



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF DENTISTRY AND DENTAL HYGIENE**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR DENTAL HYGIENIST LICENSURE INSTRUCTION SHEET

### Selecting Type of Application

The application asks whether you are applying by reciprocity or by examination. Apply by reciprocity if you:

- hold a *current* Dental Hygienist license in another jurisdiction (state, U.S. territory or District of Columbia), **and**
- have practiced as a Dental Hygienist at least three of the past five years.

If you do not meet *both* conditions, you must apply for licensure by examination and sit for the Delaware Practical Examination in Dental Hygiene.

### Information about Required Examinations

All applicants for Dental Hygienist licensure are required to pass the Delaware Jurisprudence Examination. Dental Hygienists applying by examination must also pass the Delaware Practical Board Examination in dental hygiene.

- The Jurisprudence Written Examination for Dental Hygienists is a multiple-choice test consisting of 20 questions that are based on the [license law](#) and Board's [Rules and Regulations](#).
- The Practical Board Examination is offered twice a year, at the beginning of January and May. The deadlines for applications to sit for the exams are December 1 for the January exam and April 1 for the May exam. The exam is limited to 36 candidates on each date. It is important to submit your application before the deadline for the exam you want to take. For more information about the exam, click [Practical Board Examination](#).

### Applying by Examination: Requirements *Before* the Practical Examination

You must submit the documentation in this section in order to be approved to sit for the Practical Board Examination. Additional documentation listed in the next section is required to be considered for licensure when you have passed the exam.

- Submit completed, signed and notarized [Application for Dental Hygienist Licensure](#) by the exam [deadline](#).
- Enclose payment for the following non-refundable fees by check or money order made payable to "State of Delaware." You may combine the fees in one payment.
  - [Processing fee](#)
  - [Examination fee](#) – If you fail to sit for the examination in the month you select on the application, **you will forfeit this fee**. You cannot transfer it to the next examination date.
- If you choose to submit your application after the deadline for the exam you want to take (April 1 for the May exam or December 1 for the January exam), enclose the non-refundable [Late Exam fee](#). This fee is in addition to the processing and examination fees.
  - **You will be admitted to the exam only if a seat is still available.**
  - If no seat is available, **you will forfeit both the examination fee and late fee that you paid.** To register for the next exam date, it is not necessary to re-apply and pay the processing fee again, but you must pay the examination fee again. You cannot transfer it to a later examination date.
- Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.
  - The Board office must receive this document by the exam deadline.

- Arrange for the Board office to receive an official transcript from your high school showing that you graduated, sent directly from the school to the Board office.
  - If you did not graduate from high school, submit a copy of your GED.
  - The Board office must receive this transcript or GED by the exam deadline.
- Arrange for the Board office to receive an official transcript from Board-approved dental hygiene program, sent *directly* from the school to the Board office. The transcript must show your degree and date of graduation.
  - If you have not completed your dental hygiene education when you apply, submit a letter from school officials, sent directly from the school to the Board office. It must state that you are in good academic standing and the expected date of your graduation. After you graduate, you must also arrange for the Board office to receive the official transcript, sent directly from the school to the Board office.
  - The Board office must receive one of these documents by the exam deadline.

When the deadline for the exam date passes, the Board office will mail examination packets to all candidates who applied on time and whose documentation it has received. Candidates who apply late will receive their examination packets only after the Board office confirms availability of a seat and receives all required documentation.

### Applying by Examination: Requirements *After* the Practical Examination

*You must submit the additional documentation listed below in order to be considered for licensure when you've passed the practical exam.* However, you may submit the documents at any time, before or after taking the exam.

- Arrange for the Board office to receive your National Dental Hygiene Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See [Score Report Request](#).
- Arrange for the Board office to receive a letter of reference attesting to your good moral character and reputation.
- Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent *directly* from the jurisdiction to the Board office.
- Submit your completed, signed and notarized [Jurisprudence Examination for Dental Hygienist Candidates](#).
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

### Applying by Reciprocity

Apply for licensure by reciprocity only if you hold a current license in another jurisdiction **and** have worked as a dental hygienist three of the past five years. If you do not meet both of these conditions, you must apply for licensure by examination and sit for the Delaware Practical Examination in Dental Hygiene.

