

Wisconsin Department of Safety and Professional Services

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DENTISTRY EXAMINING BOARD

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

IMPORTANT:

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

1. **Complete Application (Form #2853)**
2. **Evidence of Satisfactory Completion of Clinical and Laboratory Examination and National Board Examination:** You must pass a clinical and laboratory examination for licensure from a dental testing service or regional board examination or a state board examination in another state where the licensure requirements are equivalent to those of Wisconsin. The Board accepts Northeast Regional examination (NERB) taken after September 28, 2000. Applicants who have written a state board examination must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination. The Wisconsin Dental Examining Board has not approved any state board examination. Applicants who wish to rely on a state board examination must prove, by a copy of the state's rules, that the examination meets the Wisconsin Board's standards. (Clinical exam on a human subject, substantially equivalent to the CRDTS, Central Regional Dental Testing Service examination) The Board will review the state's rules and made a decision on equivalency.
Other State Board Examination (Applicants who have written a state board examination): Must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination. Wisconsin has not approved any state board examination. Applicants who wish to rely on a state board examination must prove, by a copy of the state's rules, that the examination meets the Wisconsin Board's standards. Clinical exam on a human subject, substantially equivalent to the CRDTS, Central Regional Dental Testing Service examination. The Board will review the state's rules and make a decision on equivalency.
3. **Verification of Licensure in Other State(s):** You are required to submit a photocopy of one current license where you are credentialed.
4. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED:** Submit a copy of the front and back of a current certificate. See DHS website at <http://dhs.wisconsin.gov> for a listing of approved programs.
5. **Other:** Include explanations on attached sheets, if required, for answers to questions on the Application for Temporary Dental Hygiene Permit (Form #2853).

PURPOSE OF A TEMPORARY PERMIT

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

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

DENIAL OF A TEMPORARY PERMIT

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

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

ADDITIONAL INFORMATION

All documentation must be received in this office prior to issuance of the temporary permit. **No applicant may begin providing services in Wisconsin until the temporary permit is received.**

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DENTISTRY EXAMINING BOARD

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

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 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"/> - <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 # <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.				
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 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"/> / <input type="text"/> / <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; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></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; margin-top: 5px;"></div>	(State) <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></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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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%; margin-top: 5px;"></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.	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
9.	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

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)