

**REQUIREMENTS & INSTRUCTIONS FOR LICENSE - DENTAL HYGIENIST**

Access this form via website at: [cca.hawaii.gov/pvl/boards/dentist](http://cca.hawaii.gov/pvl/boards/dentist)

**AGE** Be at least 18 years of age.

**APPLICATION** Complete the on-line fillable application form or print legibly in dark ink and sign application. Applicants are subject to requirements in effect at the time of filing.

- **Failure to provide all the requested information will delay the processing of your application.**

**SOCIAL SECURITY NUMBER** Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency.

**FEDERAL LAWS:**

**42 U.S.C.A. §666 (a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a license health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

**HAWAII REVISED STATUTES ("HRS"):**

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**FEES** **ATTACH** appropriate amount made payable to: *COMMERCE & CONSUMER AFFAIRS*. (check must be in U.S. dollars and be from a U.S. financial institution.)

If you expect to receive a license in an EVEN-NUMBERED year, pay..... \$246  
(Application-\$50\*, License-\$64, Compliance Resolution Fund-\$100,  
1/2 renewal for the second year of the two-year license period-\$32);

**OR**

If you expect to receive a license in an ODD-NUMBERED year, pay..... \$164  
(Application-\$50\*, License-\$64, Compliance Resolution Fund-\$50).

**All licenses are subject to renewal on or before December 31 of each ODD-NUMBERED year.**

\*Application fee in not refundable.

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.*

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**DENTAL HYGIENE EDUCATION** Be a graduate of a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation. **ATTACH** a copy of diploma or certificate of graduation or an official transcript verifying your degree.

**LOCAL ANESTHESIA  
CERTIFICATION**

**ATTACH** documentary proof of your certification in the administration of intra-oral infiltration local anesthesia and block anesthesia. Documentary proof may consist of copies of course completion certificates, original letter from school or instructor verifying your certification or school transcripts with a course description attached.

**NOTE:** A separate application, separate requirements and supporting documents and a fee are required **to administer** block anesthesia with your license. Contact the Board for an application or download from website at: [cca.hawaii.gov/pvl/boards/dentist](http://cca.hawaii.gov/pvl/boards/dentist).

**NATIONAL  
BOARD EXAM**

**Pass** the National Board Dental Hygiene Examination.

**EXAMINATION  
REQUIREMENT**

Pursuant to Section 447-1, Hawaii Revised Statutes, the Board shall require an applicant to take and **pass** one of the following **four regional examinations** given **after February 1, 2005**, by:

- (1) The Western Regional Examining Board ("WREB");
- (2) The Central Regional Dental Testing Service, Inc. ("CRDTS");
- (3) The Southern Regional Testing Agency, Inc. ("SRTA"); or
- (4) The North East Regional Board of Dental Examiners ("NERB"), currently known as the Commission on Dental Competency Assessments ("CDCA").

**Arrange** to have verification of **passing the exam** and the **date passed** sent directly to the Board **OR** you may **attach** your original official score report to your application.

**Update for Dental Hygiene License:** On January 25, 2021, the Board of Dentistry voted to accept the manikin-based regional dental hygiene examination, as referenced in Hawaii Revised Statutes section 447-1 (b), from the following agencies:

- (1) The Western Regional Examining Board ("WREB");
- (2) The Central Regional Dental Testing Service, Inc. ("CRDTS");
- (3) The Southern Regional Testing Agency, Inc. ("SRTA"); or
- (4) The North East Regional Board of Dental Examiners ("NERB"), currently known as the Commission on Dental Competency Assessments ("CDCA").

Dental Hygiene licensure applicants must still pass all sections of the licensure examination in their entirety.

***Please be informed that there may be changes in the examination requirement due to legislation or amendments to the Board's administrative rules, Chapter 79, Hawaii Administrative Rules. Therefore, please continue to monitor the Board's website for changes that may occur in the future.***

Should you have any questions or concerns regarding this notice, please submit them in writing without delay to the Board of Dentistry at: P. O. Box 3469, Honolulu, HI 96801.

