



**VIRTUAL/TELECONFERENCE
DENTISTRY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Adam Barr, (608) 266-2112
March 3, 2021**

The following agenda describes the issues that the Dentistry Examining Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Dentistry Examining Board.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A. Pledge of Allegiance**
- B. Adoption of Agenda (1-3)**
- C. Approval of Minutes of January 6, 2021 (4-11)**
- D. Introductions, Announcements and Recognition**
- E. Reminders: Conflicts of Interest, Scheduling Concerns**
- F. Administrative Matters**
 - 1) Department, Staff and Board Updates
 - 2) Board Members – Term Expiration Dates
- G. Dental Licensure Objective Structured Clinical Examination (DLOSCE) – Discussion and Consideration (12-52)**
 - 1) APPEARANCE: David Waldschmidt, Ph.D., Dr. Kanthasamy Ragunathan, and Dr. William K. Lobb
- H. Licensure Process for Foreign-Trained Dentists – Discussion and Consideration**
 - 1) APPEARANCE: Richelle Andrae, MPA (53-54)
- I. Legislative and Policy Matters – Discussion and Consideration**
 - 1) Senate Bill 13
- J. Administrative Rule Matters – Discussion and Consideration**
 - 1) Pending or Possible Rulemaking Projects (55-57)
- K. COVID-19 – Discussion and Consideration**

L. Report of Recommendations from the Dentistry Examining Board Licensure Forms Committee – Discussion and Consideration (58-103)

- 1) Dental License Application
- 2) Dental Faculty License Application
- 3) Practicing Without Compensation
- 4) Hygiene/Local Anesthesia/Nitrous
- 5) Forms Update per DE 11 Rule Changes
- 6) Anesthesia

M. Discussion and Consideration of Items Added After Preparation of Agenda:

- 1) Introductions, Announcements and Recognition
- 2) Administrative Matters
- 3) Election of Officers
- 4) Appointment of Liaisons and Alternates
- 5) Delegation of Authorities
- 6) Education and Examination Matters
- 7) Credentialing Matters
- 8) Practice Matters
- 9) Legislative and Policy Matters
- 10) Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders
- 20) Petitions for Re-Hearing
- 21) Petitions for Assessments
- 22) Petitions to Vacate Orders
- 23) Requests for Disciplinary Proceeding Presentations
- 24) Motions
- 25) Petitions
- 26) Appearances from Requests Received or Renewed
- 27) Speaking Engagements, Travel, or Public Relation Requests, and Reports

N. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

O. Division of Legal Services and Compliance (DLSC) Matters

- 1) **Stipulations, Final Decisions and Orders**
 - a. 19 DEN 083 – Aaron T. Gubler, D.D.S. (104-110)
- 2) **Case Closing(s)**
 - a. 19 DEN 037 – G.T. (111-115)

- b. 19 DEN 053 – A.T. **(116-120)**
- c. 19 DEN 085 – C.P. **(121-125)**
- d. 20 DEN 049 – J.J.B. **(126-130)**

3) Interim Order Issued Under Delegated Authority

- a. 19 DEN 117 – Scott W. Charmoli, D.D.S. **(131-135)**

P. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) DLSC Matters
- 4) Monitoring Matters
- 5) Professional Assistance Procedure (PAP) Matters
- 6) Petitions for Summary Suspensions
- 7) Petitions for Designation of Hearing Examiner
- 8) Proposed Stipulations, Final Decisions and Order
- 9) Proposed Interim Orders
- 10) Administrative Warnings
- 11) Review of Administrative Warnings
- 12) Proposed Final Decisions and Orders
- 13) Matters Relating to Costs/Orders Fixing Costs
- 14) Case Closings
- 15) Board Liaison Training
- 16) Petitions for Assessments and Evaluations
- 17) Petitions to Vacate Orders
- 18) Remedial Education Cases
- 19) Motions
- 20) Petitions for Re-Hearing
- 21) Appearances from Requests Received or Renewed

Q. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

R. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

S. Open Session Items Noticed Above Not Completed in the Initial Open Session

ADJOURNMENT

NEXT MEETING: MAY 5, 2021

 MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED
 WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board’s agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the deaf or hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, 608-266-2112, or the Meeting Staff at 608-266-5439.

**VIRTUAL/TELECONFERENCE
DENTISTRY EXAMINING BOARD
MEETING MINUTES
JANURARY 6, 2021**

PRESENT: Matthew Bistan, DDS; Shaheda Govani, DDS; Leonardo Huck, DDS; Herbert Kaske, DDS; Dennis Myers (*arrived at 9:04 a.m.*), Wendy Pietz, DDS; Katherine Schrubbe (*arrived at 9:05 a.m.*), RDH; Peter Sheild (*arrived at 9:05 a.m.*), DDS; Diana Whalen, RDH (*excused at 1:05 p.m.*)

EXCUSED: Lisa Bahr, RDH

STAFF: Valerie Payne, Executive Director; Jameson Whitney, Legal Counsel; Kassandra Walbrun, Administrative Rules Coordinator; Megan Glaeser, Bureau Assistant; and other Department staff

CALL TO ORDER

Matthew Bistan, Chairperson, called the meeting to order at 9:00 a.m. A quorum was confirmed with six (6) members present.

ADOPTION OF AGENDA

Amendments to the Agenda:

- Amend H2 to remove "Sedation Permit Extension" and add H2 a) Sedation Permit Extension
- Move item I prior to item H

MOTION: Leonardo Huck moved, seconded by Herbert Kaske, to adopt the Agenda as amended. Motion carried unanimously.

(*Dennis Myers arrived at 9:04 a.m.*)

(*Katherine Schrubbe and Peter Sheild arrived at 9:05 a.m.*)

APPROVAL OF MINUTES OF NOVEMBER 4, 2020

MOTION: Dennis Myers moved, seconded by Leonardo Huck, to approve the Minutes of November 4, 2020 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Election of Officers

Chairperson

NOMINATION: Leonardo Huck nominated Matthew Bistan for the Office of Chairperson.

NOMINATION: Dennis Myers nominated Matthew Bistan for the Office of Chairperson.

Valerie Payne, Executive Director, called for nominations three (3) times.

Matthew Bistan was elected as Chairperson by unanimous voice vote.

Vice Chairperson

NOMINATION: Leonardo Huck nominated Herbert Kaske for the Office of Vice Chairperson. Herbert Kaske declined the nomination.

NOMINATION: Peter Sheild nominated Wendy Pietz for the Office of Vice Chairperson.

NOMINATION: Shaheda Govani nominated Wendy Pietz for the Office of Vice Chairperson.

Valerie Payne, Executive Director, called for nominations three (3) times.

Wendy Pietz was elected as Vice Chairperson by unanimous voice vote.

Secretary

NOMINATION: Peter Sheild nominated Dennis Myers for the Office of Secretary.

NOMINATION: Matthew Bistan nominated Dennis Myers for the Office of Secretary.

NOMINATION: Katherine Schrubbe nominated Dennis Myers for the Office of Secretary.

Valerie Payne, Executive Director, called for nominations three (3) times.

Dennis Myers was elected as Secretary by unanimous voice vote.

ELECTION RESULTS	
Chairperson	Matthew Bistan
Vice Chairperson	Wendy Pietz
Secretary	Dennis Myers

Appointment of Liaisons and Alternates

LIAISON APPOINTMENTS	
Credentialing Liaisons	Lisa Bahr (<i>Dental Hygiene</i>), Shaheda Govani (<i>Dentistry</i>) Alternate: Wendy Pietz
Education and Exams Liaison	Herbert Kaske, Katherine Schrubbe
Monitoring and Professional Assistance Procedure (PAP) Liaison	Peter Sheild

Legislative Liaison	Matthew Bistan
Travel Liaison	Matthew Bistan
PDMP Liaison/ Appointed to Controlled Substances Board as per Wis. Stats. §15.405(5g)	Herbert Kaske
Screening Panel Members	Peter Sheild, Dennis Myers, and Katherine Schrubbe
Licensure Forms Committee	Lisa Bahr, Shaheda Govani, Wendy Pietz

Delegation of Authorities

Document Signature Delegations

MOTION: Leonardo Huck moved, seconded by Wendy Pietz, to delegate authority to the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to sign documents on behalf of the Board in order to carry out its duties. Motion carried unanimously.

MOTION: Dennis Myers moved, seconded by Peter Sheild, in order to carry out duties of the Board, the Chairperson (or in absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) has the ability to delegate signature authority for purposes of facilitating the completion of assignments during or between meetings. The members of the Board hereby delegate to the Executive Director or DPD Division Administrator, the authority to sign on behalf of a board member as necessary. Motion carried unanimously.

Delegated Authority for Urgent Matters

MOTION: Leonardo Huck moved, seconded by Dennis Myers, that in order to facilitate the completion of urgent matters between meetings, the Board delegates its authority to the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession), to appoint liaisons to the Department to act in urgent matters. Motion carried unanimously.

Delegation to Chief Legal Counsel Due to Loss of Quorum

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to delegate the review of disciplinary cases to the Department's Chief Legal Counsel due to lack

of/loss of quorum after two consecutive meetings. Motion carried unanimously.

Monitoring Delegations

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to adopt the “Roles and Authorities Delegated for Monitoring” document as presented in the January 7, 2021 agenda materials on pages 15-16. Motion carried unanimously.

MOTION: Leonardo Huck moved, seconded by Diana Whalen, to delegate to Board Legal Counsel the authority to sign Monitoring orders that result from Board meetings on behalf of the Board Chairperson. Motion carried unanimously.

Credentialing Authority Delegations

Delegation of Authority to Credentialing Liaison

MOTION: Wendy Pietz moved, seconded by Matthew Bistan, to delegate authority to the Credentialing Liaison(s) to serve as a liaison between the Department and the Board and to act on behalf of the Board in regard to credentialing applications or questions presented to them, including the signing of documents related to applications. Motion carried unanimously.

Delegation of Authority to DSPS When Credentialing Criteria is Met

MOTION: Wendy Pietz moved, seconded by Diana Whalen, to delegate credentialing authority to the Department to act upon applications that meet all credentialing statutory and regulatory requirements without Board or Board liaison review. Motion carried unanimously.

Delegation of OWI/Underage Drinking Determinations

MOTION: Wendy Pietz moved, seconded by Shaheda Govani, to delegate authority to DSPS Attorneys and Paralegals to review and approve applications or predeterminations with one OWI or underage drinking violation which does not substantially relate to the practice of Dentistry or Dental Hygiene. Motion carried unanimously.

Delegation of Faculty License Credentialing Decisions

MOTION: Leonardo Huck moved, seconded by Wendy Pietz, to delegate all faculty license credentialing decisions to the Board’s Credentialing Liaisons. Motion carried unanimously.

Delegated Authority for Application Denial Reviews

MOTION: Wendy Pietz moved, seconded by Leonardo Huck, delegate authority to the Department's Attorney Supervisors to serve as the Board's designee for purposes of reviewing and acting on requests for hearing as a result of a denial of a credential. Motion carried unanimously.

Voluntary Surrenders

MOTION: Peter Sheild moved, seconded by Katherine Schrubbe, to delegate authority to the assigned case advisor to accept or refuse a request for voluntary surrender pursuant to Wis. Stat. § 440.19 for a credential holder who has a pending complaint or disciplinary matter. Motion carried unanimously.

Education and Examinations Liaison Delegation(s)

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to delegate authority to the Education and Examinations Liaison(s) to address all issues related to education, continuing education, and examinations. Motion carried unanimously.

Authorization for DSPS to Provide Board Member Contact Information to National Regulatory Related Bodies

MOTION: Peter Sheild moved, seconded by Shaheda Govani, to authorize DSPS staff to provide national regulatory related bodies with all Board member contact information that DSPS retains on file. Motion carried unanimously.

Optional Renewal Notice Insert Delegation

MOTION: Dennis Myers moved, seconded by Shaheda Govani to designate the Chairperson (or, in the absence of the Chairperson, the highest-ranking officer or longest serving board member in that succession) to provide a brief statement or link relating to board-related business within the license renewal notice at the Board's or Board designee's request. Motion carried unanimously.

Legislative Liaison Delegation

MOTION: Wendy Pietz moved, seconded by Diana Whalen, to delegate authority to the Legislative Liaisons to speak on behalf of the Board regarding legislative matters. Motion carried unanimously.

Travel Delegation

MOTION: Wendy Pietz moved, seconded by Shaheda Govani, to delegate authority to the Travel Liaison to approve any board member travel. Motion carried unanimously.

Licensure Forms Committee

MOTION: Wendy Pietz moved, seconded by Dennis Myers, that in order to facilitate the completion of its duties between meetings, the Board delegates authority to the Chairperson to appoint members to the Licensure Forms Committee between meetings as necessary. Motion carried unanimously.

MOTION: Wendy Pietz moved, seconded by Leonardo Huck, to delegate authority to the Chairperson of the Licensure Forms Committee to approve revisions to forms recommended by the Licensure Forms Committee for submission to the Department. Motion carried unanimously.

ADMINISTRATIVE RULE MATTERS

DE 2 Related to Approved Exam Testing Services – Statement of Scope

MOTION: Dennis Myers moved, seconded by Katherine Schrubbe, to approve the Scope Statement revising rule DE 2, relating to approved exam testing services, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

DE 11 Related to Anesthesiology – Statement of Scope

MOTION: Wendy Pietz moved, seconded by Matthew Bistan, to approve the Scope Statement revising rule DE 11, relating to anesthesiology and permits to administer anesthesia, for submission to the Department of Administration and Governor's Office and for publication. Additionally, the Board authorizes the Chairperson to approve the Scope Statement for implementation no less than 10 days after publication. If the Board is directed to hold a preliminary public hearing on the Scope Statement, the Chairperson is authorized to approve the required notice of hearing. Motion carried unanimously.

COVID-19

Dental Profession Access to Vaccines

MOTION: Peter Sheild moved, seconded by Katherine Schrubbe, to indicate it is the position of the Wisconsin Dental Examining Board that dental professionals (including dentists, dental hygienists and dental assistants) are at high risk for contracting COVID-19 and are classified as Phase 1A

recipients of the vaccine. The Wisconsin Dental Examining Board believes that dental professionals should be given expedited priority to receive the vaccine. As of this date, there is not a structured, communicated, or executed plan put forward by DHS for administration of vaccines for unaffiliated Phase 1A recipients. The Wisconsin Dental Examining Board calls on DHS to provide Phase 1A recipients of the vaccine priority before other classifications are considered. Motion carried unanimously.

MOTION: Peter Sheild moved, seconded by Dennis Myers, to send the position to all dental professionals licensed in the State of Wisconsin. Motion carried unanimously.

CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Matthew Bistan, to convene to Closed Session to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85 (1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.). Matthew Bistan, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Matthew Bistan-yes; Shaheda Govani-yes; Leonardo Huck-yes; Herbert Kaske-yes; Dennis Myers-yes; Wendy Pietz-yes; Katherine Schrubbe-yes; Peter Sheild-yes; and Diana Whalen-yes. Motion carried unanimously.

The Board convened into Closed Session at 12:35 p.m.

CREDENTIALING MATTERS

David Rudziewicz, D.D.S. – Dentistry Application

MOTION: Dennis Myers moved, seconded by Wendy Pietz, to rescind the previous denial (11/4/2020) of the Dental License application of David Rudziewicz. Motion carried unanimously.

MOTION: Matthew Bistan moved, seconded by Wendy Pietz, to approve the Dental License application of David Rudziewicz, once all requirements are met. Motion carried unanimously.

DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Stipulations, Final Decisions and Orders

MOTION: Matthew Bistan moved, seconded by Leonardo Huck, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings of the following cases:

1. 19 DEN 003 – Frederick B. Gilbert, D.D.S.
2. 19 DEN 104 – Edmund J. Jung, D.D.S.

Motion carried unanimously.

(Diana Whalen was excused at 1:05 p.m.)

Administrative Warnings

MOTION: Leonardo Huck moved, seconded by Peter Sheild, to issue an Administrative Warning in the matter of the following cases:

1. 19 DEN 059 – A.K.A.
2. 20 DEN 095 – C.A.P.

Motion carried unanimously.

Case Closings

MOTION: Leonardo Huck moved, seconded by Peter Sheild, to close the following DLSC Cases for the reasons outlined below:

1. 18 DEN 100 – M.J.B. – Prosecutorial Discretion (P5)
2. 19 DEN 012 – R.G.D. – Prosecutorial Discretion (P7)
3. 19 DEN 023 – R.J.S.J. – Insufficient Evidence
4. 19 DEN 079 – L.C.T., W.J.O. – No Violation
5. 20 DEN 045 – S.A.A. – Prosecutorial Discretion (P2)

Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Dennis Myers moved, seconded by Shaheda Govani, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 1:08 p.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Dennis Myers moved, seconded by Shaheda Govani, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

ADJOURNMENT

MOTION: Dennis Myers moved, seconded by Matthew Bistan, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:09 p.m.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Adam Barr, Executive Director		2) Date when request submitted: 2/24/21 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>																
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board																		
4) Meeting Date: 3/3/21	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Dental Licensure Objective Structured Clinical Examination (DLOSCE) – Discussion and Consideration																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:																
10) Describe the issue and action that should be addressed: Consideration of the DLOSCE, which lacks a live human or simulated patient component.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 60%; text-align: center;">Authorization</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Adam Barr</i></td> <td style="text-align: center;">2/24/21</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Signature of person making this request</td> <td style="border-top: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Supervisor (if required)</td> <td style="border-top: 1px solid black;">Date</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="border-top: 1px solid black;">Date</td> </tr> </table>				11)	Authorization			<i>Adam Barr</i>	2/24/21	Signature of person making this request		Date	Supervisor (if required)		Date	Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date
11)	Authorization																	
	<i>Adam Barr</i>	2/24/21																
Signature of person making this request		Date																
Supervisor (if required)		Date																
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date																
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																		

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Dentistry Examining Board

Board Meeting Date: 3/3/21

Person Submitting Agenda Request: Adam Barr, Executive Director

Person(s) requesting an appearance: Dr. William K. Lobb

Reason for Appearance: Addressing board member questions about the DLOSCE

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address: 1801 West Wisconsin Ave. Milwaukee, WI 53233

Email address: william.lobb@marquette.edu

Telephone #: 414-288-7485

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Dentistry Examining Board

Board Meeting Date: 3/3/21

Person Submitting Agenda Request: Adam Barr, Executive Director

Person(s) requesting an appearance: David M Waldschmidt, Ph.D

Reason for Appearance: Presenting an overview of the DLOSCE

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address: 211 East Chicago Ave., Chicago, IL 60611-2678

Email address: waldschmidtd@ada.org

Telephone #: 312-440-7456

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:



2020 Technical Report

Dental Licensure Objective Structured Clinical Examination (DLOSCE)



Technical Report

Dental Licensure Objective Structured Clinical Examination (DLOSCE)

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Executive Summary

Technical Report: Dental Licensure Objective Structured Clinical Examination

The Technical Report for the Dental Licensure Objective Structured Clinical Examination (DLOSCE) is the main source of validity evidence available to state licensing boards and other users of DLOSCE results. Validity is the most important consideration for any examination program. For the DLOSCE, validity refers to the degree to which logic and evidence support the use and interpretation of examination results for making pass/fail decisions affecting candidates for licensure to practice dentistry. The technical report contains both direct evidence and references to other documents and sources of information that contribute to this body of validity evidence. The background and historical information in this report allow users to understand the development of this program.

