ 	
Signature: _____ Title: _____ State: _____ Date: _____	<i>BOARD SEAL</i>
<p><i>TO THE APPLICANT: Attach original with board's seal to your application form, <u>or</u> the licensing agency may send directly to the Board.</i></p>	

