

**NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS**  
121 SOUTH FRUIT STREET  
CONCORD, NH 03301-2412  
(603) 271-4561  
In-State Toll Free 1-800-852-3345, Ext. 4561

**HYGIENISTS**  
**GENERAL INFORMATION**  
**REQUIREMENTS FOR LICENSURE**  
**EXAMINATION or ENDORSEMENT**

**PLEASE READ CAREFULLY**

**GENERAL INFORMATION**

Each applicant for licensure to practice dental hygiene in the state of New Hampshire must complete all of the information on the attached “**Hygienist Application for Licensure**” form.

**LICENSURE BY EXAMINATION**

Any person who has successfully completed the Northeast Regional Board or other regional board, within the **3** year period prior to completing the licensure process for a New Hampshire license, shall be considered for licensure by examination.

**LICENSURE BY ENDORSEMENT CERTIFICATION**

Any person holding a current, unsuspended, unrestricted license to practice dental hygiene in one or more states and who has maintained an active dental hygiene practice for the **3** year period prior to completing the licensure process for a New Hampshire license, shall be considered for licensure by endorsement.

**APPLICATION FEE**

A certified check or money order in the amount of **\$100.00**, made payable to the “**TREASURER, STATE OF NEW HAMPSHIRE**” must accompany the application, or if presented in person, the payment may be cash.

**REQUIREMENTS FOR APPLICATION**

In addition to the application form, the following documents shall be filed with the Board:

**TRANSCRIPT:** An official copy of the applicant’s dental hygiene school transcript, bearing the registrar’s original signature and the school’s seal, sent directly by the school to the New Hampshire Board of Dental Examiners.

**NATIONAL BOARD EXAMINATION:** The applicant’s original grade card, denoting successful completion of the examination, sent directly by the National Board of Dental Examiners to the New Hampshire Board of Dental Examiners. Please contact the National Board directly (1-800-621-8099) or write to: National Board of Dental Examiners, 211 E. Chicago Ave., Chicago IL 60611.

**BIRTH CERTIFICATE:** An original or certified copy of the applicant’s birth certificate written in English or translated to English. A certified copy of a passport written in English can be used in place of a birth certificate.

**LETTER OF GOOD STANDING:** A certified statement submitted directly from the Dental Board of each state in which the applicant has ever held a license (whether active, inactive, or lapsed), stating that the applicant's license has never been subject to any disciplinary action and there are no proceedings pending based on the records of that Board. This statement will have to be updated if more than 4 months old.

**REGIONAL BOARD SCORES:** If applying for licensure by examination, the applicant shall advise NERB or similar testing agency to make his or her scores available to the Board online. Applicants must send scores from other regional boards directly to the Board's office. Passage of the written portion of NERB and passage of another regional board's clinical examination with a score of 75% or better on each part of the examination is also acceptable.

### **JURISPRUDENCE EXAMINATION**

After the application and **all** the supporting documents are received, the application file will be reviewed by the New Hampshire Board of Dental Examiners or its representative. If the file is acceptable to the Board or its representative, the applicant will be notified that the application is complete and that the jurisprudence examination may be taken. The applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

### **LOCAL ANESTHESIA**

**After you have been licensed by the Board of Dental Examiners** and have taken a course in local anesthesia that satisfies the requirements of Den 302.05 (q) and (r), you must send the following to the Board to obtain a local anesthesia permit:

1. A written request to the Board and a \$25 fee (check paid to Treasurer-State of NH).
2. Proof of course completion.
3. NERB score.

### **REGISTRATION**

A registration fee in the amount of **\$165.00** is required at the time of licensure and each biennial registration thereafter. Certified checks or money orders should be made payable to "**TREASURER, STATE OF NEW HAMPSHIRE.**" If presented in person, the payment may be made in cash. The biennial registration period commences **MAY 1st** of odd-numbered years. Biennial registration requires that registration forms be mailed before February 15th of odd-numbered years. Licensees are required to report a change of business or residential address and phone number within 10 days of any change to the Board. **Written notification to the Board is required.**

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, PLEASE CONTACT THE ADMINISTRATIVE OFFICE. PLEASE NOTE THE ADDRESS AND TELEPHONE NUMBER ON THE FRONT SIDE OF THIS INFORMATION SHEET.**

**NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS  
DENTAL HYGIENIST APPLICATION FOR LICENSURE**

|                              |
|------------------------------|
| FOR OFFICE USE ONLY          |
| PAID \$_____                 |
| CASH, CHECK OR MO #<br>_____ |

**Examination/Endorsement** application (circle one) to practice dental hygiene.

**False statements, knowingly made by the applicant, shall void any license issued. All questions must be completed or this application will be returned or rejected.**

**PRINT OR TYPE**

1. Name in Full (first, middle, last) \_\_\_\_\_

2. Date of Birth (month, day, year) \_\_\_\_\_

3. Place of Birth (city, county, state) \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Have you ever been known by any other name?    yes \_\_\_\_\_    no \_\_\_\_\_    If yes, give other name(s) \_\_\_\_\_

6. Current address: \_\_\_\_\_  
\_\_\_\_\_

Primary email address (either business or personal): \_\_\_\_\_

Day Time Telephone Number: \_\_\_\_\_

7. School of Dental Hygiene \_\_\_\_\_

Location \_\_\_\_\_

Date of Graduation (Month, Day, Year) \_\_\_\_\_

8. Have you taken and passed:

|                     |           |          |            |
|---------------------|-----------|----------|------------|
| The National Board  | yes _____ | no _____ | Year _____ |
| The NERB (written)  | yes _____ | no _____ | Year _____ |
| The ADEX (clinical) | yes _____ | no _____ | Year _____ |
| Others (name)       |           |          |            |
| _____               | yes _____ | no _____ | Year _____ |
| _____               | yes _____ | no _____ | Year _____ |

9. Are you currently certified in CPR?    yes \_\_\_\_\_    no \_\_\_\_\_    (Please provide proof.)  
By April 1, 2016, applicants shall be certified in basic life support for healthcare providers (BLS-HCP).