The content of the Technical Report is presented to address professional standards regarding the validity of credentialing examinations (American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME), 2014). Some of the principal information presented in the Technical Report is summarized below.

Purpose: The purpose of the DLOSCE program is to measure whether a candidate possesses the clinical judgment and skills required for the safe, independent practice of entry-level general dentistry.

Content: Content specifications for the DLOSCE are based on subject matter expert judgment, and validity studies involving practice analyses. Test constructors are responsible for recommending minor modifications during the interim period between practice analyses. The American Dental Association's (ADA) Joint Commission on National Dental Examinations (JCNDE), with input from its Committee on Examination Development, and the DLOSCE Steering Committee, approves all changes to the content specifications.

Item and Examination Development: Test construction teams are responsible for the development of items and forms/editions of the DLOSCE using JCNDE guidelines for writing high-quality items.

Standard Setting and Scoring: The DLOSCE standard is criterion-referenced (not norm-referenced). This means examination results are determined by specific criteria and not by the process sometimes known as "grading on a curve." A panel of expert educators and practitioners recommend the minimum passing score, which was ultimately established by the JCNDE. The DLOSCE standard is maintained across examination forms through the use of equating procedures designed to control for small differences in the difficulty of items from one examination form to another. The equating process places examination results on a common metric regardless of which particular examination form was administered.

Administration: The JCNDE maintains a high level of security on all examination materials. Strict precautions in place at the Joint Commission's offices and testing centers help ensure test content remains secure. The Joint Commission offers the DLOSCE via computer at Prometric professional level testing centers throughout the United States, and its territories. Once eligible, candidates can schedule an examination for any business day, conditional on testing center availability.

In addition to the items above, this report provides information on the history of the examination program, reliability of results, and examination security, among other matters. A copy of this Technical Report is available for download on the JCNDE website, ada.org/JCNDE.

References

American Educational Research Association, American Psychological Association, and National Council on Measurement in Education (2014). *Standards for Educational and Psychological Testing*. Washington, DC: Author.

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1. Introduction

Purpose of the DLOSCE Technical Report

High-stakes examination programs must be concerned with validity. Validity refers to the degree to which logic and evidence support the use and interpretation of examination results in accordance with the purpose of the examination (AERA, APA, & NCME, 2014). The Joint Commission has an obligation to inform dental boards and communities of interest concerning its efforts to provide the highest quality examination programs possible. Established professional standards provide useful guidance to improve the quality of examinations. Testing programs must adhere to these standards and provide evidence their policies and procedures conform to them to help ensure confidence in the examination program.

The Standards for Educational and Psychological Testing, most recently published by AERA, APA, and NCME in 2014, provide professional standards for testing organizations. Chapter 7 of the Standards describes the importance of documented validity evidence in technical reports so examination users can evaluate the validity of examination results they interpret and use.

This technical report provides a comprehensive summary of DLOSCE validation efforts, as well as background information which allows the reader to understand the program's development to its present state. The Joint Commission endeavors to provide the highest quality examination programs possible.

The Joint Commission on National Dental Examinations

The Joint Commission is the agency that oversees DLOSCE examination design, administration, scoring, and reporting. The ADA's Department of Testing Services (DTS) provides operational and technical support for the corresponding outlined activities. The mission of the Joint Commission is as follows:

Protecting public health through valid, reliable and fair assessments of knowledge, skills, and abilities to inform licensure and certification decisions that help ensure safe and effective patient care by qualified oral healthcare team members.

The Rules of the JCNDE provide descriptions of Joint Commission membership and the standing committees that serve the Joint Commission. Each of the Joint Commission's standing committees is charged with making specific recommendations to the Joint Commission concerning areas of focal interest. The Committee on Administration focuses on operational matters, including security, and budgetary considerations. The Committee on Dental Hygiene focuses on the National Board Dental Hygiene Examination (NBDHE), including examination content and specifications, test construction procedures, scoring and reporting of scores, dissemination of information related to the examination process, validity, and matters affecting finance. The Committee on Examination Development focuses on the dental examination programs, including examination content and specifications, test construction procedures, scoring procedures, and reporting. It also concerns itself with the dissemination of information about examination procedures and validity. The Committee on Research and Development focuses on research and development activities (e.g., psychometric investigations) related to both the dental and dental hygiene examination programs. The Committee on Communications and Stakeholder Engagement plans communication activities in support of JCNDE Programs, to help ensure that JCNDE communications are strategic, informative, timely, relevant, and considerate of the needs of external stakeholders.

2. DLOSCE Overview

The first and most fundamental step in the development of any examination program is to establish a purpose. **The purpose of the DLOSCE program is to measure whether a candidate possesses the clinical judgment and skills required for the safe, independent practice of entry-level general dentistry.** The intended examinee population for the DLOSCE consists of candidates who are seeking a license to practice general dentistry in any state, district or other jurisdiction of the United States. The intended interpretation of DLOSCE results concerns the candidate's ability to apply clinical judgment and skills in the provision of patient care. A passing score on the DLOSCE indicates that a candidate is able to apply the aforementioned judgment and skills at the level required for the safe, independent practice of entry-level general dentistry. DLOSCE results are used by dental boards in determining qualifications of dentists who seek licensure to practice in any state, district or other jurisdiction of the United States, which recognizes the DLOSCE.

3. Historical Perspective

In 2016, the ADA's Council on Dental Education and Licensure (CDEL) requested that the ADA's Department of Testing Services develop a business plan for development and implementation of a Dental Licensure OSCE. CDEL reviewed the plan at their December 2016 meeting and recommended the ADA's Board of Trustees provide funding to develop the DLOSCE. In January 2017 a National Licensure Task Force, jointly sponsored by the ADA and ADEA, unanimously endorsed the development of the DLOSCE. During its February 2017 meeting, the ADA Board of Trustees discussed the DLOSCE business plan written by DTS. At that time, the Board of Trustees authorized the formation of a DLOSCE Steering Committee charged with developing and validating the DLOSCE. Dr. Gary L. Roberts, ADA President, appointed a set of highly qualified individuals to the Steering Committee based on criteria established by the Board of Trustees. The DLOSCE Steering Committee held its inaugural meeting in July 2017 at the ADA headquarters in Chicago.

Throughout the development and validation process—and particularly during its first meetings—the Committee devoted considerable time and energy to discussions concerning the establishment of the DLOSCE content domain, and in what form and by which methods DLOSCE content should be presented to candidates. Subsequent to thorough review, in March 2018, the DLOSCE Steering Committee determined that the DLOSCE should be a virtual (i.e., computer-based) examination that would not directly measure psychomotor skills. The Committee also approved preliminary content areas and test specifications for the DLOSCE. Detailed information concerning the factors considered are provided in Section 6, "*Content Basis for the Examination*," and in a published article entitled "*The Dental Licensure OSCE: A Modern Licensure Examination for Dentistry*" (Ziebert and Waldschmidt, 2020). At this time, the Committee also authorized the formation of a DLOSCE Working Committee composed of dental subject matter experts, to recommend structures for DLOSCE test construction teams, and to guide the development of DLOSCE content during test construction meetings.

The first DLOSCE test construction meeting took place in November 2018, and a large number of additional test construction meetings were held in the six month period that followed. In 2019, the DLOSCE Steering Committee approved modifications to the initial test specifications, and determined that the examination would contain questions involving lifelike, three-dimensional

(3D) models that could be interacted with and manipulated (magnified, moved, and rotated) by the candidate. Development of the 3D models began shortly thereafter.

In January 2020, the ADA Board of Trustees approved the JCNDE as the governing body for the DLOSCE Program – an action consistent with the wishes of both the DLOSCE Steering Committee and the JCNDE, as expressed through formal communications between the two groups beginning in 2018 and continuing through 2019. In February 2020, the JCNDE voted to accept governance responsibilities pertaining to the DLOSCE, and the DLOSCE Steering Committee became an *ad hoc* Committee of the JCNDE at that time. In February 2020, the DLOSCE Steering Committee and several DTS staff travelled to a Prometric testing center to review an initial completed version of the DLOSCE. Subsequent to their review, the Steering Committee members expressed overwhelmingly positive feedback regarding the quality of the examination. In April 2020, the JCNDE announced that the DLOSCE would be made available for use by dental boards in the United States, beginning in June 2020. Shortly thereafter, the JCNDE published a summary of validity evidence supporting the intended use and interpretation of DLOSCE results, and conducted a series of webinars for dental board members, dental educators, and dental students. Dental boards from a number of US states subsequently indicated they would accept DLOSCE results as either fully or partially fulfilling their clinical examination requirement. The DLOSCE was updated to incorporate minor changes recommended by the Committee in February, and then administered for the first time from June 15 through July 17, 2020. Results from the first administration were released to candidates, dental boards, and dental schools in August 2020.

4. Professional Test Standards

Large testing organizations responsible for developing, administering, and scoring examinations need criteria, or standards upon which to judge their effectiveness. Three professional organizations – AERA, APA, and NCME – joined forces and resources to create the latest version of *The Standards for Educational and Psychological Testing* (AERA, APA, NCME, 2014). These standards provide useful information to guide testing organizations in the validation of their test score interpretations and uses. Throughout this technical report, validity evidence is identified and connected to testing standards. Many sections of this technical report correspond to chapters in the *Standards* (AERA, APA, NCME, 2014).

5. Overview of Validity

Validity is defined in the *Standards* as “the degree to which evidence and theory support the interpretations of test scores for purposed uses of tests” (AERA, APA, & NCME, 2014, p. 11). Validation involves the investigative process of creating a validity argument and collecting evidence relevant to this argument, the examination purpose, and the intended interpretation of results. When acquired validity evidence reveals weaknesses or deficiencies, the testing organization is expected to take steps to address the deficiencies to strengthen the validity of the test.

The intended interpretation of DLOSCE results concerns the candidate’s ability to apply clinical judgment and skills in the provision of patient care. A passing score on the DLOSCE indicates that a candidate is able to do so at the level required for the safe, independent practice of entry-level general dentistry. DLOSCE results are used by dental boards in determining qualifications of dentists who seek licensure to practice in any state, district or other jurisdiction of the United

States, which recognizes the DLOSCE. This technical report presents validity evidence and additional references that support the intended interpretation and use of DLOSCE results.

This report is organized to address major categories of validity evidence. Each section contains narrative and validity documentation. In some instances, data are provided, as appropriate. The report addresses the following important categories of validity evidence, presented with corresponding section numbers:

6. Content Basis for the Examination
7. Test Design and Development
8. Scoring and Equating Methods
9. Standard Setting
10. Reliability
11. Test Administration
12. Results Reporting
13. Convergent Validity Evidence
14. Test Security
15. Rights and Responsibilities of Test Takers
16. Candidate Performance

The information provided in this technical report covers the entire span of DLOSCE development through September 2020, including DLOSCE administrations that occurred in the summer of 2020.

Legal Issues

All examination programs where results are used for high-stakes decisions run the risk of legal challenge based on validity. As a result, examination programs must be designed to withstand legal challenges.

This technical report represents an effective way to present the examination validity argument and corresponding validity evidence. This document organizes, describes, and presents a large amount of validity evidence. In so doing, boards can have confidence that the Joint Commission has acted responsibly in its duty to develop and administer an examination program capable of fulfilling its intended purpose.

6. Content Basis for the Examination

Content-oriented validity evidence is a critical source of validity evidence supporting the interpretation and use of DLOSCE results. The Standards indicate that developers of licensure examinations should provide a thorough description of the examination's content domain, along with evidence that the domain reflects the requirements of the profession for which candidates are seeking licensure (AERA, APA, NCME, 2014, p. 178-179). This chapter details the DLOSCE content domain and describes the theoretical rationale and empirical evidence that support it. In short, the content domain for the DLOSCE consists of the clinical tasks that a dentist performs while providing direct, chair-side treatment to patients. The content domain is formalized in the DLOSCE test specifications, which were established using the methods and procedures described below.

Establishing the DLOSCE Test Specifications

In 2018, the DLOSCE Steering Committee convened a review panel of subject matter experts to recommend test specifications for the DLOSCE. The recommended test specifications would describe the topic areas the DLOSCE should cover and the percentage of test items that should be allocated to each topic area. The review panel consisted of 11 dental subject matter experts, including general dentists, and specialists with expertise in the following areas: Prosthodontics, periodontics, oral radiology, oral diagnosis, oral surgery, endodontics, behavioral science, orthodontics, pharmacology, and dental anesthesia. The panel included three members of the DLOSCE Steering Committee as well as an individual who had served on the Committee for an Integrated Examination (CIE) (the committee that developed and validated the Joint Commission's Integrated National Board Dental Examination (INBDE)). The panel met for 1½ days at the ADA building in Chicago.

As a first step, the panelists studied the results of a dental practice analysis survey conducted by the JCNDE in 2016. The purpose of the practice analysis survey was to gather feedback from a nationally representative sample of practicing dentists, concerning the importance of various tasks that general dentists perform. The first section of the survey gathered information about the dentist and their practice environment. The second section consisted of a list of 56 clinical content areas (see Appendix A). In this section, responding dentists were asked to rate each clinical content area with respect to its importance to patient care, and its frequency of use in patient care. The levels of the rating scale were defined as follows:

Importance to Patient care:

5. Extremely important
4. Very important
3. Important
2. Somewhat important
1. Not important

Frequency of Use in Patient Care:

6. More than 5 times per day
5. 3-5 times per day
4. 1-2 times per day
3. 1-4 times per week
2. Less than once per week
1. Never

The JCNDE distributed the practice analysis survey to a total of 34,441 dentists. Among those, 2,542 (7.4%) provided valid responses. The mean importance rating and mean frequency rating were calculated for each clinical content area. The mean importance ratings across clinical content areas ranged from 3.22 to 4.82. The mean frequency ratings ranged from 1.7 to 5.92. The multiplicative model (Kane, Kingsbury, Colton, & Estes, 1989) was used to provide an overall index of importance for each clinical content area.

The members of the DLOSCE test specifications review panel studied the 56 clinical content areas from the practice analysis survey, along with the mean importance rating and mean frequency rating for each area. The panel members then engaged in a group discussion through which they 1) established a preliminary list of topic areas that the DLOSCE should cover (e.g., endodontics, periodontics), and 2) made a preliminary determination regarding the percentage of test items that should be allocated to each topic area. Once the panel had established the

preliminary percentages as a group, each panelist separately reviewed the percentages, and suggested changes as needed. The recommended changes were then summarized across the panelists, and presented to the group for consideration.

A key step in establishing the recommended DLOSCE test specifications involved articulating areas of commonality and important differences between the DLOSCE and the JCNDE's Integrated National Board Dental Examination (INBDE). As part of this discussion, the review panel established a preliminary scope and boundaries for skills it felt the DLOSCE should assess (i.e., the DLOSCE skill domain). A statement concerning this scope is provided below.

The DLOSCE covers the clinical tasks that a dentist performs while providing direct, chair-side treatment to patients in a clinical environment. This includes addressing issues that arise during the performance of a dental procedure.

To further clarify the DLOSCE content domain, the panelists scrutinized the 56 clinical content areas included on the Joint Commission's practice analysis survey, which were broken down into three component sections: 1) Diagnosis and Treatment Planning, 2) Oral Health Management, and 3) Practice and Profession. Panel members then selected the clinical content areas they believed fit within the description of the DLOSCE skill domain they established in the previous step. Each panelist did this separately. Then, the panel worked as a group in an attempt to reach a consensus for each clinical content area.

Next, the panelists completed an exercise that required them to link the preliminary topic areas to the clinical content areas from the JCNDE practice analysis. As part of this exercise, panelists were asked to identify the topic areas that were related to each of the 56 clinical content areas. Results of the linking exercise demonstrated a strong relationship between the preliminary topic areas and the tasks that entry level general dentists perform, as indicated by the 56 clinical content areas from the practice analysis. This provided support for the appropriateness and comprehensiveness of the DLOSCE topic areas identified by the panel.

Just prior to the close of the meeting, panelists were given an opportunity to recommend changes to the percentages allocated to the established DLOSCE topic areas. Five of the eleven panelists recommended no changes to the percentages. No panelist recommended a change larger than two percent for any topic area. After discussing their individual recommendations as a group, the panel decided to retain the original percentages. The resulting topic areas and corresponding percentages represented the review panel's recommendation concerning preliminary test specifications for the DLOSCE. The DLOSCE Steering Committee reviewed and approved the review panel's recommendation in March 2018. This established the preliminary test specification for the DLOSCE.

In 2019 the DLOSCE Steering Committee revisited the preliminary DLOSCE test specifications and made modifications based on feedback from the DLOSCE Working Committee, DLOSCE test constructors and DTS staff. In 2020, the JCNDE reviewed and approved the test specifications, which appear in Appendix B. Each DLOSCE form is built to meet the specifications, ensuring that candidates who attempt the DLOSCE encounter an examination that is comprehensive and parallel in its coverage of the content domain. The JCNDE conducts comprehensive practice analyses on a periodic basis, and will continue to use practice analysis results, in combination with subject matter expert judgments, to ensure that the DLOSCE test specifications reflect clinical dental practice. In the time period between practice analyses, DLOSCE test constructors evaluate the specifications and – accompanied by appropriate justification – recommend minor changes as needed, for consideration by the JCNDE.