**NATIONAL  
PRACTITIONER  
DATA BANK ("NPDB")  
VERIFICATION**

Applicants who are licensed in another state or U.S. territory are directed to call the Data Bank Customer Service Center at: 1-800-767-6732 or go online at: <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> for information on ordering a "Self-Query Report". SUBMIT the original report titled "SELF-QUERY RESPONSE" to our office.

**ADDRESS**

Mail all required items to:

Deliver to Office Location at:

Board of Dentistry  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

**OR**

335 Merchant Street, Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

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**LICENSE  
VERIFICATION**

On the application, list **all** the licenses you hold or have held at any time.

**ARRANGE** to have all jurisdictions complete the "Verification of License" form (DT-14) and have it sent **directly** to the Hawaii Board of Dentistry. This form may be duplicated as needed. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

**LAWS & RULES**

A copy of the laws, Chapter 447 and 448, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dental hygiene may be obtained by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 447 and 79.

The laws and rules are also posted on our website at: [cca.hawaii.gov/pvl/boards/dentist](http://cca.hawaii.gov/pvl/boards/dentist). Click on "Statutes/Rule Chapter".

**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9, your application shall be considered abandoned and will be destroyed, if you fail to complete the license process within one year after filing an application or fail to take and pass the examination after becoming eligible to take the examination.

If an application is deemed abandoned, the applicant shall be required to reapply for licensure and comply with the licensing requirements at the time of the reapplication.

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign and date it.

**BIENNIAL RENEWAL**

**All licenses, regardless of issuance date, are subject to renewal on or before December 31, of each ODD-NUMBERED year.**

The failure to timely renew a license, including payment of fees and completion of the continuing education requirement, shall cause the license to be automatically forfeited. A license which has been forfeited may be restored within two (2) years after the date of forfeiture upon compliance with the licensing renewal requirements and payment of all applicable fees.

In addition, a forfeited license may be restored after two years from the date of expiration upon: (1) written application and payment of all applicable fees; (2) submitting evidence of being engaged in the practice of dental hygiene for at least three years preceding the date of the written application which includes: (A) evidence of active clinical practice of not less than one thousand hours per year for the three years immediately prior to the date of request; and (B) a certification from the appropriate state board or licensing authority in the other jurisdiction that the licensee was authorized to practice during the term of said active practice; (3) submitting evidence of completion of the continuing education requirements; (4) submitting a self-query report from the National Practitioner Data Bank ("NPDB") and in addition may require a background check from an independent background check service approved by the board; and (5) if the person is unable to meet the above requirements, the person may be required to reapply as a new applicant, take and pass the licensure examination.

If the person has not restored the license for more than five years from the date of expiration, the person shall be required to reapply as a new applicant, take and pass the licensure examination, submit a self-query report from NPDB, and submit a report from an independent background check service approved by the board.

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**CONTINUING  
EDUCATION ("CE")**

To renew a license, all dental hygienists are required to complete continuing education ("CE") credit hours from an approved sponsor during the biennium period. A licensee initially licensed in the first year of the biennium shall complete 10 CE credit hours. A licensee initially licensed in the second year of the biennium shall not be required to complete any CE credit hours. All other licensees shall be required to complete 20 CE credit hours.

**UNITED STATES ("U.S.")  
CITIZEN, U.S.  
NATIONAL, OR AN  
ALIEN AUTHORIZED  
TO WORK IN THE  
U.S.**

Pursuant to section 436B-10, Hawaii Revised Statutes, all applicants are required to be a U.S. citizen, U.S. national, or an alien authorized to work in the United States in addition to meeting the academic, clinical and examination requirements for licensure. Therefore, even if an applicant meets the academic, clinical training and examination requirements for licensure, that applicant shall not be issued a license if that applicant is not a U.S. citizen, a U.S. national, or an alien authorized to work in the U.S.

