



# Application for Dental Hygiene Credentials Review for Graduates from Non-Accredited Dental Colleges or Schools

**Board of Dentistry**  
4052 Bald Cypress Way, Bin C-04  
Tallahassee, FL 32399-3258  
**Website:** [floridasdentistry.gov](http://floridasdentistry.gov)  
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**Phone:** (850) 245-4474  
**Fax:** (850) 921-5389



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|  |               |
|--|---------------|
| <b>Dental Hygiene Credentials Review (702)</b> | <b>No Fee</b> |
|--|---------------|

## 1. PERSONAL INFORMATION

|  |   |  |                      |  |
|--|---|--|----------------------|--|
| Name: _____  |   |  | Date of Birth: _____ |  |
| Last/Surname   | First                                     | Middle   | MM/DD/YYYY           |  |
| Mailing Address: (The address where mail and your license should be sent)  |   |  |                      |  |
| Street/P.O. Box _____  |   | Apt. No. _____                                       | City _____           |  |
| State _____  | ZIP _____                                 | Country _____  |                      |  |
| Home/Cell Telephone (Input without dashes) _____   |   | Work/Business Telephone (Input without dashes) _____ |                      |  |
| <b>EQUAL OPPORTUNITY DATA:</b>   |   |  |                      |  |
| We are required to ask that you furnish the following information as part of your voluntary compliance with 41 CFR Part 60-3-Uniform Guidelines on Employee Selection Procedure (1978); 43 FR 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. |   |  |                      |  |
| Gender: Male   | Race: Native Hawaiian or Pacific Islander | Hispanic or Latino                                   | White                |  |
| Female   | American Indian or Alaska Native          | Black or African American                            | Asian                |  |
|  | Two or More Races                         |  |                      |  |

|  |    |                      |
|--|----|----------------------|
| <b>Email Notification:</b> To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office. |    |                      |
| Yes  | No | Email Address: _____ |
| Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.   |    |                      |

Name: \_\_\_\_\_

**2. EDUCATION HISTORY**

List dental school(s) attended.

| School Name | Address | Graduation Date<br>(MM/DD/YYYY) | Degree Awarded |
|-------------|---------|---------------------------------|----------------|
|             |         |                                 |                |
|             |         |                                 |                |
|             |         |                                 |                |

**3. ADDITIONAL REQUIREMENTS**

Provide the following documentation:

**A Subject Analysis Evaluation Report** completed by Educational Credentials Evaluators Inc. (ECE)

**Proof of completion of dental degree** in accordance with section 466.007(3), Florida Statutes and Rule 64B5-2.0144, Florida Administrative Code (transcripts and **copies** of dental diploma; all documents must be translated to English). Do not send your original diploma. Our office does not maintain original documents and they **will not** be returned by mail.

**Proof of successful completion of the National Board Dental Examination**, sent **directly** to the board office from the American Dental Association

Submit documentation to the board office at:

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**4. APPLICANT AFFIRMATION**

I understand that this review is solely for the purpose of approval to sit for the ADEX dental licensing examination and does not guarantee licensure as a dentist in the state of Florida or any other state.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print this application and sign it or sign digitally.* MM/DD/YYYY