



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS

DENTAL HYGIENIST APPLICATION FOR LICENSURE

Please check one of the following:

(EXAMINATION) **(ENDORSEMENT)**

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.

Name in Full (first, middle, last): _____

Date of Birth (month, day, year): _____

Place of Birth (city, county, state): _____

Social Security Number: _____

Have you ever been known by any other name? YES _____ NO _____ If yes, give other name(s):

Current residential address: _____

Primary email address (either business or personal): _____

Day Time Telephone: _____

School of Dental Hygiene: _____

Location of School: _____

Date of Graduation _____

Have you taken and passed:

The National Board	YES _____	NO _____	Year _____
The ADEX (Written)	YES _____	NO _____	Year _____
The ADEX (Clinical)	YES _____	NO _____	Year _____
Other (name):			
_____	YES _____	NO _____	Year _____
_____	YES _____	NO _____	Year _____

Are you currently certified in BLS-HCP, with hands-on component? YES ____ NO ____
(Please provide proof.)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 ____	_____	_____

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 ____

Have you ever been convicted of the illegal practice of dental hygiene? YES ____ NO ____

Have you ever been denied dental hygiene licensure YES ____ NO ____

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 ____

Do you have any physical or mental illness that impairs your ability to practice dental hygiene?
YES _____ NO _____

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 _____

Is your ability to practice dental hygiene impaired by an addiction to alcohol, narcotics, or other mind-altering drugs? YES _____ NO _____

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 of the previous 8 questions attach statement explaining the circumstances fully.

Excluding pre-graduate training, list the dental or dental hygiene continuing education courses you have taken during the last 2 years, If none, so state. _____ (Do not attach documents)

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

STATEMENT OF PROFESSIONAL CHARACTER FOR HYGIENISTS
(Statements from family members are not acceptable)

The individual named below has applied for a dental hygienist license. Complete this form and return it 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 the above named as a person of good professional character

Signature: _____

Printed Name: _____ Occupation: _____

Signatories Address: _____

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 ALL of the completed statements of professional character, include them with your application to the NH Board of Dental Examiners.**
- **Additional copies of this form can be found on the Board's web site at www.oplc.nh.gov/dental, under Forms and Publications, or you may make additional copies of this form.**

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