

REQUIREMENTS & INSTRUCTIONS FOR LICENSURE - TEMPORARY DENTAL HYGIENIST

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

Applications may be mailed hard-copy to our office or submitted online by creating a MyPVL account at: mypvl@dcca.hawaii.gov

EXAM RESTRICTION	No individual applying for a temporary dental hygiene license pursuant to Hawaii Revised Statutes ("HRS") §447 shall have the benefit of a temporary license if any regional clinical exam has been failed.
APPLICATION	Complete the online fillable application form or print legibly in dark ink and sign application. Applicants are subject to requirements in effect at the time of application. Incomplete application information may delay processing of your application.
SOCIAL SECURITY NUMBER	<p>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:</p> <p><u>FEDERAL LAWS:</u> 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 licensed 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.</p> <p><u>HAWAII REVISED STATUTES ("HRS"):</u> §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).</p>
FEES	<p>Submit the appropriate amount made payable to: "Commerce & Consumer Affairs." Check must be in U.S. dollars and be from a U.S. financial institution.</p> <p>The application fee is <u>non-refundable</u>.</p> <p><u>Temporary Dental Hygiene license application fee - \$75</u></p> <ul style="list-style-type: none">• Note: A \$25 service charge shall be assessed for payments dishonored for any reason. Should payment be dishonored, the original issuance date is voided and new issuance date is issued upon payment of the new fees.
EDUCATION	<p>Applicants must be a graduate of a dental hygiene college accredited by the American Dental Association ("ADA") Commission on Dental Accreditation ("CODA") that is recognized and approved by the Board.</p> <p>SUBMIT: To verify your qualifying education, you may self-submit any one (1) of the following:</p> <ol style="list-style-type: none">1. Certified copy of diploma2. Official transcripts
LICENSE VERIFICATION	<p>On the application, list all the dental hygiene licenses you hold or have previously held at any time.</p> <p>SUBMIT: Request for all licensure jurisdiction to complete the "Verification of License" form (DT-14) and have it sent <u>directly</u> to the Hawaii Board of Dentistry. Some jurisdictions may charge a fee for verification service. Contact the appropriate licensing agency for information on verification requirements. The applicant is responsible for any fees incurred. Applicants may not self-submit license verification.</p> <ul style="list-style-type: none">• Note: Verifying boards can mail license verifications using the mailing address below, or send via email to Dental@dcca.hawaii.gov
LETTER OF EMPLOYMENT	<p>SUBMIT: Signed, dated, letter of employment from a qualifying prospective employer which lists the start and end dates of employment on official letterhead.</p>

Employer must also submit documentation of qualifying as one of the following qualifying sponsoring employers pursuant to HRS §447 - the State of Hawaii or any county, or any legally incorporated eleemosynary dispensary or infirmary, private school, or welfare center.

- **Note:** If end date is continuous, list “employed until terminated” to indicate an “end date.”
- **Note:** Pursuant to HRS §447, the temporary license shall authorize the person to whom the license is issued to practice dental hygiene exclusively while engaged in that employment.

TERMINATION OF LICENSE VALIDITY

Pursuant to HRS §447, the temporary license shall authorize the person to whom the license is issued to practice dental hygiene exclusively while engaged in that employment.

The temporary license shall only be valid until the earliest of the following occurs:

1. The date employment with the qualifying employer is terminated;
 2. The 365th calendar day following the date of issuance of the temporary license;
 3. The date on which the person takes a regional clinical examination; or
 4. The date on which the Board revokes the temporary license, provided that the Board may revoke the license at any time for cause.
- **Note:** Employers and licensees shall inform the Board’s office when the employment authorized under the temporary license is terminated.

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 “Release of Information to Third Party” section at the end of the application form.

ADDRESS OF THE BOARD

Mail all required items to:	OR	Deliver to office location at:
DCCA-PVL		335 Merchant St.
Attn: Dental		Room 301
P.O. Box 3469		Honolulu, HI 96813
Honolulu, HI 96801		(808) 586-3000

LAWS & RULES

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

The laws & rules are also posted on the Board’s website at: <https://cca.hawaii.gov/pvl/boards/dentist/>.

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 (1) year after filing an application.

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.

SUBMITTALS

The following should be submitted for a complete application for temporary dental hygiene licensure. All application and submittals are subject to the requirements set forth by the Board’s laws and rules.

1. Application form and fees;
2. Verification of education - self-submit:
 - a. Certified copy of diploma; or
 - b. Official transcripts
3. License verification (for every jurisdiction currently AND previously licensed in) - sent directly by the verifying board of each jurisdiction to Hawaii
4. Letter of employment by qualifying employer:
 - a. Signed, dated, on official letterhead
 - b. States the start and end dates of employment
 - c. Documentation verifying that the employer is a qualified employer pursuant to HRS §447

APPLICATION FOR TEMPORARY LICENSE - DENTAL HYGIENIST

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Legal Name (First)		(Middle)	(Last)	FOR OFFICE USE	APPROVED: <input type="checkbox"/>	Date:
					License No.	Effective Date:
Other Names used:					Employer Code: XXX -	Expiration Date:
Residence Address (Include Suite No., City, State and Zip Code) - REQUIRED						
Mailing Address (Only if different from above)						
Name & Address of Prospective Employer						
Social Security Number	Phone No. (Days)	Date of Birth	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 hygiene program? ☐ YES ☐ NO
4. Have you ever failed any regional clinical examination? ☐ YES ☐ NO
5. Do you presently hold or have you ever held a license in any other state? ☐ YES ☐ NO
List state(s) with license number: _____
6. Has your prospective employer submitted an employment letter on your behalf? ☐ YES ☐ NO
Date letter was mailed/mailed to our office: _____
7. Has any license ever been suspended, revoked, or otherwise subject to disciplinary action? ☐ YES ☐ NO
(If "yes," submit a signed letter of explanation and any official court, board, or other documentation)
8. Are there any disciplinary actions pending against you? ☐ YES ☐ NO
(If "yes," submit a signed letter of explanation and any official court, board, or other documentation)
9. Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? ☐ YES ☐ NO
(If "yes," submit a signed letter of explanation and any official court or other legal documentation verifying fulfillment of the sentencing requirements)
10. Have you ever had or have pending legal or regulatory action relating to claims or malpractice, or personal or professional misconduct? ☐ YES ☐ NO
(If "yes," submit a signed letter of explanation and appropriate documents)

(CONTINUED ON PAGE 2)

Name of Applicant (Hygienist): _____

Date: _____

EDUCATION	Dates (mo/yr)		Semester or Credit Hours	Degree Earned & Date Earned	Name of Institution	Location (City/Country)
	From	To				
					College/University (other than dental)	
					Dental	
					Graduate	

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 447, Hawaii Revised Statutes, Chapter 448, Hawaii Revised Statutes, Chapter 436B, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative Rules.

Signature_____
Date**Release of Information to Third Party (Optional):**

To assist me in the licensing process, I authorize the Board of Dentistry and 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

Print Form