



ARIZONA STATE BOARD OF DENTAL EXAMINERS

5060 North 19th Avenue, Suite 406 • Phoenix, Arizona 85015-3214

Telephone (602) 242-1492 • Fax (602) 242-1445

www.azdentalboard.us

Dear Dental Hygiene Licensure by Credential Applicant:

Thank you for your interest in dental hygiene licensure in Arizona. This letter, with attachments, outlines the requirements for licensure by credential.

The requirements for licensure include a jurisprudence examination on the Arizona Revised Statutes (Laws) and Arizona Administrative Code (Rules) governing dentists, dental hygienists, dental assistants and denturists. The Laws and Rules are available from our web site at www.azdentalboard.us.

The jurisprudence examination is given at the Board's office. A schedule of examination dates is attached. Please call to add your name to the examination participant list.

Please be advised that if you are charged with a misdemeanor involving conduct that may affect patient safety or a felony after submitting your application, you must notify the Board in writing within 10 working days after the charge is filed pursuant to Arizona Revised Statutes § 32-3208(B).

Upon receipt, your application will be reviewed. If all requirements for licensure are met, your application will be placed on the next regularly scheduled Board meeting agenda. If all the requirements are not met, you will receive notification of what is needed to complete your application. You have 60 days to submit missing documentation. If you do not submit missing documentation within 60 days, you must start the licensure process over.

If you have any questions or require additional information, please feel free to contact the licensure staff at 602.242.1492.

**LICENSURE BY CREDENTIAL
BOARD-APPROVED CLINICAL EXAMINATIONS
DENTAL HYGIENE**

Examination	Examination Year(s)
California State	1970
California State	1984 – 2004
California State	2006
CITA	2008
Central Regional Dental Testing Service (CRDTS)	1977
Central Regional Dental Testing Service (CRDTS)	1979 – 1980
Central Regional Dental Testing Service (CRDTS)	1983 – 1986
Central Regional Dental Testing Service (CRDTS)	1987 – 1988
Central Regional Dental Testing Service (CRDTS)	1990 – 1995
Central Regional Dental Testing Service (CRDTS)	1997 – 2009
Florida State	1992 – 1993
Florida State	1996
Florida State	2000
Florida State	2002
Florida State	2004-2006
Florida State	2008
Hawaii State	1998
Illinois State	1984
Indiana State	1999
Indiana State	2002
Indiana State	2004
Louisiana State	1983
Louisiana State	2005
Nevada State	1989
Nevada State	2000
Nevada State	2002
North Carolina State	1997
North Carolina State	1999
North Carolina State	2004
North Carolina State	2007
North East Regional Board (NERB)	1972
North East Regional Board (NERB)	1974 – 1976
North East Regional Board (NERB)	1977 – 1980
North East Regional Board (NERB)	1982 – 2009
North Carolina	1991

Examination	Examination Year(s)
SRTA	1979 - 1980
SRTA	1985
SRTA	1994
SRTA	1997
SRTA	2000 – 2002
SRTA	2004 – 2008
WREB	1979 – Present*

*If you have successfully completed WREB within the last 5 years, you are eligible to apply for Licensure by Examination.

BOARD RECOGNIZED ORGANIZATIONS

If your clinical examination does not appear in the list of Board-approved clinical examinations, you must contact a Board recognized organization for an examination equivalency report.

The Arizona State Board of Dental Examiners has recognized Professional Background Information Service (PBIS) as capable of assessing that the examination submitted for determination of equivalency meets the standards and content requirements pursuant to Arizona Administrative Code Title 4, Chapter 11, Article 2.

The fee for their service is paid directly to PBIS.

You may contact PBIS at:

9201 N. 25th Avenue, Suite 130
Phoenix, AZ 85021

Phone – 602.861.5867

DENTAL HYGIENE LICENSURE BY CREDENTIAL REQUIREMENTS

1. Application Form
 - a. Provide an answer to **all** of the questions.
 - b. Sign your application in the presence of a Notary Public.
 - c. Attach a photograph that is not more than 6 months old. A passport size photograph is satisfactory.
 - d. Include the Malpractice Addendum if you answered yes to question 15.
2. Clinical Examination
 - a. If you have completed a Board-approved clinical examination, submit official documentation sent directly from the testing agency to the Board.
 - b. If the clinic examination you successfully completed is not Board-approved, submit evidence in the form of a detailed report prepared by a recognized organization. Board approved organizations: PBIS, phone – 602.861.5867
 - c. If licensed more than five years and passed a state constructed clinical examination before the state's participation in a regional examination, submit certified documentation sent directly from that state dental board.
3. Dental Hygiene Practice Affidavit
 - a. Must be completed if you have been licensed in another jurisdiction more than 5 years.
 - b. Sign affidavit in the presence of a Notary Public.
4. Continuing Education Affidavit
 - a. Must be completed if you have been licensed in another jurisdiction more than 5 years.
 - b. Sign affidavit in the presence of a Notary Public.
5. Arizona Statement of Citizenship or Alien Status for State Public Benefits Form
 - a. Complete the Arizona Statement of Citizenship or Alien Status for State Public Benefits form.
 - b. Submit copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" lists.
6. National Board Scorecard
 - a. Must be sent directly to the Board office from National Board
 - b. If you did not choose to have your scores sent to us at the time of your examination you will need to contact National to have the scores sent directly to us.
 - i. National Board phone number: 312.440.2678
 - ii. National Board address: 211 E. Chicago Avenue, 6th Floor, Chicago, IL 60611
 - iii. National Board web site: www.ada.org Under Professionals Column select National Board Exams; Under Education and Testing select NBDHE; on the right side of the screen under After the Exam click on Request Score Report (Electronic) or Request Score Report (PDF).
 - iv. National Board's fee to send the scorecard to us - \$25.00 in certified funds.
7. CPR Certification
 - a. Submit a photocopy of your current CPR certification indicating expiration date.
8. Dental Hygiene School Transcript
 - a. Must be sent directly to the Board office from your dental hygiene school
 - b. Must be an official transcript.
 - c. Dental Hygiene degree must be posted.

9. Jurisprudence Examination
 - a. Examination over the Arizona Revised Statutes and Arizona Administrative Code governing dentists, dental hygienists, dental assistants and denturists. Download from our web site at www.azdentalboard.us Publications Board Laws and Board Rules.
 - b. Fee - \$100.00 payable in certified funds (cashier's check or money order) to the Arizona State Board of Dental Examiners. The fee must be submitted at the time you submit your application.
 - c. Given at the Board office, please call 602.242.1492 to reserve your seat.
10. Letter of Endorsement
 - a. If you are a recent graduate or have been practicing less than 6 months, submit a letter of endorsement from your dental hygiene school.
11. Letter of Endorsement
 - a. If you are in the military or employed by the United States government, submit a letter of endorsement from your commanding officer or superior.
12. Letter of Endorsement
 - a. If you are licensed or have ever been licensed in any other jurisdiction, a letter of endorsement must be sent from that jurisdiction **directly** to the Arizona State Board of Dental Examiners.
13. National Practitioner Data Bank
 - a. If you are or have ever been licensed in another state, you must submit a self-query from the National Practitioner Data Bank that is no more than six months old.
 - i. On the internet, go to: www.npdb-hipdb.com
 - ii. Click on Perform a Self-query
 - iii. Complete the form then print it.
 - iv. Sign the form in the presence of a notary
 - v. Mail to NPDB-HIPDB with fee
 - vi. When you receive the self-query from NPDB-HIPDB be sure to open it to verify it is the self-query, make a copy for yourself and send the original to this office.
14. Name Change Documentation
 - a. If any of your documents are submitted under a name other than your legal name (question 2 on the Application for Licensure), please provide a copy of the document legally changing your name (i.e. marriage certificate, divorce decree, court papers).
15. Licensure by Credential Fee
 - a. Fee - \$1,000.00 payable in certified funds to the Arizona State Board of Dental Examiners. The licensure by credential fee is non-refundable and must be included with your application.
16. Prorate License Fee

The prorate license fee (A.R.S. § 32-1287(B)) is based on the month of licensure for the period remaining until the next June 30. The prorated fee is \$9.03 per month.

 - a. Example: If you are licensed in July, the prorate license fee is \$108.34. Your license expires the following June 30.

- b. Example: If you are licensed in January, the prorate license fee is \$54.18. Your license expires the following June 30.
- c. Prorated License Fees:

Dental Hygiene Prorate License Fees	
Month	Fee
August	99.33
October	81.27
December	63.21
February	45.15
April	27.09
June	9.03

IMPORTANT DATES

Following are cutoff dates for **COMPLETE APPLICATIONS** to be placed on the Board meeting agenda. A **COMPLETE APPLICATION** includes all required documents, fees and successful completion of the jurisprudence exam.

Cutoff date	Board Meeting Date
Wednesday, September 9, 2009	October 9, 2009
Tuesday, November 10, 2009	December 4, 2009
Wednesday, January 13, 2010	February 5, 2010
Wednesday, March 17, 2010	April 9, 2010
Wednesday, May 12, 2010	June 4, 2010
Wednesday, July 14, 2010	August 6, 2010
Wednesday, September 15, 2010	October 8, 2010
Wednesday, November 10, 2010	December 3, 2010