STATE OF IDAHO

2/1/2012

BOARD OF DENTISTRY

PO Box 83720 – Boise, ID 83720-0021
Phone: (208) 334-2369 – Fax: (208) 334-3247
Email: sbdinfo@isbd.idaho.gov

Helpful Hints Regarding the Licensing Process

The Idaho Board of Dentistry conducts a thorough evaluation of a number of items, including basic dental/dental hygiene credentials, national, regional and/or state examination results, malpractice history, and criminal or disciplinary history. This process takes time – anywhere from a few weeks to several months, depending mostly upon how quickly the applicant complies with what is requested of him/her and the nature of any problems requiring closer scrutiny. In spite of the fact that there is NO guarantee of licensure, some applicants make commitments to start work at a certain time and later find the commitment cannot be kept. Please remember that the Board will not accelerate one application at the expense of another, nor will it forgo any elements of its screening process. The following suggestions are offered to help those who apply for licensure, as well as those who recruit dental service personnel, to avoid problems which can be costly:

Before you submit your application:

- Read all **general information and instructions** in this application packet carefully.
- Give the Board enough time to do its job. For something as important as a dental or dental hygiene license, two months lead time is not unreasonable.
- Don't make commitments on loans, practice start dates, home purchases, etc., until a license is granted and you have it in your possession.
- Application requirements are set to comply with the Idaho Dental Practice Act. Do not assume that an exception will be made or that a requirement will be waived for you.
- We recommend that applicants handle their own applications without delegating this task to someone else. The Board will not communicate with third parties regarding the status of an application.
- The Board will not verify receipt of third-party documents prior to receipt of an application.

After you submit your application:

- If you relocate during the time that your application is being processed, you must notify the Board of your new address. Do not rely on a forwarding order.
- Once your application has been received the Board will send you a letter of acknowledgement and an application validation code. This code can then be used to track the status of your application at isbd.idaho.gov. Please allow us enough time to receive the application through the mail, enter your application into our database, and send you an acknowledgement letter and validation code before you contact the Board to inquire on its status. We recommend waiting for your validation code at least two weeks from date of mailing before contacting the Board to check the status of your application.

IDAHO BOARD OF DENTISTRY
GENERAL INFORMATION AND INSTRUCTION SHEET

DENTAL HYGIENE

These instructions are designed to assist you in the application process for dental hygiene licensure in Idaho. Carefully read and follow all instructions. A checklist format has been provided to assist you in requesting documentation and to ensure you meet all application requirements. For specific licensing requirements, please refer to the Board of Dentistry's laws (Chapter 9, Title 54, Idaho Code) and administrative rules (IDAPA 19.01.01), which are available on the Board's web site at isbd.idaho.gov, or upon request.

Licensure by Examination

The Idaho Board of Dentistry accepts the following examinations: Western Regional Examining Board (WREB), Central Regional Dental Testing Service (CRDTS), and ADEX. Examination results will be accepted for up to five (5) years immediately preceding the date of application.

Licensure by Credentials

A dental hygienist who is actively licensed in another state, who has been licensed in another state for at least one (1) year, and practiced a minimum of one thousand (1,000) hours in the prior two (2) years may be eligible for licensure by credentials, providing he/she has successfully completed one (1) of the clinical examinations accepted by the Idaho Board of Dentistry. The following examinations are accepted for licensure by credentials: WREB, CRDTS, California, Hawaii, Oregon, and Washington. (If WREB or CRDTS were completed within the previous five (5) years, please see instructions for *Licensure by Examination*).

Local Anesthesia Requirement

The administration of local anesthesia under the general supervision and responsibility of a licensed dentist is an authorized function of dental hygienists licensed in Idaho. **ALL** dental hygienists must successfully complete an approved local anesthesia examination. Approved local anesthesia examinations include WREB or Washington State. (Note: an applicant who meets all other requirements to be licensed as a dental hygienist by credentials, but has not completed the required local anesthesia examination, may be provisionally licensed to practice dental hygiene without local anesthesia for a period of not more than one (1) year, during which time period the local anesthesia examination must be successfully completed in order to qualify for continued licensure.) Information regarding the local anesthesia examination may be obtained directly from WREB at (602) 944-3315 or www.wreb.org.

