

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)**
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 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. Wisconsin 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 make a decision on equivalency.
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).

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.**

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DENTISTRY EXAMINING BOARD

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> - <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> / <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> / <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/>	
Social Security # <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> - <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
Ethnicity/gender status information is optional. Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Dental Hygienist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:			
<input style="width:250px;" type="text"/>			
Email Address <input style="width:95%;" type="text"/>			
School Name <input style="width:95%;" type="text"/>		School Address (street, city, state) <input style="width:95%;" type="text"/>	
Date Degree Conferred <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> / <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/> / <input style="width:15%; text-align:center;" type="text"/> <input style="width:15%; text-align:center;" type="text"/>		Degree <input style="width:95%;" type="text"/>	
		Specialty <input style="width:95%;" type="text"/>	
Did the American Dental Association accredit this Dental Hygiene School? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- | | |
|---|--|
| <input type="checkbox"/> Application (Form #2853)
<input type="checkbox"/> Photocopy of one current license
<input type="checkbox"/> Convictions and Pending Charges (Form #2252) | <input type="checkbox"/> Malpractice Suits or Claims (Form #2829) and copies of malpractice suit, court documents with allegations and settlement, if applicable
<input type="checkbox"/> Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc. |
|---|--|

Have you been tested by a Regional Dental Testing Service? Yes No If no, provide explanation below.

Have you taken and passed the National Boards? Yes No If no, provide explanation below.

ACTIVE PRACTICE: Applicants for temporary permit to practice dental hygiene without compensation must hold a current license, which has not been suspended or revoked.

Have you been engaged in the active practice of dental hygiene for at least 350 hours within the 12-month period preceding Application?

Yes No

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Dentistry Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

SPECIFIC AREA OF STATE OR EVENT WHERE YOU WILL WORK: List the location and dates you will be working. (Not to exceed 10 days in one year, attach additional sheet(s) if necessary.)

<p>1. Location of Employment (City)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	(State)	<p>Dates Employed (Month/Year)</p> (From) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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<p>2. Location of Employment (City)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	(State)	<p>Dates Employed (Month/Year)</p> (From) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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<p>3. Location of Employment (City)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	(State)	<p>Dates Employed (Month/Year)</p> (From) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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<p>4. Location of Employment (City)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	(State)	<p>Dates Employed (Month/Year)</p> (From) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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<p>5. Location of Employment (City)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	(State)	<p>Dates Employed (Month/Year)</p> (From) <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> / <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
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