DLOSCE Content and the Question of Psychomotor Skill Evaluation

The preceding discussion focuses largely on the procedures used to determine the DLOSCE test specifications. An important question that has been present throughout DLOSCE development involves whether to include or not include a psychomotor skill evaluation component within DLOSCE administrations. The DLOSCE Steering Committee specifically and carefully considered this important question. In so doing, the following factors were thoroughly discussed:

- research evidence as it pertains to current clinical licensure examinations, which include both patient-based and manikin components
- research from the National Dental Examining Board (NDEB) of Canada, which had for decades utilized an Objective Structured Clinical Examination (OSCE) instead of a patient-based clinical examination
- the fidelity of existing manikin and dental simulation technology, as it relates to the day-to-day experience of practicing dentists
- ethical considerations pertaining to the use of patients in clinical examinations for licensure purposes
- the pre-eminent role of clinical judgment as it relates to the application of psychomotor skills
- the standards for dental education as promulgated by the Commission on Dental Accreditation (CODA), and the corresponding dental subject matter expert site visitors who scrutinize the quality of educational training provided at US dental schools
- the educational training provided by dental schools in accordance with CODA standards
- the evaluative tools and methods used by dental schools to understand whether a given student has demonstrated the necessary level of clinical judgment and skills
- the focal reasons for board disciplinary actions
- the applied experience of dental educators
- the need for comprehensive assessment of a candidate's clinical knowledge, skills, and abilities, at the time of licensure
- the validity and reliability of available and proposed solutions, from a rigorous psychometric perspective and in accordance with professional standards and guidelines

The DLOSCE Steering Committee fully acknowledged the critical importance of psychomotor skills in dental practice. Dentists rely heavily on psychomotor skills in treating their patients. Having noted this, the Committee was dismayed to see the dearth of research evidence supporting the validity of current clinical licensure examinations, whose focus primarily rested upon the measurement of these psychomotor skills. The Committee noted in particular a published editorial appearing in the *Journal of Dental Education*, offered by Dr. Steven Friedrichsen, Dean and Professor of the College of Dental Medicine of the Western University of Health Sciences. Consistent with the Committee's findings, Dr. Friedrichsen indicated the following:

“There is no peer-reviewed scientific evidence that correlates [clinical licensure examination] outcomes with other validated assessments of clinical competence ... the process yields no verifiable value in its ultimate objective of providing for the protection of the public.” (p640)¹

¹ Friedrichsen SW. Moving toward 21st-Century Clinical Licensure Examinations in Dentistry. *J Dent Educ* 2016; 80(6):639-640.

The Committee was acutely aware of the essentiality of validity, particularly in high-stakes licensure testing in health care, where the public health is at risk. The following opening statements from the first chapter of the *Standards for Educational and Psychological Testing* were germane:

“Validity refers to the degree to which evidence and theory support the interpretations of test scores for proposed uses of tests. Validity is, therefore, the most fundamental consideration in developing tests and evaluating tests.

...

Evidence of the validity of a given interpretation of test scores for a specified use is a necessary condition for the justifiable use of the test.” (p11).

In considering these matters, the Committee’s review yielded the following core findings:

- peer-reviewed research evidence fails to provide adequate support for the use of patient-based and manikin-based clinical licensure examinations; these examinations unfortunately do not appear to protect the public.
- peer-reviewed research evidence has supported use of the NDEB Canada OSCE; additionally, Canada has relied on their OSCE and written examination for decades, without apparent issue.
- existing dental simulation technology was interesting but did not yet possess the level of fidelity necessary to warrant application in licensure testing; this technology should continue to be monitored and considered in the future.
- current manikins also lacked reasonable fidelity from the Committee’s perspective. Manikin utilization was regarded as perhaps useful in the early stages of dental education, but represented a step backward when used for licensure purposes. In the end, “drilling on plastic teeth just shows that an individual can drill on plastic teeth.”
- in the past, there were varying points of view regarding the perceived rigor of the CODA accreditation process, and questions were present concerning the scope and rigor of school-based assessment procedures. However—thanks to over 25 years of hard work and the adoption and evolution of competency-based education in accredited dental schools, as well as the identification of new, effective pathways for dental clinical assessment—the situation has changed and strong accreditation standards are now in place and uniformly enforced throughout the US.
- consistent with CODA standards, dental students are currently evaluated on their psychomotor skills and performance on hundreds of occasions during their enrollment in dental programs accredited by CODA. This evaluation can take place using a variety of proven methods of skill evaluation and assessment, including patient-based, manikin-based, simulations, and OSCEs.
- board disciplinary actions appear to predominantly focus upon issues involving mistakes arising from poor clinical judgment, substance abuse, and ethical failures, as opposed to deficiencies in psychomotor skills
- numerous dental educators have indicated to Committee members and staff that current clinical examinations appeared to be failing candidates arbitrarily:
 - the strongest students sometimes failed clinical licensure examinations while less skilled students passed without issue
 - virtually all students who failed a clinical licensure examination passed on their next attempt, in many cases without any remediation

- with respect to ethical issues, the Committee noted that the American Dental Association, American Dental Education Association, and American Student Dental Association had all adopted policies seeking to end the use of patients in dental clinical licensure examinations. These three associations in turn formed a joint Task Force on Assessment of Readiness for Practice, and issued a report (Sept 2018) indicating the following:

“... the Task Force opposes single, encounter, procedure-based examinations on patients, which virtually all states currently use to fulfill the clinical examination requirement. This approach has been demonstrated to be subject to random error; does not have strong validity evidence; is not reflective of the broad set of skills and knowledge expected of a dentist; and poses ethical challenges for test-takers, dental schools, and the dental profession ... this single focus is typically in lieu of the patient's comprehensive and most severe or urgent needs, resulting in a standard of care that may well be below today's acceptable level ... the Task Force calls upon state dental boards to eliminate the single encounter, procedure-based patient exams, replacing these with clinical assessments that have stronger validity and reliability evidence.” (p2)

This task force set the stage for the Coalition for Modernizing Dental Licensure, which has moved forward to help achieve the desired changes.

- current clinical examinations are not adequately comprehensive, focusing only on a narrow set of procedures conducted on an extremely small number of patients (e.g., often just two or three) with an extremely limited sample of performance obtained.

In light of these findings, the Steering Committee determined that the new examination should be computer-based and not directly measure psychomotor skills (i.e., due to the unfortunate deficiencies associated with current methods of psychomotor skill evaluation in dentistry). Given the positive research findings associated with OSCEs, the Committee felt that a hybrid or “virtual OSCE” should be pursued, with lifelike 3-D models to emulate the experience in the dental clinic. Utilization of 3D models in lieu of live patients could provide further benefits through increased standardization of the testing experience, improving the reliability and validity of the examination with respect to its intended purpose. Extended multiple choice questions to accompany these 3D models could reduce the impact of guessing and provide candidates with a simulated clinical situation possessing greater fidelity and requiring sound clinical judgment, to truly understand whether a candidate “thinks like a doctor.” In short, the Committee determined that the public would be far better served by a comprehensive examination focused upon clinical judgment. The quality of clinical judgments made by practicing dentists have a causal effect on patient outcomes, and psychomotor behaviors themselves. The Steering Committee concluded that utilization of manikins and patient-based demonstrations of performance should be unnecessary given the questionable evidence that is present even after decades of use of these examinations by boards.

7. Test Design and Development

Having established the content basis for the DLOSCE, the next considerations involved test design and development. The overall design of an examination is a crucial step in test development. The DLOSCE is designed with the full participation of content expert teams and supervised by staff specialists working in the Department of Testing Services test development area. This process ensures that the expertise of highly qualified, licensed dentists is brought to bear during the examination design process. Joint Commission staff in the Department of

Testing Services provide technical support and guidance to help ensure the desired technical qualities are achieved during the examination design phase.

Examination Format

The DLOSCE is a comprehensive examination consisting of 150 items. This includes 148 multiple choice items, and two prescription tasks. Pre-examination materials (e.g., the DLOSCE Candidate Guide) provide candidates with information concerning the format and scoring rules for each item type.

Multiple choice items. Multiple choice items appearing on the DLOSCE represent clinical problems that the candidate must solve. Each multiple-choice item consists of a stem, which poses a clinical problem, followed by a list of possible answers. The stem of an item is usually either a question or an incomplete statement. The two types of multiple choice items that appear on the DLOSCE are described below.

Single correct answer (i.e. single select). These multiple choice items consist of a stem, which poses a clinical problem, followed by a list of possible options. A candidate can only select one option, and only one of the possible options is correct. If the candidate selects the correct option, they earn full credit for the question; otherwise they earn no credit.

One or more correct answers (i.e., multi-select). These multiple choice items consist of a stem, which poses a clinical problem, followed by a list of possible options. One or more of the possible options is correct. To earn full credit, a candidate must select all of the correct options and avoid selecting any of the incorrect options. A candidate who selects an incorrect option automatically earns no credit for the item. A candidate can earn partial credit if they select one or more of the correct options and avoid selecting any of the incorrect options. When multiple correct options are present within an item, DLOSCE test constructors assign a point value to each correct option. Some options may also be designated as unscored. Candidates neither gain credit nor lose credit for selecting an unscored option. An option can be designated as unscored, for example, if it cannot be judged definitively based on the information presented in the item, or if subject matter experts disagree on whether or not it is correct. DLOSCE test constructors determine which options, if any, will be unscored.

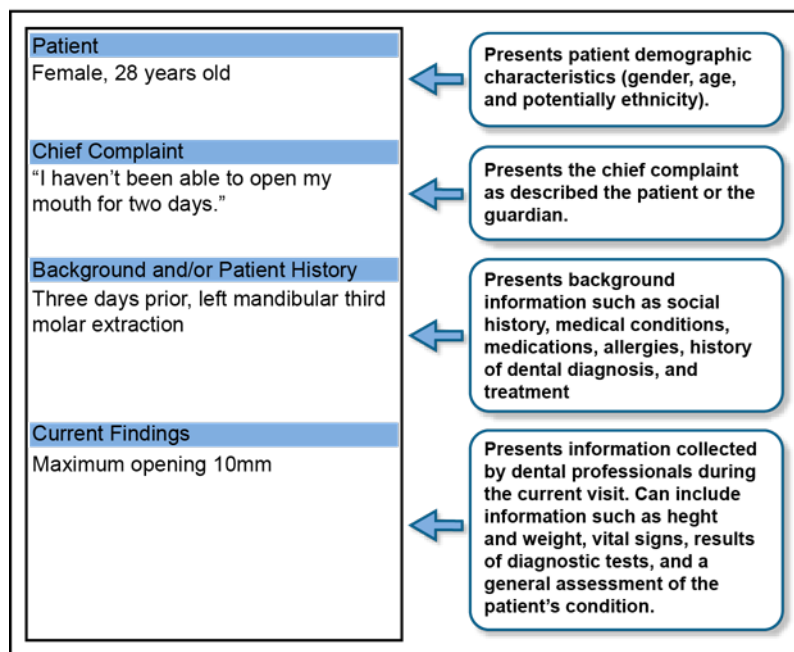
Prescription Tasks. As noted previously, the DLOSCE contains two prescription tasks. These tasks require a candidate to review a Patient Box and determine an appropriate prescription for the patient described therein. For each prescription task, a candidate must

1. review a Patient Box, which provides information about the patient for whom the prescription will be written;
2. select appropriate medication(s) from a list;
3. specify the strength of the tablet/capsule (e.g., 500 mg);
4. specify the total number of tablets/capsules that should be dispensed;
5. identify the number of tablets/capsules that should be taken per administration;
6. specify whether or not the patient should take a loading dose; and
7. identify the frequency of administration (e.g., once a day until finished, twice a day as needed)

Prescription task responses are evaluated against a scoring key established by subject matter experts. Based on the combination of responses selected by the candidate, it is possible for the candidate to receive no credit, partial credit, or full credit for each prescription task.

Three-dimensional models. The DLOSCE contains items involving three-dimensional (3D) models that can be interacted with and manipulated (magnified, moved, and rotated). The JCNDE has made an online tutorial available, so that candidates can practice interacting with a sample 3D model before they attempt the examination. A tutorial provided at the beginning of the examination instructs examinees on how to manipulate the model. Items involving 3D models include a help feature that displays similar instructions for the candidate to reference during the examination.

Patient Box. Many DLOSCE items include a Patient Box. The Patient Box presents information available to the dentist at the time of the visit. The elements of the Patient Box are described below.



There are a number of benefits associated with using the Patient Box format to present patient information. Specifically, the Patient Box:

- permits the candidate to focus on the concept tested, as opposed to question wording (thereby reducing construct-irrelevant variance),
- simplifies the item writing process for test constructors, allowing them to focus on concepts for evaluation, and
- presents concepts to be tested within the context of an actual patient, thereby increasing the correspondence between test content and the actual experiences of practicing entry-level dentists.

In short, the Patient Box is intended to maximize construct-relevant variance and minimize construct-irrelevant variance. Candidates are instructed to always consider the Patient Box in their responses, and a tutorial provided at the beginning of the examination instructs examinees on how to appropriately interpret information provided in the Patient Box. Similarly, pre-examination materials (e.g., the DLOSCE Candidate Guide) also includes information concerning the Patient Box.

DLOSCE Test Constructors

The Joint Commission relies on subject matter expert test constructors to develop and review DLOSCE items and examination forms. The role of test constructors is fundamental to the examination's validity argument. Test constructors are responsible for developing a clear, precise, and comprehensive set of items for each examination form; in accordance with established test specifications and utilizing rigorous procedures. Together these efforts providing content-related validity evidence in support of test usage. The Standards indicate that examination developers should describe the qualifications and characteristics of test constructors, and provide information about the training and materials test constructors receive (AERA, APA, NCME, 2014, p. 88). The section below presents this information, as it pertains to the DLOSCE.

Test constructors meet in teams to engage in test development activities. Test constructors use their subject-matter expertise—including their experience and understanding of dental practice and familiarity with the curriculum in accredited dental schools—to create, review, and finalize examination content. The following is a list of the responsibilities of every test constructor.

- Submit test development materials (e.g., images, items), in compliance with JCNDE guidelines, within the designated time frame. The number of materials that test constructors are expected to submit varies according to the needs of the examination program.
- Attend each test construction meeting for the duration of the session.
- Construct examination forms according to JCNDE guidelines, test specifications, and content outlines, within the designated time frame.
- Construct additional items for JCNDE item banks as necessary.
- Assign ownership of all examination materials to the ADA and JCNDE, by agreeing to the terms of the copyright assignment.
- Inform the Joint Commission of changes in dental practice, dental procedures, and dental education curricula, suggesting modifications to the test specifications as appropriate.
- Consider special issues and make recommendations at the request of the JCNDE.
- Safeguard the security and confidentiality of the examination by declining offers to assist with review courses and examination preparation materials while serving as a test constructor, and for at least one year following the final term of their appointment.
- Comply with the ADA's policy on professional conduct. This policy includes prohibitions against sexual harassment and other forms of unlawful conduct.

The DLOSCE test specifications provide core information to new test constructors. New test constructors receive an orientation which provides information about the DLOSCE program, and the item development and review process.

Test Construction Teams. DLOSCE test constructors work in teams, referred to as Test Construction Teams (TCTs), to develop DLOSCE items. In 2018, the DLOSCE Steering Committee authorized the formation of a DLOSCE Working Committee, composed of dental subject matter experts, to recommend structures for DLOSCE TCTs, and to guide the development of DLOSCE content during test construction meetings. The Working Committee proposed structures for DLOSCE TCTs, based on the DLOSCE test specifications and the needs of the examination program, and the structures were accepted by the DLOSCE Steering Committee and implemented shortly thereafter. Most DLOSCE TCTs meet multiple times per year, with most meetings approximately 2½ days in duration. TCT meetings are typically facilitated by one or more members of the DLOSCE Working Committee, in collaboration with DTS staff facilitators. The main categories of DLOSCE TCTs are described in detail below. Additional teams may also be created on an *ad hoc* basis to meet the targeted needs of the examination program.

Item Writing and Review Teams. Item Writing and Review teams typically consist of three to ten test constructors. Depending upon item development needs, multiple teams may be formed. Each team is responsible for developing items and reviewing newly written items to ensure content accuracy, currency, and validity, as well as adherence to the test specifications and item guidelines outlined by the Joint Commission. Item Writing and Review teams are typically organized according to the major areas of the DLOSCE test specifications (e.g., Oral Surgery, Periodontics). In order to serve on an Item Writing and Review team, a test constructor must be currently licensed as a dentist in the United States, and a graduate of an accredited advanced education program in the specialty area for which they develop items.

Clinical Relevance Review Teams. Each Clinical Relevance Review team consists of five to ten General Dentists. This team confirm the appropriateness of examination items in terms of their relevance to day-to-day clinical practice. The teams are also responsible for the final categorization of items, relative to the DLOSCE test specifications and in support of the general needs of the DLOSCE program. In order to serve on a Clinical Relevance Review Team, a test constructor must be a full-time or part-time practitioner or clinician/scientist with at least five years of experience, who is in practice at least 20 hours per week (inclusive of clinical teaching), and who is currently licensed as a dentist in the United States.

Form Review Teams. Form Review teams provide a final review of DLOSCE items and images identified for placement on examination forms, with respect to clinical relevance and the activities of a practicing general dentist. They ensure that the content being tested is comprehensive, meets the test specifications, and that there is no unintended overlap among the items included on each form.

Test Constructor Selection. On an annual basis the Joint Commission advertises and promotes its need for test constructors. A letter explaining the online application materials and selection criteria is emailed to dental schools, dental boards, constituent dental societies, and other institutions and individuals each year. All applications are processed by staff and presented to the Joint Commission's DLOSCE Steering Committee, which is responsible for recommending individuals to serve in the DLOSCE Test Constructor Pool.

On an annual basis the DLOSCE Steering Committee approves and reapproves test constructors to serve in the DLOSCE Test Constructor Pool. An individual who has completed five years of service in the pool may be considered for re-approval as dictated by the needs of the examination program. DTS staff place approved test constructors onto specific TCTs based on the expertise of the individual, the recommendations of the Steering Committee at the time of

the individual's selection, and the needs of the TCT and examination program. A team is formed for each specific meeting, and disbands at the end of that meeting. These teams are flexible and may or may not consist of the same test constructors each year. Teams may be rearranged as needed in the event that a given volunteer is not able to attend. If a volunteer is invited but is unable to attend, an alternate volunteer is identified and invited. Additionally, if a volunteer is invited to attend a meeting and does not respond in a timely manner, an alternative volunteer is identified and invited to attend the meeting. This process helps ensure teams have a sufficient number of volunteers with the required expertise, so that meeting goals can be accomplished efficiently and effectively.

Item Validation

The Standards indicate that examination developers should document the process used to develop, review, and evaluate items (AERA, APA, NCME, 2014, p. 87-88). This section describes the item validation process that the JCNDE has implemented for the DLOSCE.

Content accuracy review. During content accuracy review, test constructors review items for accuracy and currency. In some cases, this review is conducted by the members of the original Item Writing and Review team who developed the item. In other cases, the review is conducted by test constructors who are external to the original Item Writing and Review team.

