

REQUIREMENTS AND INSTRUCTIONS FOR LICENSE - DENTIST

Access this form via website at: 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 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** the appropriate amount and make check 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..... \$448
(Application-\$100*, License-\$120, Compliance Resolution Fund-\$148,
1/2 renewal for the second year of the two-year license period-\$80);

OR

If you expect to receive a license in an ODD-NUMBERED year, pay..... \$294
(Application-\$100*, License-\$120, Compliance Resolution Fund-\$74).

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

*Application fee is 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 EDUCATION Be a graduate of a dental college accredited by the American Dental Association Commission on Dental Accreditation. **ATTACH** a copy of diploma or certificate of graduation.

(CONTINUED ON PAGE 2)

NATIONAL BOARD EXAMINATION

Pass the National Board Dental Examinations Part I & II.

EXAMINATION REQUIREMENT

Pass the ADEX dental examination. Have an original verification of passing the exam and the date passed sent **directly** to the Board.

To register for the ADEX dental examination, contact the Commission on Dental Competency Assessments ("CDCA") at www.cdcaexams.org or call (301) 563-3300; or the Council of Interstate Testing Agencies, Inc. ("CITA") at www.citaexam.org or call (919) 460-7750.

Effective 2013, ADEX will consist of four required sections and one optional section. The four required sections consist of the following: 1) Computer-based Diagnostic Skills Examination ("DSE"), 2) Manikin-based Endodontic Clinical Examination, 3) Manikin-based Fixed Prosthodontic Clinical Examination; and 4) Restorative Clinical Examination. The optional section consists of the Periodontal Clinical Examination. Hawaii requires passage of all sections.

PLEASE BE INFORMED THAT TO BECOME LICENSED IN HAWAII, ALL FIVE SECTIONS MUST BE PASSED. THIS INCLUDES THE PERIODONTAL CLINICAL EXAMINATION.

Update for Dental License: On October 2, 2020, the Board of Dentistry voted to accept the ADEX CompeDont manikin-based examination and the manikin-based periodontal clinical examination, as referenced in Hawaii Revised Statutes section 448-9.4 American Board of Dental Examiners (ADEX). Dentist licensure applicants must still pass all sections of the ADEX exam in their entirety. The ADEX full manikin based dental licensure exam taken anytime on or after June 5, 2020 is acceptable for a dentist license

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 or to CDCA at 1304 Concourse Drive, Suite 100, Linthicum, MD 20910.

NATIONAL PRACTITIONER DATA BANK 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.

LICENSE VERIFICATION

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

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

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.

MAILING ADDRESS

APPLICATION AND ITEMS ARE TO BE:

Mailed to:

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

OR

Delivered to:

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

(CONTINUED ON PAGE 3)

**GENERAL ANESTHESIA
AUTHORIZATION**

A separate application, separate requirements and fee are required to administer general anesthesia, moderate sedation or deep sedation on an outpatient basis. Contact the Board for an application or download from website at: cca.hawaii.gov/pvl/boards/dentists.

LAWS & RULES

A copy of the laws, Chapter 448, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dentistry 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 448 and 79.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl/boards/dentist. Click on the "Statute/Rule Chapter" link in the yellow box on the right.

**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.

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 dentistry 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.

**CONTINUING
EDUCATION**

To renew a license, all dentists are required to complete continuing education ("CE") credit hours from an approved sponsor during the biennium period. A license initially issued in the first year of the biennium shall complete 16 CE credit hours. A license initially issued 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 32 CE credit hours. In addition to the CE requirements above, effective 01/01/16, all dentists shall complete 6 hours of ethics training during the previous two years for each biennial renewal period.

(CONTINUED ON PAGE 4)

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 shall be a United States ("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 educational, 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>; or call 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 the time.

APPLICATION FOR LICENSE - DENTIST

Access this form via website at: cca.hawaii.gov/pvl/boards/dentist

Read "Requirements & Instructions" before completing this form.

Legal Name (First, Middle)		(Last)
Other names used or known by		ADA DENTPIN No.
Residence Address (Include apt. no., city, state & zip code) - REQUIRED		
Mailing Address (ONLY if different from above)		
Social Security No.	Phone No. (days)	Date of Birth
Present place of practice:		

FOR OFFICIAL USE ONLY

<input type="radio"/> \$448/\$294	<input type="radio"/> NPDB
<input type="radio"/> Diploma	<input type="radio"/> Lic Verif _____
<input type="radio"/> NB	<input type="radio"/> ADEX
Approved <input type="checkbox"/>	Initials/date: _____
License Effective	License No. DT - _____
Email Address: _____	

Check answers; provide details when required:

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 an ADA accredited dental program? YES NO
4. Have you taken and passed all parts of the National Board Dental Examination? YES NO
5. Have you taken and passed all 5 parts of the ADEX dental examination? YES NO
Provide date you requested verification to be sent to our office _____
6. (a) Do you presently hold or have you ever held a license in any other state or U.S. territory? YES NO
If "YES", complete the chart on page 2.
7. Have you previously applied for Hawaii licensure in any profession? YES NO
If "YES", in what profession(s)? _____
8. Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? YES NO
9. Are criminal charges pending against you in any court? YES NO
10. Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? YES NO
11. Have you ever had or have pending legal or regulatory action relating to claims of malpractice, or personal or professional misconduct? YES NO
12. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? YES NO
13. In the past five years, have you been addicted to, dependent on, or a habitual user of alcohol or of a narcotic, barbiturate, amphetamine, hallucinogen, or other drug having similar effects? YES NO
14. Have you ever been diagnosed with or treated for a physical condition or mental health disorder involving potential health risk to the public? YES NO

NOTE: If you answer "YES" to any questions numbered 8-14, submit a letter giving a complete detailed explanation. Include copies of any court records including a Certificate of Conviction. If there are offenses in multiple courts, please provide the same for each action. If the court can no longer provide documentation, you must request, from the court, a letter stating why they cannot provide the documents.

(SIGNATURE REQUIRED ON PAGE 2)

APPLICATION FOR LICENSE - DENTIST

Print Name of Applicant: _____

Date: _____

EDUCATION	Dates (mo/yr)		Semester or Credit Hrs	Degree Earned & Date Earned	Name of Institution	Location (City/Country)		
	From	To						
					College/University (other than dental)			
					Dental			
					Graduate			
LICENSES	Name of Jurisdiction (Attach additional sheets if necessary)				Date Issued	Expiration Date	License Number	Date Verification Requested

AFFIDAVIT OF APPLICANT:

I have carefully read the questions in the foregoing application and have answered them truthfully and completely, without reservations of any kind. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Board of Dentistry of the State of Hawaii any information, files or records requested by the board in connection with the processing of this application.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which is thereby acquired, and I hereby consent that any knowledge or information be disclosed to the Board of Dentistry in the State of Hawaii.

I hereby certify that the statements, answers and representations made in this application and in 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 448-17, Hawaii Revised Statutes).

I further certify that I have read, understand, and agree to the provisions of Chapter 448, Hawaii Revised Statutes, Chapter 436B, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative Rules.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board of Dentistry and DCCA's staff to release any and all information regarding my application (including but not limited to, application status, examination scores, disciplinary or criminal history, National Practitioner Data Bank Report) to the following third party:

Name of Individual who is assisting you: _____

Signature of Applicant

Date