- Submit completed, signed and notarized [Application for Dental Hygienist Licensure](#).
- Enclose the [processing fee](#) by check or money order made payable to the "State of Delaware."
- Arrange for the Board office to receive an official transcript from Board-approved dental hygiene program, sent directly from the school to the Board office. The transcript must show your degree and date of graduation.
- Enclose a copy of your current cardiopulmonary resuscitation (CPR) certification card.
- Arrange for the Board office to receive your National Dental Hygiene Board Examination score report, sent *directly* from the Joint Commission on National Dental Examinations to the Board office. See [Score Report Request](#).

- Arrange for the Board office to receive a letter of reference attesting to your good moral character and reputation.
- Arrange for the Board office to receive license verification letters from *each* jurisdiction (state, U.S. territory or District of Columbia) where you are now, or have ever been, licensed, sent directly from the jurisdiction to the Board office.
- Submit tax form W-2s or other proof that you have practiced actively for three years in another state or U.S. territory.
- Submit your completed, signed and notarized [Jurisprudence Examination for Dental Hygienist Candidates](#).
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the authorization form to arrange to be fingerprinted.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.



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## APPLICATION FOR DENTAL HYGIENIST LICENSURE

### TYPE OF APPLICATION

1. Select the type of application you are submitting:

- Reciprocity – I hold a current license in another jurisdiction and I have practiced as a Dental Hygienist for three of the past five years. Skip to the **IDENTIFYING AND CONTACT INFORMATION** section.
- Examination – I am applying to sit for the Dental Hygienist Practical Board Examination, and I do not meet the requirements to apply by reciprocity.

2. Check the month when you wish to sit for the Practical Board Examination:

- January – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my high school verification and college transcript no later than the deadline of December 1.
- May – I understand that I must submit this application, the processing and examination fees, and copy of my CPR card and that the Board office must receive my high school verification and college transcript no later than the deadline of April 1.

**The examination fee you submit with this application is non-refundable and non-transferable. If you do not sit for the exams in the chosen month, you will forfeit the fee.**

### IDENTIFYING AND CONTACT INFORMATION

3. Name: \_\_\_\_\_  
Last/Family Name First Middle Maiden

4. Other Name(s) Used: \_\_\_\_\_

5. Have you ever sought or been granted a dental license under another name? Yes  No  If yes, enter name and state where you used the name: \_\_\_\_\_

6. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

7. Have you been issued a U.S. Social Security Number? Yes  No  If yes, enter your SSN: \_\_\_\_\_  
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

8. Mailing Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

9. Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Daytime Home

**EDUCATION** – All applicants complete this section.

10. Enter the following information about your high school education:

Name of High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
month/day/year month/day/year month/day/year

**Arrange for the Board office to receive your official high school transcript or verification of GED, sent *directly* from the school.**

11. Enter the following information about your dental hygiene education.

Name of School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
month/day/year month/day/year month/day/year

**Arrange for the Board office to receive an official transcript, sent *directly* from your dental hygiene school to the Board office. If you are applying by examination, the Board office must receive it before the exam deadline.**

**LICENSURE HISTORY** – All applicants complete this section.

12. Enter the following information about your National Board Examination:

Year Taken: \_\_\_\_\_ Score: \_\_\_\_\_

- **Arrange for the Board office to receive your National Board Examination [score report](#), sent *directly* from the Joint Commission on National Dental Examinations to the Board office.**
- **In addition to passing the Delaware Practical Board Examination, you must also submit your completed, signed and notarized [Jurisprudence Examination for Dental Hygienist Candidates](#).**

13. Have you ever been denied a license? Yes  No  If yes, enter: Year Denied: \_\_\_\_\_ State: \_\_\_\_\_  
 Explain why the license was denied: \_\_\_\_\_

14. Are you (*or have you ever been*) licensed in any other jurisdiction? Yes  No  If yes, enter the following information about *each* license:

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXP. DATE	STATUS (e.g.,active)

