

APPLICATION INSTRUCTIONS FOR LICENSURE AS A DENTAL HYGIENIST

All documents which must be requested from the appropriate institutions in the application process, must be mailed directly to:



You **must** enter your social security number on the application for it to be complete. State law requires social security numbers on this application. TCA § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity and for any other purpose allowed by state or federal law.

There are three (3) avenues for licensure as a dental hygienist in Tennessee. Below are definitions of each avenue. Please carefully read and determine the process that is applicable to you.

By Examination - This requirement is applicable to any dental hygienist who has successfully completed one of the following examinations: Southern Regional Testing Agency (SRTA), Commission on Dental Competency Assessments (CDCA) [formally Northeast Regional Board (NERB)], Central Regional Dental Testing Service (CRDTS), Western Regional Examining Board (WREB) or Council of Interstate Testing Agencies (CITA. Please refer to Rule 0460-03-.01 and the Board's policy on the ADEX examination for more information. Council of Interstate Testing Agency (CITA) examination is accepted if it was the ADEX examination that was administered.

By Criteria Approval - This requirement allows a dental hygienist who is licensed in another state and has actively practiced for three (3) of the preceding five (5) years to be considered for licensure without taking a regional examination. Any accepted regional examination must never have been failed to qualify by criteria approval. Please refer to Rule 0460-03-.02 for more information.

For a Limited Educational License - This process is applicable to a dental hygienist licensed in another state and who will be teaching in a dental hygiene educational institute. This type of license limits the practice location to programs offered by the educational institution. Upon termination of faculty appointment the license is void. This type of licensure requires a special type of application. Please request this application from our office. Please refer to Rule 0460-03-.03 for more information.

Additional certifications that you can add to your license:

- Administration of Local Anesthesia – see Rule 0460-03-.12 – requires an additional application
- Administration and Monitoring of Nitrous Oxide Certification - see Rule 0460-03-.06
- Prosthetic Function Certification - see Rule 0460-03-.10
- Restorative Function Certification - see Rule 0460-03-.10

Proof of completion of the required education must be submitted. These procedures cannot be performed until the certification is added to your license. Unless the certification course was offered as part of the ADA accredited dental hygiene program you attended, you must be licensed as a dental hygienist before attending the above certification courses in Tennessee. Please see the rule sections mentioned above for additional requirements and restrictions.

NOTE: All submissions must be executed and dated less than one (1) year before receipt, or they will be rejected by the Board.

ALL APPLICANTS MUST ATTACH OR SUBMIT THE FOLLOWING:

Attach a passport-size photograph of yourself (taken within the last twelve (12) months)

Request an official transcript from the institution from which you completed your ADA accredited dental hygiene program. The transcript must be mailed directly to the Board of Dentistry.

If you **are** or **have ever been** licensed, certified, registered, or permitted by any state to practice as a dental hygienist (or any other profession), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s).

Request to have your National Board scores submitted directly to the Board of Dentistry if you did not request Tennessee receive the scores upon graduation. There is a fee for duplicate scores. The scores can be requested at <http://www.ada.org/en/jcnde> or by contacting the Joint Commission on National Dental Examinations · 211 East Chicago Avenue, Suite 600 · Chicago, IL 60611-2637 · 800-232-1694. Most scores will be accessible for the board office to download once you request the scores.

Attach two (2) original letters of recommendation on letterhead from dental professionals who can attest to your character as a dental hygienist. These letters must identify the individuals as dental professionals and **must be originals**. ***If applying by criteria, the letters of recommendation must be from a Dentist.***

Attach the front and back of your current CPR card. The CPR certification must be a BLS Healthcare Provider course, or CPR/AED for the Professional Rescuer, or an equivalent course, which provides training for healthcare professionals in CPR and the use of an AED. The course must be conducted in person and include a skills examination on a manikin with a certified instructor.

Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live in the U.S. (e.g. copy of birth certificate, U.S. passport, naturalization papers, or current visa status.)

All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. The Declaration is available online at <https://www.tn.gov/content/dam/tn/health/documents/PH-4183.pdf>. This form can be electronically attached to the initial application.

If any of your answers to the "application or competency questions" were in the affirmative, please submit a separate document to explain the situation. In addition to your explanation, the final documents or orders from the issuing states, courts and/or agencies must be attached.

A criminal background check is required. For instructions to obtain a criminal background check, go to <https://www.tn.gov/health/health-professionals/criminal-background-check.html>. The OCA# is 1202.

Applicants who have failed the National Board or any regional examination three (3) times must successfully complete a remedial course of post-graduate studies as a school accredited by the ADA before consideration for licensure by the Board. The program director of the post-graduate program must provide written documentation of the content of such course and certify successful completion.

APPLICANT APPLYING BY EXAMINATION MUST ALSO SUBMIT THE FOLLOWING:

If you took the Southern Regional Testing Agency (SRTA) examination within the last five (5) years, your scores were automatically sent to the Board of Dentistry and do not need to be requested from SRTA. If you took any other accepted regional examination, you will need to request that the testing agency send your scores directly to the Board's Administrative office. To have your scores mailed, please contact SRTA at (757)318-9082 or www.srta.org, WREB at (602)944-3315 or www.wreb.org, NERB (now the Commission on Dental Competency Assessments-CDCA) at (301) 563-3307 or <http://www.cdcaexams.org/>, CRDTS at www.crdts.org/ or (785) 273-0380 or CITA at (919) 460-7750 or www.citaexam.com/.

APPLICANTS APPLYING BY CRITERIA MUST ALSO ATTACH THE FOLLOWING:

Proof of practice as a dental hygienist in another state for three (3) of the preceding five (5) years from previous employers [supervising dentist(s) or office manager(s)] must be attached. The letters must indicate the dates of employment and the average number of hours worked per week.