

Wisconsin Department of Safety and Professional Services

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Website: <http://dps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE LICENSE INFORMATION

Applicants who have passed the Central Regional Dental Testing Service examination (**CRDTS**) (**CORE**) (**WREB**) **taken within the 5-year period immediately preceding application**, must file the following with the Dentistry Examining Board at the above address to complete the requirements for licensure in the State of Wisconsin.

1. **APPLICATION FORM #511.** Please complete a current application.
2. **NATIONAL BOARD SCORECARD.** Original score reports must be submitted directly from National Board of Dental Hygiene Examiners. Both PASSING and FAILING scores are required. Copies sent from applicant, photocopies, online verification or faxes are not acceptable. You may submit an online request at: <https://www.ada.org/1635.aspx>. The testing service should mail your scores directly to: DSPS, ATTN: DENTISTRY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.
3. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Safety and Professional Services.
4. **REGIONAL EXAMINATION REQUIREMENTS:**
Original score reports must be submitted directly from the testing agency. Both PASSING and FAILING scores are required. Copies sent from applicant, photocopies, online verifications or faxes are not acceptable. Please request the testing agency to mail your scores directly to: DSPS, ATTN: DENTISTRY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.

Effective January 1, 2009:

The Board accepts the following examinations for dental hygienists: CRDTS, WREB, NERB, SRTA, ADEX, and CITA.

- Northern Regional Examining Board (NERB)
 - Western Regional Examining Board (WREB)
 - Central Regional Dental Testing Score (CRDTS)
5. **VERIFICATION OF LICENSURE IN OTHER STATE(S).** You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
 6. **EXAMINATION ON WISCONSIN LAW.** An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of dentistry before a license can be issued in Wisconsin. Information for the online examination will be provided after an application for licensure has been received at DSPS.
 7. **CERTIFICATE OF PROFESSIONAL EDUCATION FORM #1463.** Have your dental hygiene school complete this form and request them to send directly to the board office.

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8. **EDUCATIONAL REQUIREMENTS.** Submit evidence of graduation (copy of diploma) from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation.
9. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION/AED:** Submit a copy of the front and back of a current certificate. This certificate must be signed and dated. See DHS website at <http://dhs.wisconsin.gov> for a listing of approved programs.
10. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on application Form #511.

YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS MUST BE ON FILE 30 DAYS PRIOR TO THE DATE ON WHICH YOU WISH TO BE GRANTED PERMANENT LICENSURE.