10. List all places where you have possessed a license to practice dental hygiene.  
If none, so state: \_\_\_\_\_

| State and License No. | Issue Date | Active/Inactive | Dates of Practice |
|-----------------------|------------|-----------------|-------------------|
| _____                 | _____      | _____           | _____             |
| _____                 | _____      | _____           | _____             |
| _____                 | _____      | _____           | _____             |
| _____                 | _____      | _____           | _____             |

11. Professional Employment History

I have been employed by the following dentists: If none, so state. \_\_\_\_\_

| <u>Dates</u>        | <u>Name</u> | <u>Location</u> |
|---------------------|-------------|-----------------|
| From _____ to _____ | _____       | _____           |
| From _____ to _____ | _____       | _____           |
| From _____ to _____ | _____       | _____           |
| From _____ to _____ | _____       | _____           |

12. Have you ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled?

yes \_\_\_\_\_ no \_\_\_\_\_

13. Have you ever been convicted of the illegal practice of dental hygiene? yes \_\_\_\_\_ no \_\_\_\_\_

14. Have you ever been denied dental hygiene licensure? yes \_\_\_\_\_ no \_\_\_\_\_

15. Has your license to practice dental hygiene ever been or are you currently subjected by a professional licensing body to any investigation, sanction, or disciplinary action? This includes but is not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntarily or involuntarily relinquished, or being required to submit to care, counseling, supervision, or further education? yes \_\_\_\_\_ no \_\_\_\_\_

16. a. Do you have any physical or mental illness that impairs your ability to practice dental hygiene?  
yes \_\_\_\_\_ no \_\_\_\_\_

b. Has a health practitioner or mental health practitioner advised you that you have any physical or mental illness that impairs your ability to practice dental hygiene? yes \_\_\_\_\_ no \_\_\_\_\_

17. Is your ability to practice dental hygiene impaired by an addiction to alcohol, narcotics, or other mind altering drugs? yes \_\_\_\_\_ no \_\_\_\_\_

18. Have you ever been or are you currently named as a party in any malpractice or professional liability claim or lawsuit or is there any pending? yes \_\_\_\_\_ no \_\_\_\_\_

If you have answered yes to any question, 12 through 18, attach a statement explaining the circumstances fully.

19. Excluding pre-graduate training, list the dental/dental hygiene continuing education courses you have taken during the last two (2) years. If none, so state. \_\_\_\_\_ (Please do not attach documentation.)

| Date  | Course | Location | Hours |
|-------|--------|----------|-------|
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |
| _____ | _____  | _____    | _____ |

**STATEMENTS OF PROFESSIONAL CHARACTER**  
(Statements from family members are not acceptable)

Note: If you had previous employment as a dental hygienist, at least 1 of the 2 signatures should be by a licensed dentist in good standing.

We, the undersigned, are personally acquainted with \_\_\_\_\_, named in this application, and recommend h\_\_\_\_ as a person of good professional character.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

If a dentist, License # \_\_\_\_\_, state \_\_\_\_\_ Length of time applicant known \_\_\_\_\_

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

If a dentist, License # \_\_\_\_\_, state \_\_\_\_\_ Length of time applicant known \_\_\_\_\_

**EDUCATION REQUIREMENTS**

I certify that \_\_\_\_\_  
(Name of Applicant)

**ATTACH PHOTOGRAPH**

has attended the required courses in the study of dental hygiene and was graduated from:

\_\_\_\_\_  
(Name of Dental Hygiene School)

\_\_\_\_\_  
(Date degree conferred)

and the photograph attached is a likeness of

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature of Dean, Registrar, or Secretary)

\_\_\_\_\_  
(Date)

**Photograph must be a passport photo and not more than 6 months old. Seal of School must be impressed over a portion of the photograph and a portion of the application.**

The following affidavit must be completed by the applicant after the previous portion is filled out.

**STATEMENT BY APPLICANT**  
*(Must be sworn to before a notary public)*

I understand that by signing this application I am:

1. Waiving any confidentiality regarding disclosure to the Board from any other jurisdiction about any pending complaints or action being taken against my license to practice dental hygiene.
2. Giving consent for a criminal background check.

I, \_\_\_\_\_,  
of full age, under the penalties for falsification pursuant to RSA 641:1 through RSA 641:3, state that I am the person referred to in the foregoing application, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct as of this

\_\_\_\_\_ of \_\_\_\_\_, 20 \_\_\_\_ .  
(day) (month)

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and subscribed in my presence  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
my commission expires: \_\_\_\_\_