

## REQUIREMENTS & INSTRUCTIONS FOR LICENSURE - COMMUNITY SERVICE DENTIST

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

- EXAM RESTRICTION** No individual applying for a community service dentist license pursuant to Hawaii Revised Statutes (“HRS”) §448-9.6 shall have the benefit of a community service license if any section of the ADEX examination has been failed after July 2, 2004.
- 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** 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 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.
- 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** 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.
- The application fee is non-refundable.
- If licensed in an even-numbered year:     **\$373**
  - If licensed in an odd-numbered year:     **\$299**
- **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** Applicants must be a graduate of a dental college accredited by, or that has a reciprocal agreement with, the American Dental Association (“ADA”) Commission on Dental Accreditation (“CODA”) that is recognized and approved by the Board.
- **Note:** To date, only dental colleges accredited by the Commission on Dental Accreditation of Canada (“CDAC”) have such a “reciprocal agreement” with ADA CODA. If your dental education was outside the US, please contact CODA directly to confirm whether your foreign dental college has such a “reciprocal agreement.”
- SUBMIT:** To verify your qualifying education, you may self-submit any one (1) of the following:
1. Copy of diploma
  2. Certificate of graduation
- NATIONAL BOARD EXAMINATION** Pursuant to HRS §448-9.6(a)(1)(B), applicants for community service dentist license must provide verification of either:
- OR**
1. Verification of having passed the National Board Dental Examination (“NBDE”) part II or the Integrated National Board Dental Examination (“INBDE”) within five (5) years of the date of request; or
  2. Evidence of active practice of clinical dentistry of not less than 1,000 hours per year for the three (3) years immediately prior to the date of request
- ACTIVE CLINICAL PRACTICE VERIFICATION**

**NATIONAL BOARD EXAMINATION**

**If providing verification of NBDE Part II or INBDE score:**

- Request an official results report be sent to the Board by signing into your DENTPIN account (ADA.org/DENTPIN). The applicant is responsible for any additional fees incurred from results request.
- **Note:** There is a 5-year limit on validity of National Board scores. Time shall be computed from the date the exam is passed to the date of application.

OR

- **Note:** Copies of score results are not acceptable.

**ACTIVE CLINICAL PRACTICE VERIFICATION**

**If providing verification of active clinical dental practice**

- Use form DT-17 “Verification of Active Clinical Dental Practice” available on the Board’s website: [https://cca.hawaii.gov/pvl/boards/dentist/application\\_publications/](https://cca.hawaii.gov/pvl/boards/dentist/application_publications/)
- Have a licensed dentist, licensed dental hygienist, or authorized office manager complete the form on your behalf.

**LICENSE VERIFICATION**

All applicants for a community service license **MUST** hold an active, unrestricted license from at least one other U.S jurisdiction, pursuant to HRS §448-9.6(a)(2).

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

**SUBMIT:** Request for all licensure jurisdiction(s) to complete the “Verification of License” form (DT-14a) and have it sent directly 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.

- **Note:** Verifying boards can mail license verifications using the mailing address below, or send via email to [Dental@dcca.hawaii.gov](mailto:Dental@dcca.hawaii.gov).

**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 to go online at <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> for information on ordering a “Self-Query Report.”

**SUBMIT:** Original report titled “Self-Query Response” to our office.

**LETTER OF EMPLOYMENT**

**SUBMIT:** Signed, dated, letter of employment from a qualifying prospective employer which lists the start and end dates of employment on official letterhead.

Employer must also submit documentation of qualifying as one of the following qualifying sponsoring employers pursuant to HRS §448-9.6(a) - the department of health, a federally qualified health center, Native Hawaiian health center, community health center, rural health clinic, mobile dental outreach program, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation.

- **Note:** If end date is continuous, list “employed until terminated” to indicate an “end date.”
- **Note:** Pursuant to HRS §448-9.6(d), the community service license shall authorize the person to whom the license is issued to practice dentistry only within the employment of an eligible organization.

**TERMINATION OF LICENSE VALIDITY**

Pursuant to HRS §448-9.6(d), the community service license shall authorize the person to whom the license is issued to practice dentistry only within the employment of an eligible organization.

