

STATE OF IDAHO



BOARD OF DENTISTRY

APPLICATION INSTRUCTIONS - EXTENDED ACCESS DENTAL HYGIENE LICENSE ENDORSEMENT

TO: Dental Hygienists – Active Status

SUBJECT: Application Instructions

Thank you for your interest in obtaining an extended access dental hygiene endorsement in conjunction with your Idaho dental hygienist's license. Effective July 1, 2004, the Idaho Legislature authorized the Idaho State Board of Dentistry to issue extended access dental hygiene endorsements to qualified dental hygienists who are licensed in active status by the Board of Dentistry. The extended access dental hygiene endorsement allows a licensed dental hygienist to practice under general supervision in an "extended access oral health care program." There are certain requirements that must be satisfied before a dental hygienist who is licensed by the Board of Dentistry is entitled to be issued an extended access dental hygiene endorsement. Please review the following information (presented in a question and answer format) regarding applicable standards in connection with an extended access dental hygiene endorsement before you commence the application process.

1. Must a dental hygienist hold an active status dental hygienist's license issued by the Board of Dentistry to qualify for an extended access dental hygiene endorsement? Yes. In addition, the dental hygienist's license must be unrestricted, i.e., not subject to any limitations, conditions or discipline. Any extended access dental hygiene endorsement issued by the Board of Dentistry shall immediately expire when the dental hygienist no longer holds an active status license or fails to complete the required amount of specified continuing education.

2. Is there a work experience requirement for issuance of an extended access dental hygiene endorsement? Yes. An applicant must have been licensed as a dental hygienist during the two (2) year period prior to the date of application and, in addition, must have worked as a dental hygienist in clinical practice or as a clinical practice educator for a minimum of one thousand (1000) hours within the aforementioned two (2) year period.

3. At what locations can a dental hygienist holding an extended access dental hygiene endorsement practice under general supervision? If issued an extended access dental hygiene endorsement, a dental hygienist can practice under general supervision in an “extended access oral health care program.” An extended access oral health care program can be either 1) a dental or dental hygiene program conducted by a local, county, state or federal agency, hospital, long-term care facility, public health district, dental or dental hygiene school, tribal clinic or migrant health center, or 2) a program conducted by a public or private entity, recognized as a charity under section 501(c)(3) of the Internal Revenue Code, that provides free or reduced fee dental and dental hygiene treatment to persons who, due to age, infirmity, handicap, indigence or disability, are unable to receive regular dental and dental hygiene treatment in a private office.

4. Is there an application or endorsement fee in connection with an extended access dental hygiene endorsement? No. The extended access dental hygiene endorsement has the same two (2) year licensing period (April 1st of each odd numbered year to March 31st of the immediately subsequent odd numbered year) as an active status dental hygienist’s license issued by the Board of Dentistry. Like an active status dental hygienist’s license, an extended access dental hygiene endorsement must be renewed at the time the active status dental hygiene license is renewed.

5. What is required to renew an extended access dental hygiene endorsement? In addition to the biennial continuing education requirements to maintain an active status dental hygienist’s license, a dental hygienist holding an extended access dental hygiene endorsement is required to biennially complete twelve (12) credits of continuing education in the practice areas of medical emergencies, local anesthesia, oral pathology, care and treatment of geriatric, medically compromised or disabled patients or the care and treatment of children. A dental hygienist is not required to report the above-mentioned twelve (12) additional continuing education credits for the initial licensing year in which the extended access dental hygiene endorsement was issued.

6. Is a dental hygienist who is actually employed in an extended access oral health care program required to obtain an extended access dental hygiene endorsement in order to practice under general supervision? Yes. However, a dental hygienist actually employed in an extended access oral health care program is not required to satisfy the two (2) year dental hygiene license requirement or the work experience requirement in order to be issued the extended access dental hygiene endorsement. A dental hygienist employed in an extended access oral health care program must still fully complete the application for an extended access dental hygiene endorsement.

7. Must a dental hygienist holding an unrestricted, active status license issued by the Board of Dentistry obtain an extended access dental hygiene endorsement to volunteer in an extended access oral health care program? No. However, there are certain limitations applicable to a dental hygienist volunteering services in an extended access oral health care program. Those limitations are found at Rule 29 of the Board of Dentistry’s Administrative Rules.

