

Wisconsin Department of Safety and Professional Services

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DENTISTRY EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR A WISCONSIN TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

Important:

Applicants applying for a temporary dental hygiene permit must hold a current license which has not been suspended or revoked. **The applicant must have reputably engaged in the practice of dental hygiene for at least 350 hours within the 12-month period preceding application.**

1. Complete application form (#2853), including notarized signature.
2. **EVIDENCE OF SATISFACTORY COMPLETION OF CLINICAL AND LABORATORY EXAMINATION AND NATIONAL BOARD EXAMINATION.** You must pass a clinical and laboratory examination for licensure from a dental testing service or regional board examination or a state board examination in another state where the licensure requirements are substantially equivalent to those of Wisconsin. The Board accepts Northeast Regional examination (NERB) taken after September 28, 2000. Applicants who have written a state board examination must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination. The Wisconsin Dental Examining Board has not approved any state board examination. Applicants who wish to rely on a state board examination must prove, by a copy of the State's rules, that the examination meets the Wisconsin board's standards. (Clinical exam on a human subject, substantially equivalent to the CRDTS, Central Regional Dental Testing Service examination). The board will review the state's rules and made a decision on equivalency.

OTHER STATE BOARD EXAMINATION. Applicants who have written a state board examination must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination.

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3. **VERIFICATION OF LICENSURE IN OTHER STATE(S).** You are required to submit a photocopy of one current license where you are credentialed.
4. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION/AED:** Submit a copy of the front and back of a current certificate. See DHS website at <http://dhs.wisconsin.gov> for a listing of approved programs.
5. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on the Application for Temporary Dental Hygiene Permit (Form #2853).

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PURPOSE OF A TEMPORARY PERMIT

The temporary permit will be issued **ONLY** for dental hygiene practice without compensation for a specific area where services will improve the welfare of Wisconsin residents.

The temporary permit will be issued for 10 calendar days during the 12 month period immediately following its effective date unless otherwise approved by the Board. This permit may be renewed at the discretion of the Dentistry Examining Board.

DENIAL OF A TEMPORARY PERMIT

A temporary permit may be denied by the Board for good cause, including the following:

- a. Any violations of the Wisconsin administrative code or statutes relating to the practice of dentistry;
- b. Pending disciplinary action in another state;
- c. Fraudulent or misrepresented information on the application.

ADDITIONAL INFORMATION

All documentation must be received in this office prior to issuance of the temporary permit.

NO applicant may begin providing services in Wisconsin until the temporary permit is received.