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

1. The date the person leaves the employment authorized under the community service license;
  2. The date on which the person fails any part of the ADEX examination after July 2, 2004;
  3. The date the community service license expires; or
  4. The date on which the board revokes the community service license; provided that the board may revoke the community service license at any time for cause.
- **Note:** Employers and licensees shall inform the Board’s office when the employment authorized under the community service license is terminated. The community service licensee shall maintain continuous employment with a qualifying employer or else their license shall be invalid.

**CONTINUING EDUCATION (“CE”)**

Community service licensees shall actively participate in a formal and ongoing program of clinical quality assurance. A license may be renewed biennially pending review and reauthorization of the board.

Community service dentist licensees must complete a total of 38 CEs each licensing biennium, adhering to the CE requirements in Hawaii Administrative Rules (“HAR”) §16-79, Subchapter 14 “Continuing Education.”

**RENEWAL**

Licenses expire on December 31<sup>st</sup> of every odd-numbered year and may be renewed biennially. It is the sole responsibility of each licensee to maintain their license.

**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 rules, 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.

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**SUBMITTALS**

The following should be submitted for a complete application for community service dentist licensure. All applications 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. Copy of diploma; or
  - b. Certificate of graduation
3. Verification of either:
  - a. Passage of NBDE Part II or INBDE within 5 years of the date of application - request for Board Exam scores to be sent directly to Hawaii; or
  - b. Verification of active clinical dental practice of at least 1,000 hours per year for the 3 years immediately prior to the date of application - completed by a licensed dentist, licensed dental hygienist, or authorized office manager
4. NBDP self-query (if licensed in another jurisdiction) - self-submit
5. License verification (for every jurisdiction current AND previously licensed in) - sent directly by the verifying board of each jurisdiction to Hawaii
6. 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 §448-9.6(a)

**APPLICATION FOR COMMUNITY SERVICE LICENSE - DENTIST**

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)
Residence Address (Include apt. no., city, state & zip code) - <b>REQUIRED</b>		
Mailing Address ( <b>ONLY</b> if different from residence)		Employer Name & Address:
Social Security No.		Date of Birth
Phone No. (Days)		Other names used:

<input type="checkbox"/> Diploma	<input type="checkbox"/> NPDB
<input type="checkbox"/> NB (w/in 5 yrs) <u>OR</u>	<input type="checkbox"/> Employment Ltr
<input type="checkbox"/> Active Practice	<input type="checkbox"/> Lic Verif _____
Approved <input type="checkbox"/>	Initials/Date:
License No.	Eff. Date:
Employer: xxx-	Exp. Date:
FOR OFFICE USE ONLY	
Email Address:	

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

Check answers and give details when required:

- Are you at least 18 years of age? .....  YES  NO
- Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
- Are you a graduate of an ADA accredited dental program or a dental program that has a reciprocal agreement with ADA CODA? .....  YES  NO
- Have you taken and passed the NBDE Part II or the INBDE? .....  YES  NO  
 Date exam passed: \_\_\_\_\_ Date you initiated an official score report be sent to Hawaii: \_\_\_\_\_ DENTPIN# \_\_\_\_\_
- Have you been in active clinical practice of dentistry for at least 1,000 hours per year for the immediate past 3 years from date of application? .....  YES  NO  
*(If "yes," have a licensed dentist, licensed dental hygienist, or authorized office manager submit the "Verification of Active Clinical Dental Practice" only if you have not passed the NBDE Part II or INBDE)*
- Do you presently hold or have you ever held a license in any other state? .....  YES  NO  
 List state(s) with license number: \_\_\_\_\_

Appl .....	168 .....	\$100
Lic .....	173 .....	\$125
CRF .....	169 .....	\$74/\$148
Service Fee .....	BCF .....	\$25

7. Has your qualifying prospective employer submitted a letter to our office on your behalf? .....  YES  NO
8. 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)*
9. 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)*
10. 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)*
11. 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)*
12. Have you ever failed any part of the ADEX examination after July 2, 2004? .....  YES  NO  
*(If "yes," you shall not have the benefit of a community service license)*

**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 of Applicant

\_\_\_\_\_  
Date

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

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(s) assisting you:

Name of Organization:

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

\_\_\_\_\_  
Date

Print Form