DOCUMENTATION REQUIREMENTS:

A. ☐ Application Form

Application must be completed in full, notarized and submitted with the required fee to the Idaho Board of Dentistry, PO Box 83720, Boise, ID 83720-0021. Complete each question on the application. If a question is not applicable, answer N/A.

B. ☐ Photograph

Submit a current 2" x 2" photograph, signed and dated and affixed to the application where indicated.

C. ☐ Application Fee – Dental Hygienist by examination $150; Dental Hygienist by credentials $150

Fees must be paid in U.S. funds by personal check, cashier's check or money order, payable to the "Idaho Board of Dentistry", and submitted with the application form. Applications will not be processed without the appropriate fee.

D. ☐ National Board Scores

The original scorecard or a notarized copy of the scorecard must be provided. To obtain documentation contact: Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, Illinois 60611. Telephone Number 1-800-621-8099

E. ☐ Transcript (with degree posted)

Transcripts must be posted with dental hygiene degree from an ADA accredited dental hygiene program, and must be sent to the Board directly from the school. Transcripts without a posted degree or student copies are not acceptable.

F. ☐ Certification of Education (form enclosed)

Applicants must forward the form entitled "Certification of Education" to the dental hygiene school and request that the completed form be submitted directly to the Board of Dentistry's office. Forms signed prior to the date of graduation will not be accepted.

G. ☐ License Verifications (form enclosed)

License verifications must be requested by the applicant and submitted directly from every state in which applicant is currently licensed or has held licensure. Many states charge a fee for this service. To prevent delays in processing please contact the state directly prior to submitting your request.

H. ☐ Proof of Dental Hygiene Clinical Examination – basis for application***

1. Regional: If the applicant passed an approved clinical examination administered by a regional testing agency, submit a notarized copy of the original scorecard/certificate.

2. State: If the applicant passed an approved state examination, verification from the state must be submitted directly to the Idaho Board of Dentistry.

I. ☐ Proof of Local Anesthesia Examination***

Submit a notarized copy of the WREB local anesthesia examination scorecard, or verification from the Washington board that the applicant has successfully completed the Washington State local anesthesia examination. (The Washington Board administered a state clinical examination in local anesthesia prior to 1994.)

J. ☐ Authorization for Release of Personal Information

To be completed and signed by applicant. This authorization allows the Board of Dentistry to conduct background checks from the listed entities.

K. ☐ Proof of Current CPR

Submit a copy of current CPR certification.

L. ☐ Jurisprudence Examination

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is "open book" and designed to familiarize you with the contents of the Idaho Dental Practice Act and Administrative Rules and may be returned to the Board by mail following its completion.

M. ☐ License Fee

Licenses are issued administratively following receipt and review of a completed application and all required documents. Applicants may be required to provide additional information or verification as requested by the Board of Dentistry regarding an applicant's qualifications or fitness for licensure. In certain instances, information reported or obtained in connection with an application will require referral to the full members of the Board of Dentistry for review. Once an application is approved, the Board of Dentistry will notify you regarding the amount of the license fee. Fees are prorated to the date of the next renewal period and must be paid before issuance of the license. You may be sent a license before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not practice under that license. Also, a $50 service fee will be charged for checks which are returned by the bank [Idaho Code 54-920(5)]

*****Beginning in 2010, candidates have the ability to login to the WREB website to view their results. Results may then be printed and sent with the application for Idaho licensure. A separate notarized copy will not be required for WREB exams taken in 2010 or later.**

IDAHO BOARD OF DENTISTRY
APPLICATION FOR LICENSURE

Revised 10/21/11

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

☐ Dentistry - by Examination – Application fee $300
☐ Dentistry - by Credentials – Application fee $600
☐ Specialty – by Examination – Application fee $300 Specialty of_____
☐ Specialty – by Credentials – Application fee $600 Specialty of_____
☐ Dental Hygiene - by Examination – Application fee $150
☐ Dental Hygiene - by Credentials – Application fee $150

First Name	Middle Name	Last Name			
Other Names Used	Email Address			Telephone Number	
Mailing Address: Street	City	State	Zip Code	Social Security Number	
Place of Birth: City	State	Country		Date of Birth	Gender M F

EDUCATION	From mm/dd/yy	To mm/dd/yy	Dental/Dental Hygiene School(s) Name and Location	Degree/Certificate Date Received (m/d/y)

EXAMINATIONS	*List every license-related examination you have taken regardless of the result.*		
	Examination	Date Taken	Result

STATE LICENSURE

List every state in which you are or have been licensed as a dentist/dental hygienist and/or states in which application is pending.