The Board of Dentistry requires that an applicant seeking an extended access dental hygiene endorsement must satisfy the following requirements:

1. Applicants must fully complete and submit the Board of Dentistry's Application for an Extended Access Dental Hygiene Endorsement. The application must be submitted to the Board of Dentistry's office at the location identified in these materials. There is no application or license fee in connection with an extended access dental hygiene endorsement.

2. To be eligible for an extended access dental hygiene endorsement, a dental hygienist must currently hold an unrestricted, active status dental hygienist's license in Idaho.

3. Applicants for an extended access dental hygiene endorsement must have been licensed as a dental hygienist during the two (2) year period immediately prior to the date of application and must verify a minimum of one thousand (1000) hours of supervised clinical practice as a dental hygienist or as a clinical practice educator in an approved dental hygiene school during the two (2) year period, or be employed in an extended access oral health care program.

4. Applicants for an extended access dental hygiene endorsement must report and explain any disciplinary action taken against them by a licensing board.

5. The Board of Dentistry may request other information or documents from an applicant to explain or verify responses to items contained in the application. The Board of Dentistry will consider an applicant's qualifications for an extended access dental hygiene endorsement at such time as all required application materials and information are received.

Endorsement Renewal

An extended access dental hygiene endorsement must be renewed in conjunction with the dental hygienist's license on a biennial basis on or before April 1st of each odd numbered year. The Board of Dentistry will mail each person holding a dental hygienist's license, at their address of record, a license and endorsement renewal application approximately four (4) weeks prior to the license renewal date. There is no biennial renewal fee in connection with an extended access dental hygiene endorsement. There is a continuing education requirement in order to renew an extended access dental hygiene endorsement license.

Statutory/Regulatory Authority

The general information contained in this informational document is a summary of the specific requirements and standards contained in the Idaho Dental Practice Act, Chapter 9, Title 54, Idaho Code, and the Rules of the Idaho State Board of Dentistry, IDAPA 19, Title 1, Chapter 1. Both the Idaho Dental Practice Act and the Rules of the Idaho State Board of Dentistry are available for review in their entirety at the Board of Dentistry's home page located at www.idaho.gov/isbd.

VERIFICATION OF DENTAL HYGIENIST’S LICENSURE

An applicant for an extended access dental hygiene endorsement must verify that he/she has been licensed as a dental hygienist during the two (2) year period prior to the date of application. In addition, an applicant must report whether he/she has been disciplined or had a license restricted by any licensing authority. Please provide the following information with respect to all states in which you held a dental hygienist’s or other professional license at any time whatsoever.

Name of state licensing authority:	Type of license held:	Period of time during which license was held: (from m/d/y to m/d/y)	Current status of the license: (active, inactive, retired, cancelled, expired, etc.)

Have you ever been disciplined or had your license restricted by any state licensing authority?

YES _____ No _____

If you answered “Yes” to the preceding question, provide an explanation setting forth the type of discipline or restriction imposed, the date upon which the disciplinary action or restriction was imposed and the grounds for the disciplinary action or restriction on your license.

VERIFICATION OF CLINICAL PRACTICE OR CLINICAL PRACTICE EDUCATION

An applicant for an extended access dental hygiene endorsement must verify that he/she engaged in the supervised clinical practice of dental hygiene or as a clinical practice educator at an approved dental hygiene school for a minimum of one thousand (1000) hours during the two (2) year period immediately preceding the date of application. For the two (2) year period immediately proceeding the date of your application, list the following information (starting with your most recent):

From: (M/D/YR)	To: (M/D/YR) Or Present	Name and Address of Office Where Clinical Practice Occurred or Name and Address of Dental Hygiene School:	Average Number of Hours of Clinical Practice or Clinical Practice Education Performed During Each Week:

APPLICANT'S ATTESTATION

I, the undersigned, hereby state and attest that I am the person identified in this application and that I am making application to the Idaho State Board of Dentistry for an extended access dental hygiene endorsement in Idaho. I further state and attest that I have thoroughly read and answered the questions in this application and that the information I provided was true, correct and complete to the best of my knowledge and belief. I understand that furnishing false information in connection with this application shall constitute grounds for the denial of my application.

By my signature on this application, I hereby authorize third parties/entities including, but not limited to, hospitals, dental hygiene schools, employers, licensing authorities, governmental agencies and professional associates to release any information or records requested by the Board of Dentistry in connection with this application. I further authorize the

