

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 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**)

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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, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone 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 code) <input style="width:95%;" type="text"/>			Daytime Telephone Number <input style="width:95%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>			Date of Birth <input style="width:95%;" type="text"/>	
Social Security Number <input style="width:95%;" 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:95%;" 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:95%;" type="text"/>			Degree <input style="width:95%;" type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form 3071](#).

- 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.)**
 \$ 60.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$135.00 Total Fee Attached
- Endorsement of a State Board**
 \$ 60.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$135.00 Total Fee Attached

For Receiving Use Only (16)

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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 DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No
 If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

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.
 (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No
 If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

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.) <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

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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 conviction(s) 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; 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; 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
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.

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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>.

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 have provided to the Department of Safety and Professional Services change.

Signature: Date: / /

(Print and Sign Form)