STATE	TYPE OF LICENSE(S)	LICENSE NO.	DATE ISSUED	STATUS

WORK / PROFESSIONAL EXPERIENCE

Provide a chronological list of all work and professional experience beginning from the date of your graduation from dental/dental hygiene school to the present date. If not applicable, answer NA.

Name & Location of Work/Professional Experience	From (mm/yy)	To (mm/yy)	Average # of hours worked per week

Important! Read these definitions before completing the following personal data questions.

"Ability to practice dentistry/dental hygiene safely and competently" means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers; and
3. The capability to perform clinical tasks such as dental/dental hygiene examinations and dental/dental hygiene procedures.

"Medical condition" means any physiological or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Drugs or chemical substances" means alcohol, controlled substances, prescription drugs, illegal drugs, over-the-counter medications, nitrous oxide, petroleum products, adhesive products and other chemical substances taken for mood alteration.

"Improper use of drugs or other chemical substances" means ANY of the following:

1. The use of any controlled substance and/or prescription drug in an addictive manner and/or for any purpose and to any extent other than as directed by a licensed health care practitioner;
2. The use of any over-the-counter medication in an addictive manner and/or in a manner prohibited by law;
3. The use of alcohol in an addictive manner and/or to the extent that the use of alcohol impairs a person's ability to safely and competently practice as a dentist;
4. The manufacture, possession, distribution or use of any drug, medication or chemical substance in a manner prohibited by law.

PERSONAL DATA QUESTIONS

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH "YES" ANSWER TO ANY OF THE FOLLOWING QUESTIONS (EXCEPT QUESTION #21), YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT PROVIDING A COMPLETE EXPLANATION OF THE EVENT OR CIRCUMSTANCE, INCLUDING DATE(S), LOCATION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC OUTCOMES OR RESULTS.**

YES	NO	
☐	☐	1. Have you had or do you currently have a medical condition that in any way impairs or limits your ability to currently practice dentistry/dental hygiene safely and competently?
☐	☐	2. Have you ever engaged in the improper use of drugs or other chemical substances?
☐	☐	3. Have you used or do you currently use alcohol, drugs, or other chemical substances in a manner that would in any way impair or limit your ability to safely and competently practice dentistry/dental hygiene?
☐	☐	4. If you answered "YES" to any of the above, have you participated in any program or received treatment or are you currently participating in any program or receiving treatment that reduces or eliminates the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? N/A ☐
☐	☐	5. If you answered "YES" to any of the above, does your field of practice, the setting, or the manner in which you practice dentistry/dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? N/A ☐
☐	☐	6. Except for minor speeding or parking offenses (with fines under $100), have you ever been arrested, charged, cited, indicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?
☐	☐	7. Have you ever received a withheld judgment or suspended sentence for any felony or misdemeanor in a criminal proceeding?
☐	☐	8. Do you have any felony or misdemeanor criminal charges currently pending against you in any other state or country?
☐	☐	9. Were you ever expelled or requested to withdraw from any dental/dental hygiene school/program you attended?
☐	☐	10. Were you ever required to repeat any portion of the curriculum of any dental/dental hygiene school/ program you were attending?
☐	☐	11. Were you ever reprimanded or placed on probation while attending any dental/dental hygiene school/program?