However, the Board will issue the applicant a conditional approval that signifies that the applicant has met the education, experience, and examination requirements for licensure; provided that this conditional approval shall not be considered a license to engage in the profession and shall not authorize the applicant to work in our State.

To obtain authorization to work in our State, the applicant shall be required to contact the U.S. Citizenship and Immigration Services ("USCIS"); <http://uscis.gov>; U.S. Citizenship and Immigration Services, 1-800-375-5283. Once the applicant submits evidence to the Board that the USCIS has authorized the applicant to work in the U.S. (without conditions or other encumbrances), provides a Social Security Number **and** has met all of the licensing requirements (including, but not limited to, the requirement that the applicant has not been convicted of any crime that is directly related to the profession), the applicant shall be issued a license.

This conditional approval shall be valid for two (2) years. An applicant must obtain the appropriate USCIS authorization within this two (2) year period in order to have a license issued. If the applicant is unable to meet this deadline, the applicant may be required to reapply for licensure and meet all of the requirements in effect at that time.

# APPLICATION FOR LICENSE - DENTAL HYGIENIST

Access this form via website at: [cca.hawaii.gov/pvl/boards/dentist](http://cca.hawaii.gov/pvl/boards/dentist)  
 Follow the instructions and read requirements.

|  |                  |                 |
|--|------------------|-----------------|
| Legal Name (First, Middle)   |                  | (Last)          |
| Other names used or known by   |                  | ADA DENTPIN No. |
| Residence Address (Include apt. no., city, state & zip code) - <b>REQUIRED</b> |                  |                 |
| Mailing Address ( <b>ONLY</b> if different from above)                         |                  | Email Address:  |
| Social Security Number   | Phone No. (Days) | Date of Birth   |

**FOR OFFICE USE ONLY**

|  |   |
|--|---|
| APPROVED: <input type="checkbox"/>       | Initials/Date:                            |
| <input type="checkbox"/> DH School       | <input type="checkbox"/> Regional         |
| <input type="checkbox"/> National Board  | From 02/01/05                             |
| <input type="checkbox"/> NPDB            | <input type="checkbox"/> Local Anesthesia |
| <input type="checkbox"/> Lic Verif _____ |   |
| License Effective:                       | License No.<br>DH -                       |
|  | Add ADDP:                                 |

Check exam taken:  
 WREB  CRDTS  SRTA  CDCA  Date Passed after 02/01/05: \_\_\_\_\_

1. Are you at least 18 years of age? .....  Yes  No
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  Yes  No
3. Are you a graduate of at least a two-year dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation? .....  Yes  No
4. Are you certified in the administration of intra-oral infiltration local anesthesia and block anesthesia? .....  Yes  No  
 If "NO", provide date you expect to complete: \_\_\_\_\_
5. Have you taken and passed the National Board Dental Hygiene Examination? .....  Yes  No
6. a. Do you presently hold or have you ever had a license in any other state or U.S. territory? .....  Yes  No  
 b. Where? \_\_\_\_\_ License No.: \_\_\_\_\_
7. Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....  Yes  No
8. Are there any disciplinary actions pending against you? .....  Yes  No  
**(If "YES" to question 7 or 8, explain on separate sheet & arrange to have certified documents sent to the Board.)**
9. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? .....  Yes  No  
**(If "YES", explain on separate sheet and attach certified court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)**

**Affidavit of Applicant:**

I hereby certify that the statements, answers, and representations made in this application and the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 477-6 HRS). I further certify that I have read, understand, and agree to comply with the provisions of Chapter 447, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative Rules that the Board determines are required for licensure.

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

\_\_\_\_\_  
 Date

(CONTINUED ON PAGE 2)

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Information to Third Party:**

To assist me in the licensing process, I hereby authorize DCCA's staff to release any and all information regarding my application (including, but not limited to application status) to the following third party:

Print name of individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

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

\_\_\_\_\_  
Date