



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

Registered Dental Hygienist Prescriptive Authority Certification Application

This application must be completed and submitted to the board office. The course provider must send proof of a board approved prescriptive authority course completion directly to the board office. Do NOT complete this form prior to taking the course. Proof of completion of a 2-hour pharmacology continuing education course is required to be submitted with the application. Applicants who have completed a prescriptive authority course in another state must have the course provider submit directly to the board office information on the course content and proof of course completion. If certification or permit was issued in another state, verification of the certification or permit must be sent directly to the board office from that state board office.

Name: _____
Last First Middle Maiden

Mailing Address: _____
_____, _____, _____
City State Zip

Email Address: _____

Is this an address change? Yes No License Number: _____

Social Security Number: _____

Home Telephone Number: (____) _____ Work Telephone Number: (____) _____

Name of Supervising Dentist: _____

Practice Name and Address: _____
_____, _____, _____
City State Zip

Name of Prescriptive Authority Course Provider: _____

This course was:

- A Tennessee Board approved certification course
- An out of state course (The course must submit proof of course completion and information on the course content, directly to the board administrative office)

Please answer the following questions regarding certification application requirements:

1. Have you **ever** held a Prescriptive Authority permit or certification in another state?
 No
 Yes (the state board(s) must submit verification of the permit(s) or certification(s) held in other states)

2. Have you **actively** practiced as a licensed dental hygienist for no less than **1600 hours**?
 No
 Yes

3. Have you successfully completed a **2-hour pharmacology continuing education course**? Proof of continuing education course completion **must** be submitted to the board administrative office.
 No
 Yes

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant

Date

Applicants cannot perform the duties under the scope of practice for Prescriptive Authority as outlined in Rule 0460-03-.13, until after receiving board approval that the certification has been added to their license.