YES	NO	
☐	☐	12. Have you ever been denied a license to practice dentistry/dental hygiene or any other profession or occupation?
☐	☐	13. Have you ever voluntarily surrendered a license to practice dentistry/dental hygiene and/or have you ever agreed to voluntary restrict or limit your practice of dentistry/dental hygiene?
☐	☐	13a. If you answered "YES" to the previous question, was a disciplinary action pending against you, were you under investigation by a licensing agency at that time or did you surrender or agree to restrict or limit your practice of dentistry/dental hygiene in lieu of disciplinary action being taken against you? N/A ☐
☐	☐	14. Have you ever been the subject of any proceeding by a licensing authority which either sought or resulted in censure, reprimand, probation, suspension, surrender, revocation, fine or other discipline/penalty in connection with any dental/dental hygiene or other professional license you held?
☐	☐	15. Are any professional liability or malpractice claims or complaints currently in process/pending against you?
☐	☐	16. Have any settlement agreements been entered into or any judgments entered against you resulting from your practice of dentistry/dental hygiene?
☐	☐	17. Have any judgments or settlements been paid on your behalf as a result of a professional liability or malpractice case(s)?
☐	☐	18. Are you currently or have you ever been licensed in any other state in any other health care profession aside from dentistry/dental hygiene?
☐	☐	19. Are charges or an investigation currently pending in connection with your dental/dental hygiene license in any other state?
☐	☐	20. Have you used or are you known by any other name beside the name by which you are currently making application? If so, list: _____
☐	☐	21. Do you understand that if a determination is made by the Idaho Board of Dentistry to grant you a dental/dental hygiene license, that determination will be based in part on the truthfulness of the statements contained herein, which, if proven false, may subject you to disciplinary action up to and including revocation of the license granted to you?

AFFIDAVIT OF APPLICANT

STATE OF _____COUNTY OF_____

I, _____ , hereby declare under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also declare that I am the lawful holder of the requisite diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further state that I have read the statutes and rules pertaining to the practice of dentistry/dental hygiene as prescribed in Chapter 9, Title 54, Idaho Code and IDAPA 19.01.01 of the Board of Dentistry's Administrative Rules. If a license to practice dentistry/dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be disciplined as provided by law.

I declare, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare under penalty of perjury that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry/dental hygiene in the state of Idaho.

Signature of Applicant

Subscribed and Sworn to before me this _____ day of _____,

Signature of Notary Public _____

Notary Public for _____ My commission expires: _____

NOTARY SEAL

ATTACH CURRENT PHOTOGRAPH HERE

IMPORTANT INFORMATION – ALL APPLICANTS

Social Security Number

Disclosure of U.S. Social Security Number, if you have one, is mandatory. The disclosure of your Social Security Number is mandated by ***Idaho Code,Section 73-122.***

- Social security numbers will be used a s a primary means of identification for record-keeping purposes only.

Affirmative Responses to Personal Data Questions on Pages 3-4 of the Application Form:

If you answered "yes" to any of the personal data questions in the application (except question #21), for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

- A separate, signed statement providing a complete explanation of the event or circumstance, including date(s), location(s), organization(s) or parties involved, and specific outcomes or results.

- Certified copies of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Applications are valid for six (6) months from the date received by the Board of Dentistry. If an application is not completed within six (6) months from the date of receipt, a new application and fee must be submitted.

Failure to answer all application questions completely or accurately and/or omitting or falsifying materials facts may be grounds for the Board of Dentistry to deny an application or, if a license was issued before discovery, to undertake disciplinary action including revocation of a license.

Where Forms Are To Be Sent:

Send application and fee to:

Idaho Board of Dentistry
PO Box 83720
Boise, ID 83720-0021

NOTE: Express Mail requires use of street address for delivery.

Street Address:
Idaho Board of Dentistry
350 N. 9th Street Suite M100
Boise, ID 83702

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ do hereby authorize a full disclosure of all records concerning myself to any duly authorized employee, officer or agent of the Idaho State Board of Dentistry, whether the said records are of a public, private, or confidential nature.

I hereby authorize all hospitals, schools, educational institutions, or organizations, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records requested by this board in connection with the processing of this application. I further authorize this board to release to the organizations; individuals and groups listed above any information that is material to my application.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my suitability for a license to practice dentistry/dental hygiene in the State of Idaho. I also certify that any person(s) or entity which may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Idaho State Board of Dentistry from any and all liability, which may be incurred as a result of requesting or obtaining such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This authorization for release is non-expiring and shall continue in force and effect indefinitely.

I have read and fully understand the contents of the "Authorization for Release of Personal Information" and do knowingly and voluntarily execute same.