Item classification. Item classification review is performed to specify the areas of content expertise identified for the item. This review is similar to how a librarian classifies material into subject areas using a defined taxonomy. The classification review includes the review or specification of all metadata for the item.

Editorial review. During editorial review, items are reviewed for grammar, style, formatting, and alignment with DTS item writing guidelines. Similarly, item stimulus materials are reviewed to ensure the information is of diagnostic quality and in accordance with modern dental practice.

Legal/intellectual property (IP) review. Joint Commission staff seek counsel from the ADA Division of Legal Affairs concerning the articulation of guiding principles that might inform procedures and help avoid legal issues involving examination content. This includes, for example, issues arising around privacy and the use of intellectual property. Individuals who submit images and materials to the Joint Commission are responsible for verifying intellectual property rights.

Clinical relevance review. The DLOSCE is designed for licensure purposes, to help state boards understand whether a candidate possesses the necessary clinical judgment to enter the profession and safely practice dentistry. The general dentist is thus of focal importance to the DLOSCE Program. During the clinical relevance review, corresponding review teams scrutinize items to help confirm item content is clinically relevant and applicable to the work of practicing dentists. This review helps reduce the likelihood of an examination form containing trivial and/or esoteric content.

Item performance review. Items that survive the reviews described above are eligible to be placed on examination forms. Once an item has been placed on a form, and once the form has been administered to a sufficient number of candidates, DTS calculates the following statistics for each item:

- 1) The mean score for the item; and
- 2) The item-total correlation, defined as the Pearson correlation between performance on the item and performance on the examination.

The mean score for the item is an indicator of an item's difficulty, and the item-total correlation is an indicator of an item's ability to discriminate among candidates of different ability levels. Items that fail to discriminate among candidates of different ability levels are scrutinized by staff and then routed to appropriate test constructors for review. Items that do not perform appropriately are removed from scoring. Subsequent to administration, test constructors review examination content and relevant psychometric information and determine whether items can and should be revised. The revision process could, for example, involve rewording the stem or changing the distractors. If an item is revised, it is returned to the item bank where it becomes a candidate for placement on a future examination form. If test constructors determine that an item cannot be improved through revision, the item is designated as unusable.

8. Scoring and Equating Methods

Scoring Approach

There are two common approaches to scoring licensure examinations. Under the first approach, the pass/fail decision is based on a single score that is determined from the candidate's performance on the entire examination. Under the second approach, an examination is divided into separately scored sections, and the candidate must pass each section in order to pass the examination. The latter approach is often used when the topic areas on an examination are substantially distinct from one another and candidate competence on each topic area must be verified separately. When examination topic areas are highly correlated, on the other hand, the former approach is often used, because a single score based on all the test items will be more reliable than the scores determined for the individual topic areas.

Analysis of data from administration of the DLOSCE strongly suggests that a candidate's DLOSCE result (i.e., pass or fail) should be based on a single score derived from the candidate's performance on the entire examination. Exploratory factor analysis of candidate scores on the nine DLOSCE topic areas suggests they are indicators of a common underlying ability that can be well represented with a single score; the ratio of the first to second eigenvalue from the factor analysis was 9.8, and a parallel analysis (Horn, 1965), scree test (Cattell, 1966), and the application of Kaiser's (1960) criterion all converged on the finding that a single underlying factor was present. Based on this, the JCNDE has adopted a scoring approach for the DLOSCE whereby a candidate's result is determined based on their overall performance on the examination. The section below describes how the overall score and corresponding pass/fail result is determined for each DLOSCE candidate.

Scoring Methods

DLOSCE results are determined through a multi-step process. In the first step, non-performing items are identified and removed so that they do not count toward candidate scores. Non-performing DLOSCE items are identified based on two statistics: the mean score for the item, which is an indicator of an item's difficulty, and the item-total correlation, which is an indicator of the item's ability to discriminate among candidates of different ability levels.

In the second step, a *raw score* is determined for each candidate. The raw score represents the total number of points the candidate earned on the examination, after removing the non-performing items. Each raw score is also expressed as a *percent correct* score, which is calculated as the raw score divided by the total number of points possible. As mentioned previously, the DLOSCE contains three types of items: 1) single-select items 2) multi-select items, and 3) prescription tasks. Candidates can earn a maximum of 1 point for each single-select and multi-select item, and a maximum of 4 points for each prescription task. Partial credit is possible for multi-select items and prescription tasks. When multiple forms of the DLOSCE are administered, percent correct scores are adjusted through a psychometric process known as equating, to statistically adjust for any differences in the difficulty of the examination forms (for details, see the section titled Equating Methods). The equating process helps ensure that all DLOSCE candidates are held to the same performance standard, regardless of which examination form they attempt.

In the third step, each candidate's equated percent correct score is converted to a scale score. DLOSCE scale scores can range from 49 to 99 and are expressed as whole numbers (e.g., 49, 50, 51). A scale score of 75 represents the minimum level of clinical judgment and skills required for the safe, independent practice of entry-level general dentistry, as determined through standard setting activities (see Chapter 9). A candidate must earn a scale score of 75 or higher to pass the DLOSCE. Candidates who receive a scale score of 75 or higher receive a status of "Pass," while candidates who receive a scale score below 75 receive a status of "Fail."

Equating Methods. Multiple forms of the DLOSCE are available for administration. The JCNDE takes care to ensure that all DLOSCE forms meet the DLOSCE test specifications and are as parallel as possible. However, because the forms contain different items, small form-to-form differences in difficulty are typically present. The JCNDE uses a process called *equating* to statistically adjust for these differences. The equating process helps ensure that all DLOSCE candidates are held to the same performance standard, regardless of which examination form they attempt. The Standards indicate that test developers should provide evidence supporting the claim that results from different forms of an examination may be used interchangeably (AERA, APA, NCME, 2014, p. 105). The discussion provided herein is intended to help provide that supporting evidence.

The JCNDE uses a common-item nonequivalent groups design to equate DLOSCE scores. In the common-item nonequivalent groups design, there are two samples of candidates, each of which is administered a different form of the examination. There are also some items that are common to both examination forms. The common items comprise an *anchor test* which ultimately forms the basis for the score adjustments. Due to their importance, the anchor test items are carefully chosen based on the guidelines described in Kolen and Brennan (1995). According to these guidelines, the anchor test should meet the test specifications proportionally, and have a sufficient number of items (e.g., 20 percent of the length of a full examination form, or at least 30 items).

The *Tucker linear method* (Angoff, 1971) is used to place scores from different DLOSCE forms on the same measurement scale. The Tucker linear equating method is intended for use when a common-item nonequivalent groups equating design is employed. Under the Tucker method, scores from Form X are placed on the Form Y scale using the following equation:

$$Y' = \frac{\sigma(Y_T)}{\sigma(X_T)} [X - \mu(X_T)] + \mu(Y_T), \quad 8.1$$

where Y' is the Form X score expressed on the Form Y scale, and $\mu(X_T)$, $\mu(Y_T)$, $\sigma(X_T)$, and $\sigma(Y_T)$ are the means and standard deviations of the scores on Forms X and Y for the combined population of candidates (i.e., the candidates who take Form X combined with the candidates who take Form Y). Because the candidates who take Form X do not have scores on Form Y, and vice versa, the means and standard deviations in Equation 8.1 are estimated using information about candidate performance on the anchor test items (for the algebraic formulas used to estimate the parameters in Equation 8.1, see Angoff, 1971 or Kolen, 1985).

Quality Assurance. The Standards indicate that those responsible for scoring examinations should establish and document quality assurance measures (AERA, APA, NCME, 2014, p. 118). Accordingly, the JCNDE has established strict quality control measures to facilitate accurate scoring of the DLOSCE. At the close of each DLOSCE administration window, a roster of candidates scheduled to complete the DLOSCE is compared with the candidates appearing in result files, to ensure no result files are missing. Examinations are independently scored by two separate DTS analysts, and the resulting scores are compared against one another to ensure they are identical before results are released to candidates. DTS staff maintain documentation related to the examination scoring process, and corresponding quality assurance procedures.

9. Standard Setting

A critical step in the development of any licensure examination involves the establishment of the cut score that separates passing and failing candidates (AERA, APA, NCME, 2014, p. 100-101). The Standards indicate that subject matter experts involved in setting cut scores should be qualified, and that the process for setting the cut score should be well described and documented (AERA, APA, NCME, 2014, p. 107-108). The information provided below is presented in fulfillment of this requirement.

Standard Setting Procedures

In August 2020, the JCNDE convened a standard setting panel to recommend a performance standard (i.e., cut score) for the DLOSCE. The panel identified its recommended cut score using a modified version of the Bookmark standard setting method (Lewis, Mitzel, Mercado, & Schulz, 2012). The modified method was inspired by Angoff's (1971) "Yes/No" method of cut score establishment (see Impara & Plake, 2006), and had been successfully implemented previously as reported by Buckendahl et al. (2006). The standard setting activities involved the following steps:

1. A standard setting panel was convened. The panel was composed of seven members who were diverse with respect to practice experience, gender, areas of specialized knowledge, and geographic region.

2. The panel members received a thorough overview of the purpose and content of the DLOSCE. This included a description of the test specifications, test construction methods, and scoring methods. As a reference, panel members were also provided with information concerning recent failure rates for several existing dental licensure examinations.
3. Prior to the meeting, panel members completed an abbreviated version of the DLOSCE that was approximately representative of a full version of the DLOSCE with respect to content, difficulty level, timing, and item formats. During the meeting, panel members self-scored their abbreviated examinations and subsequently discussed the items as a group.
4. The panel members engaged in a complete and thorough discussion of the characteristics and skills of the “just qualified” (i.e., minimally competent) candidate, focusing on candidate skills in the specific topic areas covered on the DLOSCE.
5. Following the discussion phase, panel members were trained in the Bookmark standard setting method and given an opportunity to practice the method using provided practice materials.
6. Next, panel members reviewed a large set of examination items that had been placed into an Ordered Item Booklet (OIB) assembled as follows:
 - Each page of the OIB contained one item.
 - The items included in the OIB spanned a representative range of difficulty levels.
 - Items within the OIB were presented in ascending order of difficulty such that the item on the first page was the least difficult and the item on the last page was the most difficult.
 - Single-select items appeared once within the OIB. The “success criteria” for these items involved the candidate answering the question correctly, thereby earning the candidate full credit for the item.
 - Each partial credit item represented in the OIB appeared twice within the booklet:
 - 1) When an item involving partial credit appeared in the OIB for the first time, the difficulty value for that item was based on the proportion of candidates who earned at least partial credit for the item.
 - 2) When an item involving partial credit appeared for the second time, the difficulty value for that item was based on the proportion who earned full credit for the item.
 - Given the preceding—and for purposes of the OIB—partial credit items therefore involved two separate “success criteria” levels (i.e., partial credit and full credit).
7. After reviewing the OIB, each panel member was asked to independently “bookmark” the page number in the OIB of the last item for which a minimally competent candidate would have at least a 50 percent probability of meeting the aforementioned OIB item success criteria. The cut score associated with the bookmarked OIB page was then defined as the score earned by a hypothetical candidate who succeeded on all of the items up to and including the marked page, and failed on all of the items thereafter. The median OIB page placement (across panelists) and corresponding cut score was used to represent the group’s recommendation.

8. After making their judgments, panel members engaged in group discussion regarding their bookmark placements and the rationales for their judgments. During this phase panel members were provided with information about the bookmark placements of the other panel members, and the anticipated impact of using the cut score associated with the median bookmark placement (i.e., the percent of candidates who would fail under that cut score).
9. Steps 7 and 8 as described above were repeated three times. After each replication, panel members were provided an opportunity to ask questions, request clarification, express any concerns, and engage in group discussion. Subsequently, each panel member was asked to provide a final recommended OIB page placement. The final recommended cut score for the examination was based on the median of the panelists' page placements.
10. At the conclusion of the activities, panel members were asked to complete a questionnaire regarding their impressions of the process. Most panel members strongly agreed with the following statement: "Overall, I support the final group-recommended cut score as fairly representing the appropriate performance standard for the DLOSCE." On a five-point rating scale, ranging from 1=Strongly Disagree to 5=Strongly Agree, the mean rating for this question was 4.14.

The recommended performance standard resulting from the 2020 DLOSCE standard setting activities was accepted and implemented by the Joint Commission in August 2020. As a matter of practice, the JCNDE revisits performance standards periodically, conducting new standard setting activities as needed (e.g., if substantial changes are made to the DLOSCE test specifications, and as dental practice evolves in substantive ways).

10. Reliability

Score reliability is an important indicator of examination quality. Test developers strive to ensure test scores provide a stable and precise measurement of a candidate's knowledge, skills, and abilities. Despite efforts to eliminate possible sources of measurement error, random factors can affect candidate performance and subsequent examination results. These factors include fatigue, background noise, and candidate motivation. Reliability indices assess the degree to which random error affects scores. When scores on an examination demonstrate low reliability, they are strongly influenced by random sources of measurement error. Conversely, when scores on an examination demonstrate high reliability, they are less subject to random sources of error. The Standards highlight the importance of reporting the reliability of test-based decisions for high stakes licensing examinations (AERA, APA, NCME, 2014, p. 46-47). A strategy that is commonly used to increase reliability is to lengthen examinations. Having uniformly high-quality items also contributes to reliability.

Internal Consistency Reliability

The Joint Commission uses the alpha reliability coefficient (Cronbach, 1951) as one index of score reliability for the DLOSCE. Coefficient alpha is an index of internal consistency reliability, and can range from zero to one, with higher values indicating higher reliability. Coefficient alpha for scores from the summer 2020 DLOSCE administration was .80. Once an estimate of score reliability has been obtained, the standard error of measurement for the examination scores can be estimated as follows:

$$SEM = s\sqrt{1 - r_{xx}} \quad 10.1$$

where s is the standard deviation of the scale scores, and r_{xx} is the reliability estimate. Test users can construct a 95 percent confidence interval around a candidate's scale score by adding and subtracting 1.96 standard errors of measurement from the score. The estimated standard error of measurement for DLOSCE scale scores, based on data from the summer 2020 administration, is 3.32 scale score points.

Classification Accuracy and Classification Consistency

When scores on an examination are used as a basis for making pass/fail decisions, it is important for the test developer to demonstrate that the pass/fail decisions are reliable (AERA, APA, NCME, 2014, p. 46-47). To evaluate reliability, testing programs typically estimate *classification accuracy* and *classification consistency*. Classification accuracy is the probability that a candidate's pass/fail result on an examination reflects the decision that would be made had their true skill level been known. Classification consistency is the probability that a candidate would receive the same pass/fail result on two hypothetical, successive administrations of an examination.

The JCNDE estimates classification accuracy and consistency for the DLOSCE using a Classical Test Theory-based version of the method described in Rudner (2001), whereby a common standard error of measurement is used for each candidate (see Equation 10.1). Classification accuracy and consistency estimates based on data from the summer 2020 administration of the DLOSCE are presented in Table 10.1.

Table 10.1
Estimates of Classification Accuracy and Classification Consistency for the Dental Licensure Objective Structured Clinical Examination

Classification Accuracy	Classification Consistency
.948	.921

The classification accuracy estimate of .948 indicates that, for 94.8% of DLOSCE candidates, the pass/fail decision that is made based on the observed score will be consistent with the pass/fail decision that would be made if the candidate's true skill level was known. The classification consistency estimate of .921 indicates that 92.1% of candidates would receive the same pass/fail result on two hypothetical, successive administrations of the DLOSCE.

11. Test Administration

The DLOSCE is administered during fixed administration windows throughout the year. Prometric administers the examination at its Professional Level Testing Centers located throughout the United States and its territories. Once eligible, candidates can schedule an examination for any business day within the administration window, conditional on testing center availability. The administration schedule for the DLOSCE is provided in Table 11.1.

**Table 11.1
DLOSCE Administration Schedule**

Section	Minutes
Tutorial (optional)	25
Section 1 (37 items)	75
Scheduled break (optional)	10
Section 2 (37 items)	75
Section 3 (2 prescription tasks)	10
Scheduled break (optional)	10
Section 4 (37 items)	75
Scheduled break (optional)	10
Section 5 (37 items)	75
Post-examination survey	20
Total Time	6 hr. 45 min.

The DLOSCE Candidate Guide details DLOSCE candidate eligibility requirements and the DLOSCE application process. The guide is made available to candidates through the JCNDE website (ada.org/JCNDE).

12. Results Reporting

Reporting DLOSCE Results to Candidates

DLOSCE results are reported to candidates through a secure, password protected electronic portal. Results are typically made available to the candidate within four weeks of the close of the corresponding DLOSCE administration window, barring unusual circumstances (e.g., a candidate's results are being voided or withheld).

DLOSCE candidates who pass the examination receive a report indicating their result is "Pass," but do not receive numeric scores. Candidates who fail the DLOSCE receive a report indicating their result is "Fail" along with their numeric overall DLOSCE scale score. DLOSCE scale scores can range from 49 to 99 in one-point increments; candidates must earn a scale score of 75 or higher to pass the examination. For remediation purposes, candidates who fail the DLOSCE are also provided with a graphical depiction of their performance in the following areas:

- Restorative Dentistry
- Prosthodontics
- Oral Pathology, Pain Management, and Temporomandibular Dysfunction
- Periodontics
- Oral Surgery
- Endodontics
- Orthodontics
- Medical Emergencies

The numeric scores represented in the graphic are placed on a common scale so candidates can compare their relative performance in the different areas and identify areas where they are most in need of remediation. Consistent with best practices outlined in the Standards, the

results report issued to candidates who fail the DLOSCE contains explanatory text that is intended to help candidates interpret their results accurately.

Reporting DLOSCE Results to Dental Boards

When candidates apply to take the DLOSCE, they also indicate which dental boards should receive their official results. The JCNDE reports Pass/Fail results to the requested dental boards through a secure, password protected electronic portal. A history of the candidate's Pass/Fail results is made available to each dental board requested to receive results. Numeric scores are not reported to dental boards.

Reporting DLOSCE Results to Dental Schools

A candidate's Pass/Fail results are reported to the candidate's dental school, provided that the school is accredited by the Commission on Dental Accreditation (CODA). Results are reported to the school's dean or designee through a secure, password protected electronic portal. CODA accredited dental schools receive periodic reports that describe how their students on average perform on the examination, as compared to the national student average.

