

**FLORIDA**  
**DEPARTMENT OF HEALTH**  
**BOARD OF DENTISTRY**

**DENTAL HYGIENE**  
**LICENSURE APPLICATION**

Florida Board of Dentistry  
4052 Bald Cypress Way, #C-08  
Tallahassee, FL 32399-3258  
Phone: (850) 245-4474 Fax: (850) 921-5389  
[www.FloridasDentistry.gov](http://www.FloridasDentistry.gov)  
Email: [info@floridasdentistry.gov](mailto:info@floridasdentistry.gov)

## Dental Hygiene Licensure Application Instructions

Applicants are strongly encouraged to review s. 466.007, Florida Statutes and Chapter 64B5-2, Florida Administrative Code, prior to submitting the application.

### EXAMINATION REQUIREMENTS

- Successful completion of the National Board Dental Hygiene Licensing Examination prior to application (Graduates from non-accredited dental schools may submit proof of successful completion of Parts I and II National Board Dental Exam or National Board Dental Hygiene Exam)
- Successful completion of the ADEX Dental Hygiene Licensing Examination in its entirety
- Successful completion of the state Laws and Rules Examination

Applicants must apply for the Florida Laws and Rules examination with The Commission on Dental Competency Assessments (CDCA). Please visit [www.cdcaexams.org](http://www.cdcaexams.org) to register.

### EDUCATIONAL REQUIREMENTS

Graduation from a Dental/Dental Hygiene school accredited by the Commission on Dental Accreditation of the American Dental Association (A.D.A.); or

Graduation from a dental school not accredited by the Commission on Dental Accreditation of the American Dental Association. Applicant must have completed four (4) academic years of post-secondary dental education and possess a dental school diploma which is comparable to a D.D.S. or D.M.D. degree. Transcripts must be translated into English, and we must receive a subject analysis evaluation report from Educational Credential Evaluators, Inc.

Section 466.007, F.S. states that applicants graduating from a dental school not accredited by the Commission on Dental Accreditation of the American Dental Association may be required to complete additional coursework only after failing the initial examination. (Reference Rule 64B5-2.0144, Florida Administrative Code).

### FEES

Unlicensed Activity fee	5.00
Application fee	50.00
Licensure fee	<u>80.00*</u>
<b>TOTAL FEE</b>	<b>\$135.00</b>

\*Licensure fee is \$40 for applicants applying in the second year of the biennium. All initial licenses expire February 28 of the following even numbered year. Licensure biennium dates are March 1 – February 28 of the even years.

The fee must accompany the application. Please make check or money order payable to the Department of Health and mail application with fee and supporting documentation and credentials to:

**DEPARTMENT OF HEALTH  
BOARD OF DENTISTRY  
P.O. BOX 6330  
TALLAHASSEE, FLORIDA 32314-6330**

Any supporting documentation and credentials mailed separately from the application should be mailed to:

**DEPARTMENT OF HEALTH  
BOARD OF DENTISTRY  
4052 BALD CYPRESS WAY, BIN #C08  
TALLAHASSEE, FLORIDA 32399-3258**

**REFUNDS**

The application fee is non-refundable. Applicants who require board approval will be scheduled for an appearance at the next board meeting.

If an application is received without the fee attached, the application will automatically be returned. A social security number issued by the Federal Government is required for licensure. After completing the application, double check to make sure you have marked all questions as “yes” or “no” or not applicable. Also be sure to sign and date the application. If you answered, “yes” to question(s) 5, 6, 7 and/or 11, please submit all supporting documentation with the application.

**CREDENTIALS**

All credentials must be mailed to the Board of Dentistry office at 4052 Bald Cypress Way, BIN #C08 Tallahassee, Florida 32399-3258.