_____ _____

Signature of Applicant Date

CERTIFICATION OF DENTAL/DENTAL HYGIENE EDUCATION

As part of the license application process, the Idaho State Board of Dentistry requires that the school at which the applicant received her/his dental or dental hygiene education complete this form. The completed form must be mailed directly from the school to the **Idaho State Board of Dentistry.** Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name_____ **SSN#**_____

Signature_____**Date**_____

****

This portion of the form should be completed by the school.

PLEASE DO NOT COMPLETE THIS CERTIFICATION FORM PRIOR TO THE ACTUAL DATE OF THE STUDENT'S GRADUATION.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

RECEIVED DENTAL/DENTAL HYGIENE EDUCATION AT_____
(Circle One) (Name of School)

LOCATED AT_____
(Full Address of School)

FROM_____ **TO**_____
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF_____

DATE DEGREE CONFERRED_____
(Month/Day/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes_____ No_____

President, Dean, Secretary, or Registrar:

Print Name_____**Title**_____

Signature_____**Date**_____

Phone #_____**Fax #**_____

Return Completed Form to:

IDAHO STATE BOARD OF DENTISTRY
PO BOX 83720
BOISE ID 83720-0021
Phone (208) 334-2369

School Seal

CERTIFICATION OF LICENSURE

As part of the license application process, the Idaho State Board of Dentistry requires that this form be completed by every board that has ever issued any license to the applicant, even if the license is not current. The completed form must be mailed directly from the state licensing board to the **Idaho State Board of Dentistry.** Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name _____ **License #**_____

Signature _____ **Date** _____

****

This portion of the form should be completed by the state licensing board.

IT IS HEREBY CERTIFIED THAT _____

(Name of Applicant)

WAS GRANTED LICENSE NUMBER_____ **DATE ISSUED**_____

TO PRACTICE_____ **IN THE STATE OF**_____

DATE LICENSE EXPIRES_____ **LICENSE STATUS**_____

BASIS FOR LICENSURE:

- ☐ **Endorsement/Credentials**
- ☐ **State Board Prepared Written and/or Clinical Exam**
- ☐ **Regional Clinical Exam, Name of Testing Agency** _____

☐ **YES** ☐ **NO** **Disciplinary action ever been initiated, pending, or taken? (If yes, please provide contact information to obtain further information regarding disciplinary action.)**

STATE LICENSING BOARD OFFICIAL:

Print Name _____ **Title** _____

Signature _____**Date**_____

Phone #_____**Fax #**_____

Return completed form to:

IDAHO STATE BOARD OF DENTISTRY
PO Box 83720
Boise, ID 83720-0021
Phone (208) 334-2369

State or Board Seal

CERTIFICATION OF SPECIALTY TRAINING

(this form applies only to applicants for specialty licensure)

As part of the license application process, the Idaho State Board of Dentistry requires that the school at which the applicant received her/his specialty training complete this form. The completed form must be mailed directly from the school to the **Idaho State Board of Dentistry.** Any processing fees are the applicant's responsibility. The applicant's signature authorizes release of information, favorable or otherwise, directly to the Board.

Print Name_____ **SSN#**_____

Signature_____**Date**_____

****

This portion of the form should be completed by the school.

PLEASE DO NOT COMPLETE THIS CERTIFICATION FORM PRIOR TO THE ACTUAL DATE OF THE STUDENT'S GRADUATION.

IT IS HEREBY CERTIFIED THAT _____
(Name of Applicant)

RECEIVED DENTAL SPECIALTY EDUCATION AT_____
(Circle One) (Name of School)

LOCATED AT_____
(Full Address of School)

FROM_____ **TO**_____
(Month/Year) (Month/Year)

GRANTED A DIPLOMA WITH THE DEGREE OF_____

DATE DEGREE CONFERRED_____
(Month/Year)

Was the school accredited by the Commission on Dental Accreditation of the American Dental Association at the time the applicant graduated? Yes_____ No_____

President, Dean, Secretary, or Registrar:

Print Name_____**Title**_____

Signature_____**Date**_____

Phone #_____**Fax #**_____

Return Completed Form to:

IDAHO STATE BOARD OF DENTISTRY
PO BOX 83720
BOISE ID 83720-0021
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School Seal