13. Convergent Validity Evidence

Convergent validity evidence is established when scores on an examination are positively correlated with scores from other measures of similar constructs. To provide convergent validity evidence in support of the DLOSCE, the JCNDE used data from the summer 2020 administration of the DLOSCE to examine the relationships between scores on the DLOSCE and scores on Parts I and II of the National Board Dental Examination (NBDE).

The observed and disattenuated correlations among DLOSCE scores and NBDE scores are provided in Table 13.1 and 13.2, respectively. Performance on the DLOSCE is strongly correlated with performance on NBDE Part II, which measures knowledge and cognitive skills in the clinical sciences. Performance on the DLOSCE is moderately correlated with performance on NBDE Part I, which measures knowledge and cognitive skills in the biomedical sciences.

Table 13.1
Observed correlations among DLOSCE and NBDE scores (120 candidates)

Score	DLOSCE	NBDE Part I	NBDE Part II
DLOSCE	1.00		
NBDE Part I	.46	1.00	
NBDE Part II	.60	.65	1.00

Table 13.2
Disattenuated correlations among DLOSCE and NBDE scores (120 candidates)

Score	DLOSCE	NBDE Part I	NBDE Part II
DLOSCE	1.00		
NBDE Part I	.53	1.00	
NBDE Part II	.71	.71	1.00

Note. Disattenuated correlations were estimated using the following reliability coefficients: DLOSCE=.80; NBDE Part I=.93; NBDE Part II=.90.

The correlations presented in Tables 13.1 and 13.2 provide strong convergent validity evidence in support of the intended interpretation and use of DLOSCE results. As expected, DLOSCE scores correlate more strongly with NBDE Part II scores than with NBDE Part I scores (DLOSCE and NBDE Part II both focus on the clinical sciences, while NBDE Part I focuses on the biomedical sciences). In reviewing the disattenuated correlations, it should be noted that perfect correlations between the DLOSCE and NBDE scores would not be desirable, since perfect correlations would indicate that the DLOSCE and NBDEs measure an identical construct. The DLOSCE is intended to measure a construct that is related, but not identical to those measured by NBDE Parts I and II.

14. Test Security

General Principles

Effective examination security procedures are critical to the success of any examination program. Responsibilities for examination security are clearly defined for test developers, test administrators, and examination users. Examination security is maintained through test development and test administration procedures in a variety of ways. DTS policies address issues related to examination security and are reviewed periodically by the Joint Commission and its staff.

Security Audit

In 2008, Caveon Test Security, an independent organization, conducted a security audit of DTS. This audit was conducted to identify potential security risks, propose specific measures to ameliorate or diminish any potential risks, and provide recommendations to support security planning. The findings of the audit supported the overall security measures implemented within DTS.

Identification of Secure Materials

The Standards highlight the importance of maintaining appropriate data security, including protections for candidate score information and sensitive ancillary information (AERA, APA, NCME, 2014, p. 121). Accordingly, the Joint Commission has identified certain materials as secure. These include the following:

1. individual items and item materials (e.g. radiographs, clinical photographs);
2. scoring materials (e.g., item analyses, answer keys, and statistical analyses);
3. computer scoring software;
4. standard setting materials and meeting notes;
5. item banks; and
6. candidate personal information.

Departmental Procedures

The Joint Commission and DTS have a number of procedures in place that are designed to increase examination security. Relevant procedures are described in the section below.

Policies and legal issues. All items and examinations are copyrighted to establish ownership and restrict their use or dissemination through unauthorized means. Policies and procedures for handling secure materials require continuous secure custody of materials and a chain of evidence attesting to the status and location of secure materials.

Personnel. The team that maintains the security of examination materials includes Joint Commission staff, vendors, and volunteers. Personnel who handle examination materials must be screened at the time of hire or selection for assignment to disqualify individuals who could represent an unacceptable risk. All staff members are trained in procedures for handling secure materials and are required to comply with policies on confidentiality and conflict of interest. The examination development staff maintain security on examination materials during the development process.

All vendors are responsible for maintaining security of examination materials. Joint Commission staff review vendors' operations to ensure compliance with security policy. Service agreements with vendors must reasonably adhere to the Joint Commission's security procedures.

Volunteers who assist in the development of items and editions of the examination must complete agreements regarding confidentiality, copyright assignment, and conflicts of interest. Volunteers are prohibited from releasing information about examination content.

Facilities. Access to the offices of the Joint Commission is restricted and secure.

Security of Test Materials in Electronic Format. Departmental and vendor computers are protected with firewalls, login identifications, passwords and other current forms of security. Access to electronic files is limited to authorized individuals.

Testing Procedures. Examinations are administered by Prometric at its nationwide, professional level testing centers. The DLOSCE Candidate Guide describe procedures for identification of candidates, including requirements for positive identification through biometrics. Candidate conduct is closely monitored during the testing appointment. Examination regulations and testing center policies are designed to deter cheating and prevent security breaches.

Policies and Procedures for Dealing with Breaches in Security

The Joint Commission provides specific procedures for observing and reporting security breaches and communicates them to test administrators. The Joint Commission promptly investigates reports of security breaches and responds appropriately given the nature and severity of the breach. When the source of a security breach is identified, the Joint Commission takes legal action or imposes appropriate sanctions.

15. Rights and Responsibilities of Test Takers

Documentation Provided to Candidates

The Standards indicate that information about an examination should be provided to all test takers, free of charge and in accessible formats (AERA, APA, NCME, 2014, p. 133-134). Accordingly, the Joint Commission annually publishes the DLOSCE Candidate Guide. This document provides detailed information related to Joint Commission policy, rules and conduct, the format and content of the examination, eligibility requirements, examination regulations, the appeal process, examination scoring, and examples of item formats. The JCNDE also makes publicly available a set of DLOSCE practice questions that is provided free of charge. Each year the DLOSCE Candidate Guide is updated and amended as necessary. The guide and DLOSCE practice questions are available through the Joint Commission's website at ada.org/JCNDE. This technical report also serves as a source of documentation that is freely available to all DLOSCE candidates through the JCNDE website.

Fair Treatment and Recourse

According to the Standards, candidates are entitled to fair treatment. This includes the right to information regarding available means of recourse pertaining to irregularities and appeals (AERA, APA, NCME, 2014, p. 137). For the DLOSCE, candidates whose results are subject to being voided are notified by written correspondence and provided with a copy of the Limited Right of Appeal for Examination Candidates. Candidates are notified of the appeal decision approximately 60 days after receipt of the appeal. When considering an appeal, the JCNDE strives to ensure that examination results accurately reflect candidates' skills, and that the appealing candidate has an opportunity to gain DLOSCE certification equal to, but not greater than, the opportunity provided to other candidates. The JCNDE strives to handle irregularities and their investigation in a professional, fair, objective, and confidential manner.

16. Candidate Performance

The first official administrations of the DLOSCE took place from June 15 through July 17, 2020. Table 16.1 provides DLOSCE administration volumes and failure rates, by candidate group. Table 16.2 provides descriptive statistics for DLOSCE scale scores, by candidate group.

Table 16.1
DLOSCE Administration Volumes and Failure Rates by Candidate Group

Administration Window	Accredited [†]		Non-Accredited [‡]		Total	
	Number	% Failing	Number	% Failing*	Number	% Failing
Summer 2020	116	8.6%	4	25.0%	120	9.2%

[†] Indicates candidates educated by dental schools accredited by CODA.

[‡] Indicates candidates educated by dental schools not accredited by CODA.

*The failure rate for candidates educated by dental schools not accredited by CODA should be interpreted with caution because only four candidates from that group attempted the DLOSCE during the summer 2020 administration window.

Table 16.2
Descriptive Statistics for DLOSCE Scale Scores by Candidate Group

Administration Window	Accredited [†]			Non-Accredited [‡]		
	Number	Mean	SD	Number	Mean*	SD
Summer 2020	116	83.5	7.3	4	75.0	5.5

[†] Indicates candidates trained in dental schools accredited by CODA.

[‡] Indicates candidates trained in dental schools not accredited by CODA.

*The performance information for candidates educated by dental schools not accredited by CODA should be interpreted with caution because only four candidates from that group attempted the DLOSCE during the summer 2020 administration window.

References

- American Educational Research Association, American Psychological Association, National Council on Measurement in Education. (2014). *Standards for Educational and Psychological Testing*. Washington, DC: Author.
- Angoff, W. H. (1971). Scales, norms and equivalent Scores, In R.L. Thorndike (Ed.), *Educational Measurement* (2nd ed., pp. 508-600). Washington, DC: American Council on Education.
- Brown, W. (1910). Some experimental results in the correlation of mental abilities. *British Journal of Psychology*, 3, 296-322.
- Buckendahl, C. W., Smith, R. W., Impara, J. C., & Plake, B. S. (2006). A Comparison of Angoff and Bookmark standard setting methods. *Journal of Educational Measurement*, 39, 253-263.
- Cattell, R. B. (1966). The scree test for the number of factors. *Multivariate Behavioral Research*, 1, 245-276.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16, 297-334.
- Horn, J. (1965) A rationale and test for the number of factors in factor analysis. *Psychometrika*, 30, 179-185.
- Impara, J. C., & Plake, B. S. (2005). Standard setting: An alternative approach. *Journal of Educational Measurement*, 34, 353-366.
- Kaiser, H. E. (1960). The application of electronic computers to factor analysis. *Education & Psychological Measurement*, 20, 141-151.
- Kane, M. T., Kingsbury C., Colton, D., Estes, C. (1989). Combining data on criticality and frequency in developing test plans for licensure and certification examination. *Journal of Educational Measurement* 26, 17-27.
- Kolen, M. J. (1986). Standard errors of Tucker equating. *Applied Psychological Measurement*, 9, 209-223.
- Kolen, M. J., & Brennan, R. J. (1995). *Test equating: Methods and practices*. New York: Springer.
- Lewis, D. M., Mitzel, H. C., Mercado, R., Schulz, E. M. (2012) The Bookmark standard setting procedure. In G. J. Cizek (Ed.) *Setting performance standards: Foundations, methods, and innovations* (pp. 225-254). New York: Taylor and Francis.
- National Dental Examining Board of Canada (2019). *Technical report: Objective structured clinical examination*. Ottawa, ON.
- Rudner, L. M. (2001). Computing the expected proportions of misclassified examinees. *Practical Assessment, Research & Evaluation*, 7.

Ziebert, A.J. & Waldschmidt, D.M. (2020). The Dental Licensure OSCE: A modern licensure examination for dentistry. *Journal of the California Dental Association*, 48(7), 331-338.

Appendix A

Clinical Content Areas for General Dentistry

#	Diagnosis and Treatment Planning
1	Interpret patient information and medical data to assess and manage patients.
2	Identify the chief complaint and understand the contributing factors.
3	Perform head and neck and intraoral examinations, interpreting and evaluating the clinical findings.
4	Use clinical and epidemiological data to diagnose and establish a prognosis for dental abnormalities and pathology.
5	Recognize the normal range of clinical findings and distinguish significant deviations that require monitoring, treatment, or management.
6	Predict the most likely diagnostic result given available patient information.
7	Interpret diagnostic results to inform understanding of the patient's condition.
8	Recognize the manifestations of systemic disease and how the disease and its management may affect the delivery of dental care.
9	Recognize the interrelationship between oral health and systemic disease, and implement strategies for improving overall health.
10	Select the diagnostic tools most likely to establish or confirm the diagnosis
11	Collect information from diverse sources (patient, guardian, patient records, allied staff, and other healthcare professionals) to make informed decisions.
12	Formulate a comprehensive diagnosis and treatment plan for patient management.
13	Discuss etiologies, treatment alternatives, and prognoses with patients so they are educated and can make informed decisions concerning the management of their care.
14	Understand how patient attributes (e.g., gender, age, race, ethnicity, and special needs), social background and values influence the provision of oral health care at all stages of life.
15	Interact and communicate with patients using psychological, social, and behavioral principles.

#	Oral Health Management
16	Prevent, recognize and manage medical emergencies (e.g., cardiac arrest).
17	Prevent, recognize and manage dental emergencies.
18	Recognize and manage acute pain, hemorrhage, trauma, and infection of the orofacial complex.
19	Prevent, diagnose and manage pain during treatment.
20	Prevent, diagnose and manage pulpal and periradicular diseases.
21	Prevent, diagnose and manage caries.
22	Prevent, diagnose and manage periodontal diseases.
23	Prevent, diagnose and manage oral mucosal and osseous diseases.
24	Recognize, manage and report patient abuse and neglect.
25	Recognize and manage substance abuse.
26	Select and administer or prescribe pharmacological agents in the treatment of dental patients.
27	Anticipate, prevent, and manage complications arising from the use of therapeutic and pharmacological agents in patient care.
28	Diagnose endodontic conditions and perform endodontic procedures.
29	Diagnose and manage the restorative needs of the partially or completely edentulous patient.
30	Restore tooth function, structure, and esthetics by replacing missing and defective tooth structure, while promoting soft and hard tissue health.
31	Perform prosthetic restorations (fixed or removable) and implant procedures for the edentulous and partially edentulous patient.
32	Diagnose and manage oral surgical treatment needs.
33	Perform oral surgical procedures.
34	Prevent, diagnose and manage developmental or acquired occlusal problems.
35	Prevent, diagnose and manage temporomandibular disorders.

#	Oral Health Management
36	Diagnose and manage patients requiring modification of oral tissues to optimize form, function and esthetics.
37	Evaluate outcomes of comprehensive dental care.
38	Manage the oral esthetic needs of patients.

#	Practice and Profession
39	Evaluate and integrate emerging trends in health care.
40	Evaluate social and economic trends and adapt to accommodate their impact on oral health care.
41	Evaluate scientific literature and integrate new knowledge and best research outcomes with patient values and other sources of information to make decisions about treatment.
42	Practice within the general dentist's scope of competence and consult with or refer to professional colleagues when indicated.
43	Evaluate and utilize available and emerging resources (e.g., laboratory and clinical resources, information technology) to facilitate patient care, practice management, and professional development.
44	Conduct practice activities in a manner that manages risk and is consistent with jurisprudence and ethical requirements in dentistry and healthcare.
45	Recognize and respond to situations involving ethical and jurisprudence considerations.
46	Maintain patient records in accordance with jurisprudence and ethical requirements.
47	Conduct practice related business activities and financial operations in accordance with sound business practices and jurisprudence (e.g., OSHA and HIPAA).
48	Develop a catastrophe preparedness plan for the dental practice.
49	Manage, coordinate and supervise the activity of allied dental health personnel.
50	Assess one's personal level of skills and knowledge relative to dental practice.
51	Adhere to standard precautions for infection control for all clinical procedures.
52	Use prevention, intervention, and patient education strategies to maximize oral health.
53	Collaborate with dental team members and other health care professionals to promote health and manage disease in communities.
54	Evaluate and implement systems of oral health care management and delivery that will address the needs of patient populations served.
55	Apply quality assurance, assessment and improvement concepts to improve outcomes.
56	Communicate case design to laboratory technicians and evaluate the resultant restoration or prosthesis.

Appendix B

DLOSCE Test Specifications

Topic	Percent
Restorative Dentistry - Diagnosis - Preparations - Restorations - Direct - Indirect	24%
Prosthodontics - Removable - Fixed - Implants	19%
Oral Pathology, Pain Management, and Temporomandibular Dysfunction - Pathology - Oral medicine - Orofacial pain - Temporomandibular dysfunction	13%
Periodontics - Diagnosis - Treatment planning - Etiology	10%
Oral Surgery - Diagnosis - Treatment planning - Extractions	9%
Endodontics - Diagnosis - Treatment planning - Emergency management - Post-treatment evaluation	8%
Orthodontics - Treatment screening - Space management	6%
Medical Emergencies - Diagnosis - Management	6%
Prescriptions	5%
100%	
Additional Notes: <ul style="list-style-type: none"> • Diagnosis and Treatment Planning—as well as Occlusion—are covered across the topics listed above. • The DLOSCE includes questions involving patients of various types and backgrounds, including pediatric, geriatric, special needs, and medically complex patients. 	

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Adam Barr, Executive Director on behalf of Richelle Andrae, Wisconsin Primary Health Care Association		2) Date when request submitted: 2/24/21 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting																
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board																		
4) Meeting Date: 3/3/21	5) Attachments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6) How should the item be titled on the agenda page? Licensure Process for Foreign-Trained Dentists – Discussion and Consideration																
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9) Name of Case Advisor(s), if required:																
10) Describe the issue and action that should be addressed: Considerations for increasing the predictability of the licensure process for foreign-trained dentists.																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">11)</td> <td style="width: 60%; text-align: center;">Authorization</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><i>Adam Barr</i></td> <td style="text-align: center;">2/24/21</td> </tr> <tr> <td></td> <td style="text-align: center;">Signature of person making this request</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td style="text-align: center;">Supervisor (if required)</td> <td style="text-align: center;">Date</td> </tr> <tr> <td></td> <td style="text-align: center;">Executive Director signature (indicates approval to add post agenda deadline item to agenda)</td> <td style="text-align: center;">Date</td> </tr> </table>				11)	Authorization			<i>Adam Barr</i>	2/24/21		Signature of person making this request	Date		Supervisor (if required)	Date		Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date
11)	Authorization																	
	<i>Adam Barr</i>	2/24/21																
	Signature of person making this request	Date																
	Supervisor (if required)	Date																
	Executive Director signature (indicates approval to add post agenda deadline item to agenda)	Date																
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.																		

BOARD APPEARANCE REQUEST FORM

Appearance Information

Board Name: Dentistry Examining Board

Board Meeting Date: 3/3/21

Person Submitting Agenda Request: Adam Barr, Executive Director

Person(s) requesting an appearance: Richelle Andrae, MPA

Reason for Appearance: Sharing the Wisconsin Primary Health Care Association's concerns with the foreign trained dentist licensure process

Appearance Contact Information

(NOTE: If the appearing party is represented by an attorney skip the "Appearance Contact Information" section and complete the "Attorney Contact Information" section.)

