

# REQUIREMENTS AND INSTRUCTIONS FOR LICENSE - DENTAL HYGIENIST

Access this form via website at: [www.hawaii.gov/dcca/areas/pvl/boards/dentist](http://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 all the requested information will delay the processing of your application.**

**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 license 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 appropriate amount made payable to: *COMMERCE & CONSUMER AFFAIRS.*

If you expect to receive a license in an EVEN-NUMBERED year, pay .....\$ 160  
(Application-\$30\*, license-\$40, Compliance Resolution Fund-\$70,  
½ renewal for the second year of the two-year license period-\$20);

or

If you expect to receive a license in an ODD-NUMBERED year, pay .....\$ 105  
(Application-\$30\*, License-\$40, Compliance Resolution Fund-\$35).

**All licenses are subject to renewal on or before December 31 of each ODD-NUMBERED Year.**

\*Application fee in not refundable.

**NOTE:** One of the numerous legal requirements that you must meet in order for you 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 payment you sent us for your required fees is honored by your bank. If you payment is dishonored, 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 charge shall be assessed for payments that are dishonored for any reason.

*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 19, 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.*

**DENTAL HYGIENE EDUCATION** Be a graduate of a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation. ATTACH a copy of diploma or certificate of graduation or an official transcript verifying your degree.

**LOCAL ANESTHESIA CERTIFICATION** Attach documentary proof of your certification in the administration of intra-oral infiltration local anesthesia and block anesthesia. Documentary proof may consist of copies of course completion certificates, original letter from school or instructor verifying your certification or school transcripts with a course description attached.

Note: A separate application, fee and supporting documents are required to administer block anesthesia after becoming licensed as a dental hygienist. Contact the Board for an application or download from website at: [www.hawaii.gov/dcca/areas/pvl/boards/dentists](http://www.hawaii.gov/dcca/areas/pvl/boards/dentists).

**NATIONAL  
BOARD EXAM**

**Pass** the National Board Dental Hygiene Examination. **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 directly to the Board or download a request form at [www.ada.org](http://www.ada.org).

**EXAMINATION  
REQUIREMENT**

There are **two** pathways to licensure:

1. **Pass** a regional examination **between February 2, 2005 and June 9, 2006**. Have the regional testing agency send verification of passing a regional exam and the date passed **directly** to the Board; **OR**
2. **Pass** the American Board of Dental Examiners (ADEX) dental hygiene examination. Have verification of passing the exam and the date passed sent **directly** to the Board.

To register for the ADEX dental hygiene examination, contact the Central Regional Dental Testing Service, Inc. ("CRDTS") at [www.crdts.org](http://www.crdts.org) or call (785) 273-0380.

**ADDRESS**

Mail all required items to:

*Board of Dental Examiners  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801*

Deliver to office location at:

*335 Merchant St., Room 301  
Honolulu, Hawaii 96813  
Phone: (808) 586-3000*

**LAWS & RULES**

A copy of the laws, Chapter 447, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dental hygiene 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 79.

The laws and rules are also posted on our website at: [www.hawaii.gov/dcca/areas/pvl/boards/dentist](http://www.hawaii.gov/dcca/areas/pvl/boards/dentist). Click on "Statute/Rule Chapter" link in the yellow box on the right.

**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.

**BIENNIAL RENEWAL**

All licenses, **regardless of issuance date**, are subject to renewal on or before December 31, of each ODD-NUMBERED year.

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. A license which has been forfeited may be restored within two (2) years after the date of forfeiture upon compliance with the licensing renewal requirements. After 2 years, a new application for license shall be required.

**CONTINUING  
EDUCATION**

To renew a license, all dental hygienist are required to complete continuing education ("CE") credit hours from an approved sponsor during the biennium period. A license initially licensed in the first year of the biennium shall complete 10 CE credit hours. A license initially licensed in the second year of the biennium shall not be required to complete any CE credit hours. All other licensees shall be required to complete 20 CE credit hours.

# APPLICATION FOR EXAM & LICENSE - DENTAL HYGIENIST

Access this form via website at: [www.hawaii.gov/dcca/areas/pvl](http://www.hawaii.gov/dcca/areas/pvl)

Follow the instructions and read requirements on the attached sheet

Approved Initials/Date

\_\_\_\_\_ DH School \_\_\_\_\_ Local Anesthesia  
 \_\_\_\_\_ NB \_\_\_\_\_ Regional (2-1-05 - 06/09/06)  
 \_\_\_\_\_ ADEX

Legal Name (First, Middle) (LAST)

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

License Effective License No.  
 DH-

Mailing Address (ONLY if different from above)

Add ADDP:

Other names used or known by:

Social Security No. Phone No. (days)

Circle exam taken:

REGIONAL ADEX Date Passed: \_\_\_\_\_

FOR OFFICE USE ONLY

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 at least a two-year ADA accredited training school for dental hygiene? ..... YES NO
- 4) Are you certified in the administration of intra-oral infiltration local anesthesia and block anesthesia? ..... YES NO  
 If "NO", provide date you expect to complete: \_\_\_\_\_
- 5) Have you taken and passed the National Board Dental Hygiene Examination? ..... YES NO
- 6) a. Do you presently hold or have you ever had a license in any other state or country? ..... YES NO  
 b. Where? \_\_\_\_\_ License # \_\_\_\_\_  
 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 question 6c or 6d, explain on separate sheet and arrange to have certified documents sent to the board.)*
- 7) 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 separate sheet and attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)*

Affidavit of Applicant:

I hereby certify that the statements, answers, and representations made in this application and 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 477-6 HRS). I further certify that I have read, understand, and agree to comply with the provisions of Chapter 447, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative rules that the Board determines are required for licensure.

\_\_\_\_\_ Date

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

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App ..... 168 ..... \$ 30  
 Lic ..... 173 ..... \$ 40  
 CRF ..... 169 ..... \$ 35/\$70  
 1/2 Ren ..... 160 ..... \$ 20  
 Service Charge ..... BCF ..... \$ 25