- (1) **National Board Score:** The Board office must receive proof of successful completion of the National Board Dental Hygiene or Dental Examination. The scores must be mailed to our office from The Joint Commission on National Dental Examinations.
- (2) **Final Official Transcript:** Dental transcripts **shall be** sent to the Board of Dentistry by the registrar’s office. ALL final transcripts must indicate the matriculation date, graduation date, degree earned, and be embossed with the school seal. We will not accept any transcript that has “issued to student” stamped on the transcript. Any transcript, which does not conform to these standards, shall be deemed unofficial and unacceptable.
- (3) **Certification of Licensure:** Please submit certification of licensure from each state in which you hold or have held a dental or dental hygiene license. This certification should state that your license is in good standing; appropriate signatures and embossed seal of the certifying Board are needed for validation.
- (4) **CPR Certification:** Each applicant must provide proof of training in cardiopulmonary resuscitation (CPR) at the basic support level, including one-rescuer and two rescuer CPR for adults, children, and infants; the use of an automatic external defibrillator (AED); and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.
- (5) **Other:** If you have changed your name in any way or added or deleted part of your name from the time you started your dental education, you must submit a copy of your name change document. If you do not have a name change document filed with the courts, submit a notarized affidavit stating the names are one and the same. Please notify the board office if you have documents being sent to us in another name.

Staple two photos in this area. Do not glue or paste.

# Dental Hygiene Licensure Application

PO Box 6330  
Tallahassee, FL 32314-6330  
Phone: (850) 245-4474  
Fax: (850) 921-5389

**Do Not Write in this Space  
For Revenue Receipting Only**

**Please complete this application  
in its entirety prior to submitting**

Fees must be paid in the form of a cashier's check or money order, made payable to: DOH Florida Board of Dentistry

## 1. Examination History

Date of ADEX Exam: \_\_\_\_\_ Location of ADEX Exam: \_\_\_\_\_

## 2. Application Profile Data

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle MM/DD/YYYY

**Mailing Address: (Give the address where mail and your license should be sent)**

Street/PO Box Apt. No. City

State Zip Country Primary Telephone

**Physical Location: (Required if mailing address is a P.O. Box- This address will be posted on the Department of Health's website.)**

Street Apt./Suite No. City

State Zip Country Secondary Telephone

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?  Yes  No

If yes, list name(s) and date(s) of change(s): \_\_\_\_\_

**Email Notification:** If you want to be notified of the status of your application by email please check the "Yes" box and write your email address on the line provided below. If you choose this form of notification, you will receive information regarding your application file through email. You will be responsible for checking your email regularly and updating your email address with the Board office.

**Email Address:** \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office.

**Equal Opportunity Data:** We are required to ask that you furnish information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 CFR 38295 and 38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

RACE:  White  Black or African American  Asian  American Indian or Alaska Native  Hispanic  Two or More Races

**3. Applicant Education and Examination Data**

Dental or Dental Hygiene School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Degree: \_\_\_\_\_ Date Graduated/Anticipated Graduation: \_\_\_\_\_

Official transcripts including degree and date of graduation must be sent DIRECTLY from your school to the Board of Dentistry before your application can be deemed complete.

Have you successfully completed the National Board Dental Exam?  Yes  No

Have you successfully completed the National Board Dental Hygiene Exam?  Yes  No

If taken under another name, please provide: \_\_\_\_\_

These results must be sent directly from The Joint Commission on National Dental Examinations to the Florida Board of Dentistry. The contact information is: 211 East Chicago Avenue, Chicago, Illinois 60611, (800) 440-2811.

**4. Applicant Education and Examination Data**

Do you now hold or have you ever held a license to practice Dentistry or Dental Hygiene in any state, U.S. territory or foreign country? (List most recent first)  Yes  No

State/Jurisdiction	License No.	If no longer licensed, state why and when
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Criminal History**

Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record or conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.

If you answered "Yes" to the question above you are required to send the following items:

- Self Explanation describing in detail the circumstances surrounding each offense; including dates, city and state, charges and final results.
- Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- Completion of Sentence Documents. You may obtain documents from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

## 6. Criminal and Health Care Fraud Questions

**IMPORTANT NOTICE:** Applicants for licensure, certification or registration and candidates for examination may be excluded from licensure, certification or registration if their felony conviction falls into certain timeframes as established in Section 456.0635(2), Florida Statutes. If you answer YES to any of the following questions, please provide a written explanation for each question including the county and state of each termination or conviction, date of each termination or conviction, and copies of supporting documentation to the address below. Supporting documentation includes court dispositions or agency orders where applicable.

1. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? If "no", skip to #2.  Yes  No
  - a. If "yes" to 1, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?  Yes  No
  - b. If "yes" to 1, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes).  Yes  No
  - c. If "yes" to 1, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?  Yes  No
  - d. If "yes" to 1, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If "yes", please provide supporting documentation).  Yes  No
2. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? If "no", skip to #3.  Yes  No
  - a. If "yes" to 2, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?  Yes  No
3. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? If "no", skip to #4.  Yes  No
  - a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  Yes  No
4. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state from any other state Medicaid program? If no, skip to #5.  Yes  No
  - a. Have you been in good standing with a state Medicaid program for the most recent five years?  Yes  No
  - b. Did the termination occur at least 20 years prior to the date of this application?  Yes  No
5. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?  Yes  No

## 7. Applicant History – Professional Licensure

– If any below questions are answered "YES", you must provide complete details as to state(s), license number(s), dates, and relevant circumstances on attached sheets.

- Have you ever been denied the right to take a Dentistry or Dental Hygiene examination in any state?  Yes  No
- Have you ever been refused a license to practice Dentistry, Dental Hygiene or any other license, or the renewal thereof in any state?  Yes  No
- Have you ever had a license or a certificate of registration to practice Dentistry, Dental Hygiene or any other licensed profession revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state?  Yes  No
- Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was in alleged negligence, malpractice or lack of professional competence?  Yes  No
- In any jurisdiction, do you have a pending complaint against your professional conduct or competence as a Dentist or Dental Hygienist?  Yes  No



# CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE\*

<b>10. Name:</b>			<b>Social Security Number:</b>
_____	_____	_____	_____
Last	First	Middle	

\*Pursuant to 42 U.S.C. § 666(a)(13), the department is required and authorized to collect Social Security Numbers relating to applications for professional licensure. Additionally, section 456.013(1)(a), Florida Statutes, authorizes the collection of Social Security Numbers as part of the general licensing provisions. This information is exempt from public records disclosure.

**11. Applicant Health History** - If you answer "YES" to any of the following questions, you must submit a current mental health status report from a licensed mental health professional, wherein this professional practitioner opines that you are able to practice with reasonable skill and safety to patients or clients.

1. Do you have any condition that currently impairs your ability to practice your profession with reasonable skill and safety?  Yes  No

2. Are you using medications, other drugs, narcotics, or intoxicating chemicals that impair your ability to practice your profession with reasonable skill and safety?  Yes  No

If you answered "yes" to either of the above questions, please provide a letter from a licensed health care practitioner, who is qualified by skill and training to address your condition, which explains the impact your condition may have on your ability to practice your profession with reasonable skill and safety, and stating either that you are safe to practice your profession without restriction or indicating what restrictions are necessary. If necessary, you may attach additional sheets. Documentation must be current within the last year. If you fail to disclose the information requested in this section, your application may be denied.



## CERTIFICATE OF LICENSURE

**Instructions:** For your convenience, you may tear out this page and send it to the Secretary of the Board in the state(s) where you hold or have held a license. However, only certificates bearing the ORIGINAL signature of certifying authorities will be accepted by the Florida Board of Dentistry.

CERTIFICATION OF SECRETARY OF BOARD OF THE STATE  
IN WHICH APPLICANT HOLDS OR HAS HELD A  
DENTAL/DENTAL HYGIENE LICENSE  
*(Required of all previously licensed candidates)*

I, \_\_\_\_\_

Secretary of \_\_\_\_\_  
Official name of Board

Hereby certify that \_\_\_\_\_ was granted State Certificate No. \_\_\_\_\_

to practice     Dentistry     Dental Hygiene    in the state of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, on the basis of \_\_\_\_\_

➤ I hereby certify that the said applicant is in good standing with this board and there have not been any disciplinary procedures against, or pending on, said applicant.

(SEAL)  
NOT VALID WITHOUT  
STATE SEAL

\_\_\_\_\_  
Secretary

➤ If disciplinary action has been taken, please indicate, and submit supporting information.