Mailing address: 5202 Eastpark Blvd, Suite 109, Madison, WI 53718

Email address: randrae@wphca.org

Telephone #: 608-443-2953

Attorney Contact Information

Attorney Name:

Attorney's mailing address:

Attorney's e-mail address:

Attorney's telephone #:

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Kassandra Walbrun, Administrative Rules Coordinator		2) Date when request submitted: 2/18/2021 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: 3/3/2021	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters – Review and Discussion 1. Pending or Possible Rule Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: 1. General update on current rule projects (pdf Table)			
11) Authorization			
<i>Kassandra Walbrun</i>		<i>2/18/2021</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)			
Date			

State of Wisconsin
Department of Safety & Professional Services

Directions for including supporting documents:

1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Dentistry Examining Board

Pending Rule Projects - Update 2/17/21

Scope Number	Scope Expiration Date	Rules Affected	Relating Clause	Brief Synopsis of Rule	Stage of Rule Process	Stage Details
99-20	1/27/2023	DE 2	Reciprocal credentials for service members, former service members, and their spouses.	Implements Act 143.	09. EIA Comment period	EIA Posted until 3/5/2021
		DE 11	Rule project clarifies that DE 11 related to permits for administering anesthesia and ensure it is current with statutory requirements and professional standards and practices.	Clarifies a provision that requires completion of an accredited dental program in dental anesthesiology for Class III permits and review other permitting classes to ensure clarity in the requirements.	03. Scope submitted to Governor's Office.	Board requested a scope for DE 11 at Board meeting on 11/4/2020. Board approved scope on 1/6/2021. Scope approval requested to Governor's office on 1/13/21. Awaiting approval.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Teresa Guiliani, Forms Management Specialist		2) Date when request submitted: 02/24/2021 <small>Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting</small>	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board (DEB)			
4) Meeting Date: 03/03/2021	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Credentialing Forms	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Approved, posted forms per DEB Forms Committee: Dentist Application Form (#512); Dental Hygienist Application Form #511; Faculty Dentist Forms (#2650 and #2653); Dental Hygienist Forms (#1463, #2455, #2458, #2457, #3163, and #3164); Dentist Sedation/Anesthesia Forms (#2759, #2758 and #2764); and Dentist Sedation Permit Information Sheet. Practice without Compensation Forms (#2850 and #2853), awaiting Board Counsel clarification.			
11) Authorization <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <i>Teresa Guiliani</i> <hr/> Signature of person making this request </div> <div style="width: 35%; text-align: right;"> 2/24/2021 <hr/> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Supervisor (if required) </div> <div style="width: 35%; text-align: right;"> Date </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Executive Director signature (indicates approval to add post agenda deadline item to agenda) </div> <div style="width: 35%; text-align: right;"> Date </div> </div>			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

Summary

Dentist Application Form ([#512](#)) and Dental Hygienist Application Forms [#511](#) – substantive changes

- “Practice” Section, regarding practice of dentistry, removed (no longer a requirement in code)
- Paragraph removed: *“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.”*

Dentist Application Form ([#512](#)) and Dental Hygienist Application Forms [#511](#) – non-substantive changes

- Form instructions updated to reflect current code and/or to provide additional clarification.

Faculty Dentist, Forms ([#2650](#) and [#2653](#)) – substantive changes

- Third option added under “Certification of Legal Status;” *“I am applying for a VISA as I am applying for a faculty dentist license and have been offered employment as a full-time faculty member from an accredited post-doctoral dental residency training program or accredited school of dentistry in Wisconsin.”*
- DEAN OF A WISCONSIN SCHOOL OF DENTISTRY attestation removed from Application Form #2650 to newly created Form #2653 for applicant ease.

Dental Hygienist, Forms [#1463](#), [#2455](#), [#2458](#), [#2457](#), [#3163](#), and [#3164](#)

- Form instructions updated to provide additional clarification.

Sedation/Anesthesia, Forms [#2759](#), [#2758](#) and [#2764](#) – substantive changes

- Requirements updated to reflect ch [DE 11](#)
- Sedation permit information linked on [Dentist professional page](#), [Dentist Sedation Permit Information](#)

Practice without Compensation ([#2850](#) and [#2853](#)) - Update in Progress

Note: All DPCP credentialing forms are now pdf-fillable.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD DENTAL LICENSE INFORMATION

The following documents must be on file with the Dentistry Examining Board to complete licensure requirements in the State of Wisconsin and must be on file thirty days prior to the date on which you wish to be granted permanent licensure.

1. **Application for Dental License (Form #512)** Please complete application including applicable fees. Checks or money orders are to be made payable to the Department of Safety and Professional Services.
2. **National Board Score(s)** Original score(s) must be submitted directly from the National Board of Dental Examiners (NBDE). **Both passing and failing scores are required.** Copies sent from applicants are not acceptable. Go to ADA website: <http://www.ada.org/dentpin> and submit a request to have your results sent electronically to Wisconsin.
3. **Regional Examination Requirements** Original score(s) must be submitted directly from the testing agency. Both passing and failing scores are required. Copies sent from applicants are not acceptable. Contact the testing agency and request that your scores be mailed directly to DSPS at the above address, faxed with fax cover sheet to 608-251-3036, or emailed directly to DSPSCredDentistry@wisconsin.gov.
4. **Certificate of Professional Education (Form #1471)** Have your dental school accredited by the American Dental Association Commission on Dental Accreditation complete this form and submit it (still in the unopened/sealed envelope) along with your application (**Form #512**), or ask the school to mail it directly to DSPS at the above address, fax it, with fax cover sheet, to 608-251-3036, or email it directly to DSPSCredDentistry@wisconsin.gov.
5. **Verification of Licensure in Other State(s) and/or Jurisdiction(s)** You are required to have each state board, jurisdiction, territory of the United States, and/or country 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. Examination information will be provided to an applicant after his or her application for licensure has been received at the Department.
7. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED** Submit a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
8. **National Practitioner Data Bank (NPDB)** Go to <https://www.npdb.hrsa.gov/>. Follow the directions on the website to complete the Self-Query process. If you receive this report electronically directly from the reporting agency, you must forward the original email you received from them with the link to access the report along with the attachment of the original PDF file of the report you downloaded with the link. Please forward the email and the attached report directly to DSPSCredDentistry@wisconsin.gov or mail the original report with the envelope to the above address. Please allow 7-10 business days for processing once received at the Department. Questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.
9. **Convictions and Pending Charges (Form 2252)** Submit form following form instructions, if applicable.
10. **Malpractice Suits or Claims (Form 2829)** Submit form and copies of malpractice suit, court documents with allegations and settlement, if applicable.
11. **Is Name on ALL Credentials the Same?** If not, submit certified copy of marriage certificate, divorce decree, etc.

EXAMINATION CANDIDATES: Applicants who have taken and passed a Board-approved testing service examination within one (1) year immediately preceding application for Wisconsin licensure may apply as an examination candidate.

ENDORSEMENT CANDIDATES: Applicants who hold a valid license in good standing issued by the proper authorities of any other jurisdiction of the United States or Canada and meets requirements listed in [Wis. Admin. Code § DE 2.04\(1\)](#) may apply as an endorsement candidate.

GRADUATES OF FOREIGN DENTAL SCHOOLS: An applicant for a license as a dentist who is a graduate of a foreign dental school shall submit the following to the board evidence of one of the following:

- a) Verification of having been awarded a DDS or DMD degree from an accredited dental school, or
- b) Verification of having received a dental diploma, degree or certificate from a full time, undergraduate supplemental dental education program of at least two (2) academic years at an accredited dental school. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

In addition, a graduate of a foreign dental school applying as an **Examination Candidate** must submit evidence satisfactory to the board of having graduated from a foreign dental school and the same information required of non-foreign-trained dentists as listed in [Wis. Admin. Code § DE 2.01\(1m\)](#). A graduate of a foreign dental school applying as an **Endorsement Candidate** must hold a valid license in good standing issued by the proper authorities in any other jurisdiction of the U.S. or Canada and must submit the same information as non-foreign-trained dentists as listed in [Wis. Admin. Code § DE 2.04\(1\)](#).

Wisconsin Department of Safety and Professional Services

ADDITIONAL INFORMATION

PLEASE NOTE OTHER APPLICATION TYPES AND INFORMATION AVAILABLE ON THE DEPARTMENT'S DENTIST WEBPAGE: <https://dsps.wi.gov/Pages/Professions/Dentist/Default.aspx>.

- [Form 2759, Application for Permit to Administer Anesthesia or Conscious Sedation](#): Dentists administering moderate or deep sedation must obtain a permit from the Board.
- [Form 2650, Application for Dental Faculty License](#): Available to applicants who have been offered employment as a full-time faculty member from an accredited post-doctoral dental residency training program or accredited school of dentistry in this state.
- [Form 2850, Application to Practice Dentistry without Compensation](#): A temporary permit for applicants who wish to practice dentistry 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.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
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FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD DENTAL LICENSE APPLICATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address 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: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 25%;" type="text"/>	
Social Security Number <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 25%;" 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 Dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number: <input style="width: 150px;" type="text"/>			
E-mail Address <input style="width: 95%;" type="text"/>			
School Name <input style="width: 95%;" type="text"/>		School Address (street, city, state, country) <input style="width: 95%;" type="text"/>	
Date Degree Conferred <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 25%;" type="text"/>		Degree Specialty <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	
School Name [List other school(s), if applicable. Attach additional sheets if needed.] <input style="width: 95%;" type="text"/>		School Address (street, city, state, country) <input style="width: 95%;" type="text"/>	
Date Degree Conferred <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 25%;" type="text"/>		Degree Specialty <input style="width: 150px;" type="text"/> <input style="width: 150px;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- | | |
|---|--|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver
(for Initial Credential Fee only, see page 2 for further information)
\$00.00 Initial Credential Fee
\$75.00 State Law Exam
\$75.00 Total Fee Attached | <input type="checkbox"/> Exam Applicants
\$74.00 Initial Credential Fee
\$75.00 State Law Exam
\$149.00 Total Fee Attached |
| | <input type="checkbox"/> Endorsement Applicants
\$74.00 Initial Credential Fee
\$75.00 State Law Exam
\$149.00 Total Fee Attached |

For Receiving Use Only (15)

Wisconsin Department of Safety and Professional Services

IMPORTANT NOTE: Application is not complete until all required documents listed on page i of this form (#512) have been received at the Department.

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION and RENEWAL REQUIREMENTS: View the Department website at <http://dsps.wi.gov> and select "Professions" then click on the "Dentist" hyperlink.

Have you been tested by a Regional Dental Testing Service? Yes No

If yes, submit original score(s) of certification/notification of passing/failing and date.

If yes, please indicate which examination:

- The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB), or ADEX (American Board of Dental Examiners)
- Western Regional Examining Board (WREB)
- Other (specify): _____

- Central Regional Dental Testing Score (CRDTS)
- Southern Regional Testing Agency (SRTA)
- Council of Interstate Testing Agency (CITA)

If no, please explain:

Have you taken and passed the National Boards? Yes No

If yes, submit original score(s) from the National Boards. (See page i for submission instructions.)

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S)/JURISDICTION(S). (Include all active and inactive licenses.)

--	--	--	--	--	--	--	--	--	--	--	--	--

For each credential listed above, you are required to have each state board, jurisdiction, territory of the United States, and/or country 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.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below. (Original pass/fail score(s) required.) <input style="width: 600px; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

5.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you failed to pass the Central Regional Dental Testing Service Clinical examination, or any other dental licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail score(s) required.) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Has the Drug Enforcement Administration (DEA) ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you incarcerated, on probation, or on parole for any conviction? If yes, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	If yes to question 10 above, did you apply for a predetermination of a conviction or convictions? If yes, proceed to question 13. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12 above, did you receive a letter indicating the convictions and pending charges did not disqualify you from licensure? If yes, proceed to question 14. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 13, since the date of the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If YES, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter. If NO, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dentistry" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dentistry judgments and to learn and keep abreast of dentistry developments; and
2. The ability to communicate those judgments and dental information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

Wisconsin Department of Safety and Professional Services

AFTER READING THE PARAGRAPH ABOVE, ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

15.	Do you have a medical condition which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If yes to question 15 above , are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	If yes to question 15 above , are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Are you currently (within the last 2 years) engaged in the illegal use of controlled dangerous substances? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	If yes to question 20 , are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____ Date: / /

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE LICENSE INFORMATION

All applicants must file the following with the Dentistry Examining Board at the above address to complete the requirements for licensure in the State of Wisconsin. Information and links to forms and laws are located at <https://dsps.wi.gov/Pages/Professions/DentalHygienist/Default.aspx>.

1. **Application Form #511 and Fees** Complete a current application and include application fees. Checks or money orders are to be made payable to the Department of Safety and Professional Services (DSPS).
2. **National Board Score(s)** Original score(s) must be submitted directly from National Board of Dental Hygiene Examiners. **Both passing and failing scores are required.** Copies, online verification, or faxes sent by the applicant are not acceptable. You may submit an online request by contacting the American Dental Association, ada.org. The testing service should provide your scores directly to the Department.
3. **Regional Examination Requirements** Original score reports must be submitted directly from the testing agency. **Both passing and failing scores are required.** Copies, online verifications, or faxes sent by the applicant are not acceptable. Please request that the testing agency to provide your scores directly to the Department.
4. **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 directly 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.
5. **Examination on Wisconsin Law** An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of dental hygiene 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 the Department.
6. **Certificate of Professional Education (Form #1463)** Have your dental hygiene school complete this form and request that the school send it directly to the Department. (Please see form for instructions.)
7. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED** Submit a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
8. **Convictions and Pending Charges (Form #2252)**, if applicable.
9. **Malpractice Suits or Claims (Form #2829)** and copies of malpractice suit, court documents with allegations and settlement, if applicable.
10. **Is name on all credentials the same?** If not, submit certified copy of marriage certificate, divorce decree, etc.

Exam Applicants: An applicant who has passed the Central Regional Dental Testing Service examination or other Board-approved examination in clinical and laboratory demonstrations) taken within the 1-year period immediately preceding application may apply via Exam (Wis. Admin. Code ch. DE 2.01(2)).

Endorsement Applicants: An applicant who holds a license in good standing issued by the proper authorities of any other jurisdiction of the United States or Canada may apply via Endorsement (Wis. Admin. Code ch. DE 2.04(2)).

ADMINISTRATION OF LOCAL ANESTHESIA AND/OR NITROUS OXIDE

Submit the following **additional** forms if you wish to administer local anesthesia (Wis. Admin. Code ch. DE 7):

- Application for Dental Hygiene Certificate to Administer Local Anesthesia (**Form #2455**)
- Local Anesthesia Certificate of Completion (**Form #2457**)
- Certification of Inferior Alveolar Injection (**Form #2458**)-only required for dental hygienists who are employed and taking a local anesthesia program as continuing education outside of the initial accredited dental hygiene program. (The administration of local anesthesia on a non-classmate may be performed at the place where the dental hygienist is employed.)

Submit the following **additional** forms if you wish to administer nitrous oxide (Wis. Admin. Code ch. DE 15):

- Application for Dental Hygiene to Administer Nitrous Oxide (**Form #3163**)
- Nitrous Oxide Certificate of Completion (**Form #3164**)

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
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Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold this information from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width:90%;" type="text"/>	First Name <input style="width:90%;" type="text"/>	MI <input style="width:90%;" 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:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> - <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/> <input style="width:20%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>	
Social Security Number <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" 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:80%;" type="text"/>			
E-mail 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%;" type="text"/> <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> / <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/> <input style="width:15%;" type="text"/>		Degree <input style="width:80%;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Exam Applicants (CRDTS, WREB, CDCA, NERB, SRTA, CITA, etc.)**
 \$ 74.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$149.00 Total Fee Attached
- Endorsement of a State Board**
 \$ 74.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$149.00 Total Fee Attached

For Receipting Use Only (16)

Wisconsin Department of Safety and Professional Services

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE REQUIRED DOCUMENTS LISTED ON PAGE i HAVE BEEN RECEIVED.

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (Form #2996). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (Form #2982).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select "Professions," then "Dental Hygienist."

Have you been tested by a Regional Dental Testing Service?

Yes No

If yes, provide original score card(s) of certification/notification of passing/failing and date and please indicate which examination:

- The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB) or American Board of Dental Examiners (ADEX)
- Western Regional Examining Board (WREB)
- Central Regional Dental Testing Score (CRDTS)
- Southern Regional Testing Agency (SRTA)
- Council of Interstate Testing Agency (CITA)
- Other (specify): _____

If no, please explain:

Have you taken and passed the National Boards?

Yes No If yes, submit original score(s) from the National Boards. (See page i for submission instructions.)

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.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.):

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If yes, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	If yes to question 5 above, did you apply for a predetermination of a conviction or convictions? If yes, proceed to question 8. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If yes to question 7 above, did you receive a letter indicating the convictions and pending charges did not disqualify you from licensure? If yes, proceed to question 9. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If yes to question 8 above, since the date of the letter indicating you were not disqualified from licensure, have you been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and supporting documentation for each conviction and pending charge since the date of the letter. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dental hygiene" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dental hygiene judgments and to learn and keep abreast of dental hygiene developments; and
2. The ability to communicate those judgments and dental information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
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"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

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Wisconsin Department of Safety and Professional Services

AFTER READING THE PARAGRAPH ABOVE, ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

13.	Do you have a medical condition, which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? If no, you may skip questions 14 and 15. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 13, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	If yes to question 13, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	If yes to question 18, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

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Signature: _____ Date: / /

(Print and Sign Form)

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E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL FACULTY LICENSE APPLICATION INFORMATION

The Dentistry Examining Board shall grant a dental faculty license to an applicant who is **licensed in good standing to practice dentistry in another jurisdiction approved by the Board** upon presentation of the license and who submits the following information to the Board at the above address:

1. **APPLICATION FOR DENTAL FACULTY LICENSE (FORM #2650)** Please complete a current application including all applicable fees. Checks or money orders are to be made payable to the Department of Safety and Professional Services.
2. **VERIFICATION OF LICENSURE IN ANOTHER JURISDICTION** Please request the state/country board where you hold a current dental license to submit a letter of verification to the Wisconsin Dentistry Examining Board. This letter must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. This letter is required in order to complete your application for licensure.
3. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION/AED** Submit a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
4. **NATIONAL PRACTITIONER DATA BANK** Go to <https://www.npdb.hrsa.gov/>. Follow the directions on the website to complete the Self- Query process. If you receive this report electronically directly from the reporting agency, you must forward the original email you received from them with the link to access the report along with the attachment of the original PDF file of the report you downloaded with the link. Please forward the email and the attached report directly to DSpscDentistry@wisconsin.gov or mail the original report with the envelope to the above address. Please allow 7-10 business days for processing once received at the Department. Questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.
5. **FACULTY DENTIST CERTIFICATION OF OFFER OF EMPLOYMENT (Form #2653)** Complete the top portion of this form and submit the form to the school for further completion. The Department must receive this form directly from the school.
6. **INITIAL INTERVIEW** Once items 1-5 are complete, this application will be submitted for initial review. You may be scheduled to appear before the Board at the next regularly scheduled meeting.
7. **CONVICTIONS AND PENDING CHARGES (Form #2252)** Submit form following form instructions, if applicable.
8. **MALPRACTICE SUITS OR CLAIMS (Form #2829)** Submit form and copies of malpractice suit(s), court documents with allegations and settlement(s), if applicable.
9. **IS NAME ON ALL CREDENTIALS THE SAME?** If not, submit certified copy of marriage certificate, divorce decree, etc.

