



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 Examination Applicant:

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

The Arizona State Board of Dental Examiners accepts the successful results of the Western Regional Examining Board (WREB) dental examination. An application and information on the schedule of examinations may be obtained from WREB from the internet at www.wreb.org or by phone at 602.944.3315.

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 for licensure will be reviewed. If all requirements for licensure are met, a letter of licensure will be forwarded to you. 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 EXAMINATION WESTERN REGIONAL EXAMINING BOARD INFORMATION

The Western Regional Examining Board (WREB) is comprised of ten member states which are:

Alaska	Oklahoma
Arizona	Oregon
Idaho	Texas
Montana	Utah
New Mexico	Washington

For licensure by examination, Arizona only accepts WREB which has been successfully completed within five years prior to application for licensure.

To apply for the examination contact WREB:

Western Regional Examining Board
9201 N. 25th Avenue, Suite 185
Phoenix, AZ 85021

Phone – 602.944.3315

Internet – www.wreb.org

The successful completion of the examination does NOT automatically license dental hygienists in any of the member states. Each state has different requirements for licensure.

Arizona does not have specialty boards or specialty licensing.

There are no temporary licensure provisions allowed by Arizona law.

DENTAL HYGIENE LICENSURE BY EXAMINATION REQUIREMENTS

Applicants must submit the following documentation when applying for licensure:

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. Western Regional Examining Board Examination
 - a. Submit a **photocopy** of your scorecard.
 - b. Dates of examination must be within five years immediately preceding the date the application was filed with the Board.

3. 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.

4. CPR Certification
 - a. Submit a **photocopy** of your current CPR certification indicating expiration or renewal date.

5. 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

6. 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.

7. 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.

8. 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.

9. 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.

10. Arizona Statement of Citizenship or Alien Status for 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.

11. 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 back 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.

12. 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).

13. 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
July	108.34
August	99.33
September	90.30
October	81.27
November	72.24
December	63.21
January	54.18
February	45.15
March	36.12
April	27.09
May	18.06
June	9.03