**Arrange for *each* jurisdiction listed to send a verification of licensure *directly* to the Board office.**

**PRACTICE HISTORY** – *Reciprocity* applicants complete this section.

15. Complete the following table to show that you have actively practiced three of the past five years.

EMPLOYER NAME	CITY	STATE	DATES (month/day/year)	
			FROM	TO

**Enclose Tax form W-2s documenting the periods listed above.**

**DISCLOSURES** – All applicants complete this section.

16. Have you engaged in the illegal use of controlled dangerous substances within that past two years? Yes  No  If yes, continue to Question 17. If no, skip to Question 18.
17. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally using controlled substances? Yes  No  If yes, explain fully:
- 
- 
18. Have you ever been denied a DEA (Narcotic) registration number? Yes  No  Current DEA # \_\_\_\_\_  
**If yes, submit a letter explaining fully.**
19. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes  No  **If yes, submit a signed statement explaining fully.**  
**Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. The State Bureau of Identification will send the reports directly to the Board office. This requirement applies even if you answered "No" to this question.**
19. Are any criminal charges against you pending in any jurisdiction? Yes  No  **If yes, submit a signed statement explaining fully.**
20. Has your professional license ever been subjected to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes  No  **If yes, submit a letter explaining fully. Include an official Board order or other documents.**
21. Has any malpractice action been brought against you in the past five years? Yes  No  **If yes, enclose a list on a separate sheet of paper. Include dates, disposition and amount of awards or settlements, if any.**
22. Are any disciplinary or ethical complaints currently pending against you? Yes  No  **If yes, submit a letter fully explaining. Include copies of all official documents or Board orders.**
23. Are you physically or mentally incapable of engaging in the practice of dental hygiene according to generally accepted standards? Yes  No  If yes, continue with Question 24. If no, skip to the **DUTY TO REPORT** section.
24. Do you agree to submit to an examination to determine such capability as the Board may deem necessary?  
Yes  No

**DUTY TO REPORT**– All applicants complete this section.

25. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to self report any of the following within 30 days:
- Any arrest or the bringing of an indictment or information charging you with a crime substantially related to the practice of dentistry and dental hygiene as defined in Section 11.0 of the Board's Rules and Regulations.
  - Any conviction, including any verdict of guilty or plea of guilty or no contest, of any crime substantially related to the practice of dentistry and dental hygiene as defined in the Section 11.0 of the Board's Rules and Regulations.
- I certify that I have read and understand all provisions in the Delaware Dental Practice Act, including [24 Del. C. §1131](#) and the [Rules and Regulations](#) listed above, and that I understand my *duty to self report*. Yes  No
26. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.
- I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes  No

27. You have a **mandatory** duty to file a written report with the Division of Professional Regulation within 30 days if you reasonably believe that any other dental or dental hygiene practitioner **or** any other healthcare practitioner, including any person licensed to practice medicine in Delaware:
- has engaged in or is engaging in conduct that would constitute grounds for disciplinary action
  - may be unable to practice with reasonable skill and safety to the public due to mental illness or mental incompetence, physical illness (including deterioration through the aging process or loss of motor skill), or excessive abuse of drugs (including alcohol)
  - is excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1131A](#) and that I understand my *duty to report*.  
 Yes  No

**To ensure consideration of placement for the practical examination, the Board office must receive all of these items no later than April 1 for the May examination or December 1 for the January examination:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

### AFFIDAVIT

I hereby apply to be considered for licensing as a Dental Hygienist by the Board of Dentistry and Dental Hygiene under the standards, qualifications and procedures established under Title 24, Chapter 11, of the *Delaware Code*. I have read the State statute governing dental hygienists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Dentistry and Dental Hygiene in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires on \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.**

# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)

**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DelDOT & Troop 4)

**By appointment only**  
Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.  
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)                              | <input type="checkbox"/> Physical Therapy/Athletic Trainer                             |
| <input type="checkbox"/> Charitable Gaming Vendor  | <input type="checkbox"/> Nursing (RN, LPN, APRN)   | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Optometry   | <input type="checkbox"/> Speech/Hearing  |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) |  | <input type="checkbox"/> Texas Hold'em Individual                                      |

**Print your current full name:**

\_\_\_\_\_

Last Name

First Name

Middle Initial

Suffix (e.g., Jr., Sr.)

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation  
861 Silver Lake Boulevard, Suite 203  
Dover DE 19904  
SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**