Please see [Wisconsin Administrative Code § DE 2.015](#) for further information about the Dental Faculty License.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608)251-3036
Phone #: (608)266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL FACULTY LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width: 100%;" type="text"/>		First Name <input style="width: 100%;" type="text"/>		MI <input style="width: 100%;" type="text"/>		Former / Maiden Name(s) <input style="width: 100%;" type="text"/>	
Address (street, city, state, zip) <input style="width: 100%;" type="text"/>				Daytime Telephone Number <input style="width: 100%;" type="text"/>			
Mailing Address (if different) <input style="width: 100%;" type="text"/>				Date of Birth (mm/dd/yyyy) <input style="width: 100%;" type="text"/>			
Social Security Number <input style="width: 100%;" 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 Dentist?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list your credential number: <input style="width: 100%;" type="text"/>	
E-mail Address <input style="width: 100%;" type="text"/>							
School Name <input style="width: 100%;" type="text"/>				School Address (street, city, state, country) <input style="width: 100%;" type="text"/>			
Date Degree Conferred (mm/dd/yyyy) <input style="width: 100%;" type="text"/>				Degree <input style="width: 100%;" type="text"/>		Specialty <input style="width: 100%;" type="text"/>	
School Name [List other school(s), if applicable. Attach additional sheets if needed.] <input style="width: 100%;" type="text"/>				School Address (street, city, state, country) <input style="width: 100%;" type="text"/>			
Date Degree Conferred (mm/dd/yyyy) <input style="width: 100%;" type="text"/>				Degree <input style="width: 100%;" type="text"/>		Specialty <input style="width: 100%;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- | | |
|--|--|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver
(for Initial Credential Fee only, see page 2 for further information) | <input type="checkbox"/> Faculty Dentist Applicants
\$59.00 Initial Credential Fee
\$59.00 Total Fee Attached |
|--|--|

For Receiving Use Only (875)

Wisconsin Department of Safety and Professional Services

IMPORTANT NOTE: YOUR APPLICATION IS NOT COMPLETE UNTIL ALL REQUIRED DOCUMENTS LISTED ON PAGE i OF THIS FORM (#2650) HAVE BEEN RECEIVED.

ARE YOU A VETERAN? If yes, please view the Department website at <https://dps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVETS.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you failed to pass the Central Regional Dental Testing Service Clinical examination, or any other dental licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail scores required.) <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 650px; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has the Drug Enforcement Administration (DEA) ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, **or**
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov> , **or**
- I am applying for a VISA as I am applying for a faculty dentist license and have been offered employment as a full-time faculty member from an accredited post-doctoral dental residency training program or accredited school of dentistry in Wisconsin.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: Date: / /

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
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Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsp@wisconsin.gov
Website: <http://dsp.wi.gov>

DENTISTRY EXAMINING BOARD

FACULTY DENTIST CERTIFICATION OF OFFER OF EMPLOYMENT

APPLICANT: Complete this section and submit to certifying school for completion. Form must be returned directly from the school to the Department.

Last Name **First Name** **MI** **Former / Maiden Name(s)**

Address (street, city, state, zip code, country)

Date of Birth (mm/dd/yyyy)

/ /

Social Security # (voluntary-for use by school to locate your records)

- -

I hereby authorize the school named below to provide the Department with the information requested below.

/ /

Applicant Signature (Print and Sign Form)

Date

THIS SECTION MUST BE COMPLETED BY THE DEAN OF A WISCONSIN SCHOOL OF DENTISTRY

School may fax or email completed form with school cover sheet or letter to: (608) 251-3036 or DSPCredDentistry@wisconsin.gov.

School Name

School Address (street, city, state, zip code)

Name of Dean

I hear certify that

D.D.S./D.M.D.

(Name of Applicant)

has been offered employment as a **full-time** faculty member at the above-named dental school effective

/ /

/ /

Signature of Dean (Print and Sign Form)

Date

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE CERTIFICATE OF PROFESSIONAL EDUCATION

APPLICANT: Complete this section and submit to certifying school for completion. **Form must be returned directly from the school to the Department.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records) - -

I hereby authorize the school named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicant Signature (Print and Sign Form)	Date

SCHOOL/COURSE PROVIDER: Certify completion after the applicant named above has actually graduated and return directly to DSPS. **School may fax or email with school cover sheet or cover letter to: (608) 251-3036 or dspscreddentistry@wisconsin.gov.**

Name of School/Institution:

Location of School/Institution: (city, state)

Type of Degree Awarded:

Major:

Date of Completion: / / (anticipated dates of graduation will not be accepted)

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature of Dean or Department Head (Print and Sign Form)	Date

Title

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
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Office Location: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE CERTIFICATE TO ADMINISTER LOCAL ANESTHESIA

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
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Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
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Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

Social Security Number <input type="text"/> - <input type="text"/> - <input 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.
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Have you ever been licensed in Wisconsin as a Dental Hygienist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list WI License Number: <input type="text"/> -16
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E-mail Address <input type="text"/>

School Name <input type="text"/>	School Address (street, city, state) <input type="text"/>
Course Title <input type="text"/>	Date Course Completed <input type="text"/> / <input type="text"/> / <input type="text"/>

- APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**
- A copy of current CPR/AED Certificate (If submitting a wallet card, provide **front and back**.)
 - A Local Anesthesia Certificate of Completion from an Accredited Dental or Dental Hygiene School, (**Form #2457**).
 - Certification of Inferior Alveolar Injection (**Form #2458**) - only required for dental hygienists who are employed and taking a local anesthesia program as continuing education outside of the initial accredited dental hygiene program.

Continue to Page 2.

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____ Date:

--	--

 /

--	--

 /

--	--	--	--

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
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Website: <http://dspd.wi.gov>

DENTISTRY EXAMINING BOARD

CERTIFICATE OF INFERIOR ALVEOLAR INJECTION

Pursuant to [Wis. Admin. Code § DE 7.05\(3\)\(c\)](#), a dental hygienist who is employed and taking a local anesthesia program *as continuing education outside of the initial accredited dental hygiene program*, may perform the required administration of local anesthesia on a non-classmate at the place where the dental hygienist is employed.

SUPERVISING DENTIST: Certify completion for the applicant named below and return directly to DSPS. The supervising dentist may fax or email the completed form with a facility cover sheet or a cover letter to (608) 251-3036 or dspdcreddentistry@wisconsin.gov.

Applicant:

Last Name First Name MI Former / Maiden Name(s)

Name of Practice:

Street Address: (street, city, state, zip)

Daytime Phone Number: - -

I certify that while under my supervision, the above-named applicant has successfully completed an inferior alveolar injection on a non-classmate individual, who was informed of the procedure and granted his/her consent to the dentist. The inferior alveolar injection was completed within six (6) weeks from the time the licensed dental hygienist completed his/her coursework; or within 6 weeks of becoming licensed as a dental hygienist in the state of Wisconsin if licensed by endorsement from another state.

/ /

Signature of Supervising Dentist (Print and Sign Form)

Date

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dps@wisconsin.gov
Website: <http://dps.wi.gov>

DENTISTRY EXAMINING BOARD

LOCAL ANESTHESIA CERTIFICATE OF COMPLETION

DENTAL HYGIENE APPLICANT: Complete this section and submit to certifying school in which you completed the education for completion. **Form must be returned directly from the school to the Department.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school's use in locating your records) - -

I hereby authorize the school named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Applicant Signature (Print and Sign Form)	Date

SCHOOL/INSTITUTION: Certify completion for the applicant named above and return directly to DSPS. **School/institution may fax or email form with school/institution cover sheet or cover letter to: (608) 251-3036 or dpscreddentistry@wisconsin.gov.**

Name of School/Institution:

Location of School/Institution: (city, state)

Name of Course:

Date of Course Completion: / / (anticipated dates of graduation will not be accepted)

Has applicant completed an inferior alveolar injection on a non-classmate patient as part of the coursework?
(If yes, check box)

The completion of this form by the instructor certifies that the course completed is in compliance with [Wis. Admin. Code ch. DE 7](#).

<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Signature of Dean or Department Head (Print and Sign Form)	Date

Title

Wisconsin Department of Safety and Professional Services

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DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE CERTIFICATE TO ADMINISTER NITROUS OXIDE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
--	---	-----------------------------------	--

Address (street, city, state, zip) <input type="text"/>	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
---	---

Mailing Address (if different) <input type="text"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>
---	--

Social Security Number <input type="text"/> - <input type="text"/> - <input 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.
---	--

E-mail Address <input type="text"/>

Have you ever been licensed in Wisconsin as a Dental Hygienist? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list WI License Number: <input type="text"/> -16
---	--

School Name <input type="text"/>	School Address (street, city, state) <input type="text"/>
Course Title <input type="text"/>	Date Course Completed <input type="text"/> / <input type="text"/> / <input type="text"/>

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

- A Nitrous Oxide Certificate of Completion from an Accredited Dental or Dental Hygiene School (**Form #3164**).

Continue to Page 2.

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

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CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

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By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /
(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

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

DENTISTRY EXAMINING BOARD

NITROUS OXIDE CERTIFICATE OF COMPLETION

DENTAL HYGIENIST APPLICANT: Complete this section and submit to the school or course provider in which you completed the education. **Form must be returned directly from the school or course provider to the Department.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Date of Birth: / /

Social Security #: (voluntary-for school/course provider's use in locating your records) - -

I hereby authorize the school/course provider named below to provide the Department with the information requested below.

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Applicant Signature (Print and Sign Form)	Date

SCHOOL/COURSE PROVIDER: Certify completion below and return directly to DSPS. **You may fax or email the completed form with a facility cover sheet or cover letter to (608) 251-3036 or dspscreddentistry@wisconsin.gov.**

Name of School/Course Provider:

Location of School/Course Provider:
(city, state)

Date of Completion: / /

The completion of this form by the instructor certifies that the certification program completed is in compliance with [Wis. Admin. Code ch. DE 15](#).

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature (Print and Sign Form)	Date

Title

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD **INFORMATION FOR PERMIT TO** **ADMINISTER ANESTHESIA OR CONSCIOUS SEDATION**

INSTRUCTIONS: A dentist may not administer moderate anesthesia or sedation without a permit at the appropriate level of anesthesia or sedation ([Wis. Admin. Code ch. DE 11](#)). Complete the section of the application that corresponds to the desired class level permit: Class II-Enteral; Class II-Parenteral; or Class III. Higher class levels encompass the authorizations of the lower levels. For example, a dentist who holds a Class III permit does not have to obtain any other sedation permit and a dentist who holds a Class II-Parenteral permit does not need to obtain a Class II-Enteral permit.

Minimal Sedation (definition) - minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. (Note: Administration of minimal sedation **does not require a permit.**)

Moderate Sedation (definition) - a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.

(Note: Administration of moderate sedation **requires a permit.**)

IMPORTANT NOTE: Nitrous oxide when used in combination with a sedative agent may produce minimal, moderate, or deep sedation. During the administration of moderate or nitrous oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist shall stop the sedation and dental procedures until the patient returns to the intended level of sedation (Wis. Admin. Code § DE 11.03).

Class I Sedation Permit: Class I permits issued prior to September 1, 2020 **are no longer valid** and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class I permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action required**), OR
- Transition a Class II-Enteral permit upon submission of evidence of twenty (20) cases providing moderate sedation within the last five (5) years to the Dentistry Examining Board **and** [Form 2759](#). (No fee is required.) OR
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

Class II Sedation Permit: Class II permits issued prior to September 1, 2020 are no longer valid and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class II permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action required**), OR
- Transition to a Class II-Parenteral permit by submitting [Form 2759](#) (No fee required.), OR
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

Class II-Enteral Sedation Permit: Allows a dentist to administer moderate sedation by enteral route.

Class II-Parenteral Sedation Permit: Allows a dentist to administer moderate sedation by parenteral route.

Class III Sedation Permit: Encompasses all three levels and allows a dentist to administer moderate sedation, deep sedation, or general anesthesia. (No permit level changes due to September 1, 2020 changes to Wis. Admin. ch. DE 11.)

Continuing education and renewal requirements are available on the Department website at <http://dsps.wi.gov>. Select "Professions," then "Dentist."

Wisconsin Department of Safety and Professional Services

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

DENTISTRY EXAMINING BOARD

APPLICATION FOR PERMIT TO ADMINISTER ANESTHESIA OR CONSCIOUS SEDATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (street, city, state, zip code)		Daytime Telephone Number	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different)		Date of Birth	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security Number	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.		
<input type="text"/> - <input type="text"/> - <input type="text"/>			
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			
E-mail Address			
<input type="text"/>			
List your Wisconsin Dentist Credential Number:		<input type="text"/>	
(Current Wisconsin licensure is required for a sedation permit.)			

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- Credential Fee (No Charge)**
 - Applicant held an active WI Class I permit on 8/31/2020 and is submitting evidence of 20 clinical cases (within the last 5 years preceding this application) for review **to transition to a Class II-Enteral permit.**
- Credential Fee (No Charge)**
 - Applicant held an active WI Class II permit on 8/31/2020 and is transitioning to a **Class II-Parenteral permit.**
- \$ 75.00 Initial Credential Fee Attached**
Permit Level (Select one.)
 - Class II-Enteral**
 - Class II-Parenteral**
 - Class III**

For Receiving Use Only (15)

Wisconsin Department of Safety and Professional Services

CHECK ONE CLASS LEVEL BELOW FOR WHICH YOU ARE SEEKING CERTIFICATION (CLASS II- Enteral, CLASS II-Parenteral, or CLASS III). **Important note:** Higher class levels encompass the authorizations of the lower levels. For example, a dentist who holds a Class III permit does not have to obtain any other sedation permit and a dentist who holds a Class II-Parenteral permit does not need to obtain a Class II-Enteral permit. Within each section is a list of documents required for certification. **Your application will not be considered complete until the Department has received all documents.**

CLASS II - ENTERAL

- CERTIFICATION FOR CLASS II-Enteral:** This permit allows a dentist to provide moderate sedation via enteral route.
- Completed application (**Form #2759**) and fee.
 - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
 - Certification in Advanced Cardiovascular Life Support or pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced life Support is required if treating pediatric patients (12 years old or under).
 - Proof of one of the following:
 - Board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form #2758 required**; or
 - Completion of an accredited fellowship in oral and maxillofacial surgery residency, **Form #2758 required**; or
 - Diplomate or candidate of the American Dental Board of Anesthesiology, **Form #2758 required**; or
 - Successful completion of a Board approved 18-hour education program that includes 20 clinical cases (which may include group observation cases) **and meets requirements under Wis. Admin. Code § DE 11.035(1). Form #2758 and documentation are required.**
 - Applicant held an active Wisconsin Class I permit on August 31, 2020 and is submitting evidence of twenty (20) clinical cases providing moderate sedation within the last five (5) years to transition to a Class II-Enteral permit. (**Enclose clinical case anesthesia records with Private Health Information (PHI) redacted.**) Option applicable to dentists holding an active Wisconsin Class I Sedation Permit on August 31, 2020 ONLY

CLASS II - PARENTERAL

- CERTIFICATION FOR CLASS II-Parenteral:** This permit allows a dentist to provide moderate sedation via parenteral or enteral routes. Dentists who hold a Class II-Parenteral permit do not have to obtain a Class II-Enteral permit.
- Completed application (**Form #2759**) and fee.
 - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
 - Certification in Advanced Cardiovascular Life Support or pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced life Support is required if treating pediatric patients (12 years old or under).
 - Proof of one of the following:
 - Board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form #2758 required**; or
 - Completion of an accredited fellowship in oral and maxillofacial surgery residency, **Form #2758 required**; or
 - Diplomate or candidate of the American Dental Board of Anesthesiology, **Form #2758 required**; or
 - Successful completion of a Board approved 60-hour education program that includes 20 clinical individually managed cases **and meets requirements under Wis. Admin. Code § DE 11.035(2). Form #2758 and documentation are required.**
 - Applicant held an active Wisconsin Class II permit on August 31, 2020 and is transitioning to a Class II-Parenteral permit. Option applicable to dentists holding an active Wisconsin Class II Sedation Permit on August 31, 2020 ONLY

CLASS III

- CERTIFICATION FOR CLASS III/MODERATE OR DEEP SEDATION OR GENERAL ANESTHESIA:** This permit allows a dentist to provide all of the following: moderate or deep sedation; general anesthesia; conscious sedation-parenteral; and conscious sedation-enteral. Dentists who hold Class III permits do not have to obtain any other sedation permit.
- Completed application (**Form #2759**) and fee.
 - Verification of any permit or credential authorizing anesthesia or sedation held by the dentist.
 - Certification in Advanced Cardiovascular Life Support or pediatric Advanced Life Support through a course that follows the American Heart Association guidelines. Pediatric Advanced life Support is required if treating pediatric patients (12 years old or under).
 - Proof of one of the following:
 - Current board certification or a candidate for board certification by the American Board of Oral and Maxillofacial Surgery, **Form #2758 required**; or
 - Completion of an accredited oral and maxillofacial surgery residency, **Form #2758 required**; or
 - Current diplomate or candidate of the American Dental Board of Anesthesiology, **Form #2758 required**; or
 - Postdoctoral residency in an accredited dental program in dental anesthesiology, **Form #2758 required.**

Wisconsin Department of Safety and Professional Services

I AM OR HAVE BEEN LICENSED AUTHORIZING ANESTHESIA OR SEDATION IN THE FOLLOWING STATE(S). (Include all active and inactive licenses.)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

For each credential listed above, you are required to have each state board, jurisdiction, territory of the United States, and/or country 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.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever had any previous anesthesia or sedation related incident, morbidity, mortality, or any Board investigation or discipline related to the delivery of anesthesia or sedation? If yes, give details on an attached sheet including the date and location of the incident(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Do you attest that you have the required personnel, equipment, and medications to meet the Standards of Care for the sedation class level permit for which you are applying per Wis. Admin. Code §§ DE 11.085 and 11.09 ? If no, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	I understand, per Wis. Admin. Code § DE 11.10 , that any anesthesia or sedation related mortality which occurs during or as a result of treatment I provide must be reported to the Board within two (2) business days of my notice of such mortality <u>and</u> that any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation must be reported to the Board within thirty (30) days of my notice of the occurrence of any such morbidity. (See Form #2764 .)	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)

Wisconsin Department of Safety and Professional Services

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 Madison, WI 53708-8935
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E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

ANESTHESIA OR CONSCIOUS SEDATION EDUCATION VERIFICATION FORM

APPLICANT: Complete this section and submit to the certifying body (school, Board, program, or course provider) to verify education. Form must be returned directly from the certifying body to the Department. **Note:** Higher class levels encompass the authorizations of the lower levels. For example, a dentist who holds a Class III sedation permit does not have to obtain any other sedation permit and a dentist who holds a Class II-Parenteral permit does not need to obtain a Class II-Enteral permit.

