

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: 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, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone 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 code)	Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>
---	---

Mailing Address (if different) (street) (city) (state) (zip code)	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.
---	--

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
---	--

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)