LEVEL OF SEDATION PERMIT APPLYING FOR (select one): Class II-Enteral Class II-Parenteral Class III

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (number, street, city, zip code)

Date of Birth / / **Social Security Number** (voluntary-for school's use in locating your records) --

/ / - -

I hereby authorize the school named below to provide the Department with the information requested below.

/ /

Applicant Signature (Print and Sign Form)

Date

Certifying Body (school, Board, program, or course provider): Complete for one level of sedation (Class II-Enteral, Class II-Parenteral, or Class III) as indicated by the applicant above.) Certify applicant education for the appropriate class level and return directly to DSPS. Certifying body may fax or email with official cover sheet or letter to (608) 251-3036 or dspscreddentistry@wisconsin.gov.

AFFIDAVIT FOR CLASS II-ENTERAL

Name of School/Board:

Location of School/Provider: (city, state)

I ATTEST TO THE FACT THAT THE ABOVE-NAMED APPLICANT (complete one option and sign and date below):

<input type="checkbox"/> has completed a minimum of 18-hours of training in administration and management of moderate sedation education and training that includes 20 clinical cases (which may include group observation cases) and meets requirements under Wis. Admin. Code § DE 11.035(1). (ATTACH detailed course content and descriptions.)	Completion Date <input type="text"/> / <input type="text"/> / <input type="text"/>
--	--

<input type="checkbox"/> has completed an oral and maxillofacial surgery residency program accredited by the American Dental Association Commission on Dental Accreditation or its successor agency.	Completion Date <input type="text"/> / <input type="text"/> / <input type="text"/>
--	--

<input type="checkbox"/> is American Board of Oral and Maxillofacial Surgery certified or is a candidate for certification. (Check appropriate box to the right.)	<input type="checkbox"/> Certified <u>or</u> <input type="checkbox"/> Candidate for Certification
---	--

<input type="checkbox"/> is a diplomate or candidate of the American Dental Board of Anesthesiology. (Check appropriate box to the right.)	<input type="checkbox"/> Diplomate <u>or</u> <input type="checkbox"/> Candidate
--	--

/ /

Signature (Print and Sign Form)

Date

Title

Wisconsin Department of Safety and Professional Services

Certifying Body (school, Board, program, or course provider): Complete for one level of sedation (Class II-Enteral, Class II-Parenteral, or Class III) as indicated by the applicant at the top of page 1.) Certify applicant education for the appropriate class level and return directly to DSPS. Certifying body may fax or email with official cover sheet or letter to (608) 251-3036 or dpscredentistry@wisconsin.gov.

AFFIDAVIT FOR CLASS II-PARENTERAL

Name of School/Board:

Location of School/Provider: (city, state)

I ATTEST TO THE FACT THAT THE ABOVE-NAMED APPLICANT (complete one option and sign and date below):

has completed a minimum of 60-hours of training in administration and management of moderate sedation education and training that includes 20 clinical cases that includes 20 clinical individually managed cases and meets requirements under Wis. Admin. Code § DE 11.035(2). (ATTACH detailed course content and descriptions.)

Completion Date

/ /

has completed an oral and maxillofacial surgery residency program accredited by the American Dental Association Commission on Dental Accreditation or its successor agency.

Completion Date

/ /

is American Board of Oral and Maxillofacial Surgery certified or is a candidate for certification. (Check appropriate box to the right.)

Certified or
 Candidate for Certification

is a diplomate or candidate of the American Dental Board of Anesthesiology. (Check appropriate box to the right.)

Diplomate or
 Candidate

/ /

Signature (Print and Sign Form)

Date

Title

AFFIDAVIT FOR CLASS III

Name of School/Board:

Location of School/Provider: (city, state)

I ATTEST TO THE FACT THAT THE ABOVE-NAMED APPLICANT (complete one option and sign and date below):

postdoctoral residency dental program in dental anesthesiology accredited by the American Dental Association Commission on Dental Accreditation or its successor agency.

Completion Date

/ /

has completed an oral and maxillofacial surgery residency program accredited by the American Dental Association Commission on Dental Accreditation or its successor agency.

Completion Date

/ /

is American Board of Oral and Maxillofacial Surgery certified or is a candidate for certification. (Check appropriate box to the right.)

Certified or
 Candidate for Certification

is a diplomate or candidate of the American Dental Board of Anesthesiology. (Check appropriate box to the right.)

Diplomate or
 Candidate

/ /

Signature (Print and Sign Form)

Date

Title

Wisconsin Department of Safety and Professional Services

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DENTISTRY EXAMINING BOARD

PROCEDURE FOR REPORTING ADVERSE OCCURRENCES RELATED TO ANESTHESIA ADMINISTRATION

PER WISCONSIN ADMINISTRATIVE CODE:

Wis. Admin. Code § DE 11.10: Reporting of adverse occurrences related to anesthesia administration.

- A dentist shall report to the Dentistry Examining Board any anesthesia or sedation related mortality which occurs during or as a result of treatment provided by the dentist within two (2) business days of the dentist's notice of such mortality.
- A dentist shall report any morbidity which may result in permanent physical or mental injury as a result of the administration of anesthesia or sedation by the dentist to the Dentistry Examining Board within thirty (30) days of the notice of the occurrence of any such morbidity.
- The report shall include, at the minimum, responses to all of the following:
 1. A description of the dental procedures;
 2. The names of all participants in the dental procedure and any witnesses to the adverse occurrence;
 3. A description of the preoperative physical condition of the patient;
 4. A list of drugs and dosage administered before and during the dental procedures;
 5. A detailed description of the techniques utilized in the administration of all drugs used during the dental procedure;
 6. A description of the adverse occurrence, including the symptoms of any complications, any treatment given to the patient, and any patient response to the treatment; and
 7. A description of the patient's condition upon termination of any dental procedures undertaken.

Report the occurrence on the Report of Adverse Occurrences Related to Anesthesia Administration (**Form #2764**), obtainable from the Department of Safety and Professional Services at <http://dsps.wi.gov>. Select "*Professions*" from the main toolbar, then "*Dentist*."

Send (**Form #2764**) to the DSPS office at Wisconsin Dentistry Examining Board, DSPS, P.O. Box 8935, Madison, WI 53708-8935, and a copy should be kept for your records. You may fax to 608-251-3036 or email to DSPSCredDentistry@wisconsin.gov.

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

DENTISTRY EXAMINING BOARD

REPORT OF ADVERSE OCCURRENCES RELATED TO ANESTHESIA ADMINISTRATION

PLEASE TYPE OR PRINT IN INK (Attach additional sheets if necessary.)

Name of Dentist:			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	License Number <input style="width: 95%;" type="text"/>
Address (street, city, state, zip) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 95%;" type="text"/>	
Date of Occurrence: <input style="width: 95%;" type="text"/>			
Patient's Reaction: <input style="width: 95%;" type="text"/>			
Name(s)/Telephone Numbers of all participants in dental procedure and any witness to adverse occurrence:			
Name <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 95%;" type="text"/>	
Name <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 95%;" type="text"/>	
Name <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 95%;" type="text"/>	
Type of Dental Procedures performed: (Provide a detailed description.): <input style="width: 95%;" type="text"/>			
Description of the preoperative physical condition of the patient: <input style="width: 95%;" type="text"/>			
Detailed description of techniques utilized in the administration of all drugs used during dental procedure: <input style="width: 95%;" type="text"/>			
Description of the adverse occurrence, including symptoms of any complications, treatment given to patient, and patient response to the treatment: <input style="width: 95%;" type="text"/>			
Description of patient's condition upon termination of any dental procedures undertaken: <input style="width: 95%;" type="text"/>			

Please provide all dental charting relevant to this occurrence.

Wisconsin Department of Safety and Professional Services

LIST OF DRUGS AND DOSAGES ADMINISTERED BEFORE AND DURING THE DENTAL PROCEDURES

Drugs Administered Before Dental Procedure(s):

	Name of Drug	Dosage Strength and Form	Quantity
1.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
5.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
6.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
7.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
8.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
9.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
10.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Drugs Administered During Procedure(s):

	Name of Drug	Dosage Strength and Form	Quantity
11.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
12.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
13.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
14.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
15.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
16.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
17.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
18.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
19.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
20.	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature: Date: / /

(Print and Sign Form)

Title:

Wisconsin Department of Safety and Professional Services

Administration of Anesthesia or Conscious Sedation

Please take notice, the following changes to [Wisconsin Administrative Code Chapter DE 11](#) went into effect September 1, 2020 ([Wisconsin Administrative Register No. 776B](#)). [Clearinghouse Rule 19-132](#) provides background and context for the administrative rule changes.

Summary of Changes

Class I Sedation Permit – obsolete

Class II Sedation Permit – obsolete

(Class III Sedation Permit – remains Class III)

Minimal Sedation (definition) - minimally depressed level of consciousness, produced by a pharmacological method that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected. **(Note: Administration of minimal sedation does not require a permit.)**

Moderate Sedation (definition) - a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. If more than one enteral drug is administered or if an enteral drug is administered at a dosage that exceeds the maximum recommended dose during a single appointment, such administration is considered moderate sedation.

(Note: Administration of moderate sedation requires a permit.)

Nitrous Oxide in Combination with Sedative Agent- Nitrous oxide when used in combination with sedative agent may produce minimal, moderate, or deep sedation. During the administration of moderate or nitrous-oxide oxygen sedation, if a patient enters a deeper level of sedation than the dentist is authorized by permit to provide, then the dentist shall stop the sedation and dental procedures until the patient returns to the intended level of sedation.

Updated Adverse Occurrence Reporting Requirements Related to Sedation or Anesthesia Administration ([Wis. Admin. Code § DE 11.10](#)) – See [Form 2764](#).

For Dentists Holding an Active Class I, Class II, or Class III Sedation Permit on August 31, 2020.

Class I Sedation Permit: Class I permits issued prior to September 1, 2020 are no longer valid and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class I permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action/permit required**), [OR](#)
- Transition to a Class II-Enteral permit upon submission of twenty (20) cases providing moderate sedation within the last five (5) years and [Form 2759](#). (No fee is required.), [OR](#)
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

Class II Sedation Permit: Class II permits issued prior to September 1, 2020 are no longer valid and a Class II-Enteral or Class II-Parenteral permit is required to provide moderate sedation. (If sedation is limited to minimal sedation as defined above, no permit is necessary.) A dentist holding an active Class II permit on August 31, 2020 may:

- Limit practice to minimal sedation (**no action/permit required**), [OR](#)
- Transition to a Class II-Parenteral permit upon submission of [Form 2759](#). (No fee required.), [OR](#)
- Apply for the desired class level permit (Class II-Enteral, Class II-Parenteral, or Class III) via new requirements ([Form 2759](#), fee, and [Form 2758](#)).

Class III Sedation Permit: Encompasses all three levels and allows a dentist to administer moderate sedation, deep sedation, or general anesthesia. (**No permit level change** due to September 1, 2020 changes to Wis. Admin. ch. DE 11.)

NEW SEDATION PERMIT CLASSES EFFECTIVE SEPTEMBER 1, 2020

Class II-Enteral Sedation Permit: Allows a dentist to administer moderate sedation by enteral route.

Class II-Parenteral Sedation Permit: Allows a dentist to administer moderate sedation by parenteral route.

The Dentistry Examining Board is taking steps to ensure that the timing of the announcement does not impact permit holders' ability to deliver care in the manner they were able to on August 31, 2020. Credential holders that had a valid permit on August 31, 2020 and reapply before March 1, 2021, will be deemed to have practiced appropriately during the period between September 1, 2020 and the date their new permit is received.

For additional information, please refer to [Wis. Admin. Code ch. DE 11](#). [Clearinghouse Rule 19-132](#) provides background and context for the administrative rule changes.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR A WISCONSIN TEMPORARY PERMIT TO PRACTICE DENTISTRY WITHOUT COMPENSATION

- Applicants applying for a temporary dentistry permit must hold a current license, which has not been suspended or revoked.

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

1. **Application for Temporary Permit to Practice Dentistry without Compensation (Form #2850).**
2. **Evidence of Satisfactory Completion of Clinical and Laboratory Examination and National Board Examination:** Original score card(s) 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. You may submit an online request at <https://www.ada.org/1635.aspx>. Please request the testing agency to mail your scores directly to DSPS at the above address.

The Board accepts the following exams: CRDTS, WREB, CDCA, SRTA and CITA.
 - The Board accepts The Commission on Dental Competency Assessments (CDCA), formerly Northeast Regional Examination (NERB) taken after September 28, 2000.
 - OR the applicant has successfully completed a Board specialty certification examination of an American Dental Association accredited specialty within the previous 10 years.
3. **Certificate of Professional Education (Form #1471):** Have your dental school accredited by the American Dental Association Commission on Dental Accreditation complete this form and submit it (still in the unopened/sealed envelope) along with your application (Form #2850) or request them to send it directly to DSPS at the above address.
4. **Evidence of active practice:** You must have been engaged in the active practice of dentistry for at least 48 of the 60 months preceding application in one or more jurisdictions in which you hold a current license in good standing.
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. **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.
7. **National Practitioner Data Bank:** Go to <http://www.npdb-hipdb.hrsa.gov/>. Follow the directions on the website to complete the Self-Query process. If you receive this report electronically directly from the reporting agency, you must forward the original email you received from them with the link to access the report along with the attachment of the original PDF report you downloaded with their link. Please forward the email and the attached report directly to DSPScredDentistry@wi.gov. Or, send the original report with the envelope by mail. Please allow 7-10 business days for processing once received here in the Department. Further questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.

Purpose of a Temporary Permit

The temporary permit will be issued only for dental 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 DENTISTRY WITHOUT COMPENSATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your street address/ PO Box, e-mail address, and phone number are available to the public. Check box to withhold street address/ PO Box, e-mail address, and phone number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name		First Name		MI	Former / Maiden Name(s)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	
Address (street, city, state, zip)					Daytime Telephone Number	
<input type="text"/>					<input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different)					Date of Birth	
<input type="text"/>					<input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security #			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.			
<input type="text"/> - <input type="text"/> - <input type="text"/>						
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 Dentist?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list your credential number:
						<input type="text"/>
Email Address						
<input type="text"/>						
School Name			School Address (street, city, state)			
<input type="text"/>			<input type="text"/>			
Date Degree Conferred			Degree		Specialty	
<input type="text"/> / <input type="text"/> / <input type="text"/>			<input type="text"/>		<input type="text"/>	

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2850**)
- Certificate of Professional Education (**Form #1471**)
- Current CPR/AED Certificate
- Letters from all state board where licensed, active and inactive
- Evidence of satisfactory completion of clinical and laboratory examination and national board examination, original pass and fail
- National Practitioner Data Bank Report
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Convictions and Pending Charges (**Form #2252**), if applicable

Have you been tested by a Regional Dental Testing Service? Yes No If yes, submit original score card(s) of certification/notification of passing/failing and date.

If yes, please indicate which examination:

- | | |
|--|--|
| <input type="checkbox"/> The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB) | <input type="checkbox"/> Central Regional Dental Testing Score (CRDTS) |
| <input type="checkbox"/> Western Regional Examining Board (WREB) | <input type="checkbox"/> Southern Regional Testing Agency (SRTA) |
| | <input type="checkbox"/> Council of Interstate Testing Agency (CITA) |

If no, please explain:

Have you taken and passed the National Boards? Yes No If yes, submit original score card(s) from the National Boards

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

PRACTICE: Account for all activities and practice starting from the date of graduation to the present time. Must include professional and nonprofessional activities. All time and dates must be accounted for. (Attach additional sheets, if necessary.)				
Employer Institution Activity	Location of Employment (City/State)	Dates Employed (Month/Year)	# of Hours per Week	The Capacity in Which You Are/Were Employed
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(City) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (State) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	(From) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(City) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (State) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	(From) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	(City) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> (State) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	(From) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

Wisconsin Department of Safety and Professional Services

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

--	--	--	--	--	--	--	--	--	--	--	--	--

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).

Location of Employment (City/State)	Dates Employed (Month/Year)
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Wisconsin Department of Safety and Professional Services

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? If yes, provide details below: (Original pass/fail cards required.) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, Malpractice Suits or Claims (Form #2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you failed to pass the Central Regional Dental Testing Service Clinical examination, or any other dental hygiene licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has the Drug Enforcement Administration ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dentistry" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dentistry judgments and to learn and keep abreast of dentistry developments; and
2. The ability to communicate those judgments and dental information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

Wisconsin Department of Safety and Professional Services

12.	Do you have a medical condition, which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? If no, you may skip questions 13 and 14. If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 12, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If yes to question 17, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature: _____ Date: ____/____/____

(Print and Sign Form)

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.**

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Ship To: 4822 Madison Yards Way
 Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your street address/ PO Box, e-mail address, and phone number are available to the public. Check box to withhold street address/ PO Box, e-mail address, and phone number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input type="text"/>		First Name <input type="text"/>		MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>
Address (street, city, state, zip) <input type="text"/>				Daytime Telephone Number <input type="text"/>	
Mailing Address (if different) <input type="text"/>				Date of Birth <input type="text"/>	
Social Security # <input 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"/> Black, not of Hispanic origin		<input type="checkbox"/> Asian or Pacific Islander	
Sex:		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Hispanic	
				<input type="checkbox"/> Other	
Have you ever been licensed in Wisconsin as a Dental Hygienist?				If yes, list your credential number:	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="text"/>	
Email Address <input type="text"/>					
School Name <input type="text"/>			School Address (street, city, state) <input type="text"/>		
Date Degree Conferred <input type="text"/>			Degree <input type="text"/>		Specialty <input 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.)

1. Location of Employment (City) <div style="border: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Dates Employed (Month/Year) (From) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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2. Location of Employment (City) <div style="border: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Dates Employed (Month/Year) (From) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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3. Location of Employment (City) <div style="border: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Dates Employed (Month/Year) (From) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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4. Location of Employment (City) <div style="border: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Dates Employed (Month/Year) (From) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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5. Location of Employment (City) <div style="border: 1px solid black; height: 20px; width: 95%; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	Dates Employed (Month/Year) (From) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> (To) <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
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