

## **BOARD OF DENTISTRY**

Professional and Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

### **AGENDA**

**Date:** May 12, 2025

**Time:** 10:00 a.m.

**In-person Meeting Location:** Queen Liliuokalani Conference Room  
King Kalakaua Building, 1<sup>st</sup> Floor  
335 Merchant Street  
Honolulu, Hawaii 96813

**Virtual:** Virtual Videoconference Meeting - Zoom Meeting  
(use link below)  
<https://dcca-hawaii-gov.zoom.us/j/82209760507?pwd=FbIGtSC9YmfP6wuiZ5TlbrYZXWdPFK.1>

**Zoom Phone Number:** (669) 900 6833  
**Meeting ID:** 822 0976 0507  
**Passcode:** 329150

**Agenda:** Posted on the State electronic calendar as required by Hawaii Revised Statutes section 92-7(b).

If you wish to submit written testimony on any agenda item, please submit your testimony to [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) or by hard-copy mail to Attn: Board of Dentistry, P.O. Box 3469, Honolulu, HI 96801. We request submission of testimony at least 24 hours prior to the meeting to ensure that it can be distributed to the Board members.

### **INTERNET ACCESS:**

To view the meeting and provide live oral testimony, please use the link at the top of the agenda. You will be asked to enter your name. The Board requests that you enter your full name, but you may use a pseudonym or other identifier if you wish to remain anonymous. You will also be asked for an email address. You may fill in this field with any entry in an email format, e.g., \*\*\*\*\*@\*\*\*mail.com.

Your microphone will be automatically muted. When the Chairperson asks for public testimony, you may click the Raise Hand button found on your Zoom screen to indicate that you wish to testify about that agenda item. The Chairperson will individually enable each testifier to unmute their microphone. When recognized by the Chairperson, please unmute your microphone before speaking and mute your microphone after you finish speaking.

Upon request, your Zoom video or similar on-camera option will be enabled to allow you to be visible to the Board members and other meeting participants while presenting oral testimony. Please turn off your camera after you conclude your testimony. It is the individual testifier's responsibility to ensure they have the video and internet capabilities to successfully stream or remotely testify. The Board maintains the authority to remove and block individuals who willfully disrupt or compromise the conduct of the meeting.

#### **PHONE ACCESS:**

If you cannot get internet access, you may get audio-only access by calling the phone number listed at the top on the agenda.

Upon dialing the number, you will be prompted to enter the Meeting ID which is also listed at the top of the agenda. After entering the Meeting ID, you will be asked to either enter your panelist number or wait to be admitted into the meeting. You will not have a panelist number. So, please wait until you are admitted into the meeting.

When the Chairperson asks for public testimony, you may indicate you want to testify by entering "\*" and then "9" on your phone's keypad. After entering "\*" and then "9", a voice prompt will let you know that the host of the meeting has been notified. When recognized by the Chairperson, you may unmute yourself by pressing "\*" and then "6" on your phone. A voice prompt will let you know that you are unmuted. Once you are finished speaking, please enter "\*" and then "6" again to mute yourself.

For both internet and phone access, when testifying, you will be asked to identify yourself and the organization, if any, that you represent. Each testifier will be limited to five minutes of testimony per agenda item.

If connection to the meeting is lost for more than 30 minutes, the meeting will be continued on a specified date and time. This

information will be provided on the Board's website at  
<https://cca.hawaii.gov/pvl/boards/dentist/board-meeting-schedule/>.

Instructions to attend State of Hawaii virtual board meetings may be found online at <https://cca.hawaii.gov/pvl/files/2020/08/State-of-Hawaii-Virtual-Board-Attendee-Instructions.pdf>.

1. Roll Call, Quorum, Call to Order, Public Notice – HRS §92-3 Open Meetings and HAR §16-79-85 Oral Testimony
2. Chair's Announcements
  - a. Appreciation for outgoing dental hygiene board member, Katherine Fukushima

3. Approval of the Open & Executive Session Minutes of the March 10, 2025 meeting

*The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities."*

4. New Business

- a. Inquiry from Dr. Gary Umeda regarding consideration of licensure exemption for the Maui Tucker Study Club's annual international meeting under HRS §448-1(3)

*HRS §448-1(3) identifies the following as exempt from the operation of chapter 448, HRS, "(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians"*

5. Applications:

*The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;" (Board will vote in Open Meeting.)*

a. Ratification Lists

1) Approved Dentists

DT-3216	Miranda Shu Wen Yip
DT-3217	Benjamin Alston Burton
DT-3218	Alina Lee Lane

2) Approved Dental Hygienists

DH-2513	Kendra Latrice Watkins
DH-2514	Erika Shore
DH-2515	Bethany Elena Alvarez
DH-2516	Tamara Marianna Masciola
DH-2517	Elisabeth Ruth Sinclair

6. Ongoing Business:

a. 2025 Legislative Session – Bill Discussion & Updates

*See attached list of bills for discussion and updates*

b. Update from the Central Regional Dental Testing Service (“CRDTS”) regarding dental and dental hygiene compacts

7. Executive Officer’s Report:

a. Updates to application forms for temporary dentist (“DTT”), temporary dental hygienist (“DHT”), and community service dentist (“CSDT”) licensure

*Board forms are available as downloadable PDF files on the Board’s website: [https://cca.hawaii.gov/pvl/boards/dentist/application\\_publications/](https://cca.hawaii.gov/pvl/boards/dentist/application_publications/)*

b. Dental Board Frequently Asked Questions (“FAQs”) – Updated

*Updated FAQs are available on the Board’s website: <https://cca.hawaii.gov/pvl/boards/dentist/>*

c. Reminder - Renewal year for dental licenses

*Pursuant to HRS §447-1(a)(d), HRS §448-7 and HRS §448-8.5, all dentist and dental hygiene licensees (except for community service dental hygienists “CSDHs”) must renew their license on a biennial basis, which*

*includes meeting the continuing education requirements. The next renewal deadline for the 2024-2025 licensure biennium is December 31, 2025.*

*Dentists with the additional privilege/permit to administer deep sedation/general anesthesia and/or moderate sedation are additionally reminded that a **renewal facility inspection** is required before December 31, 2025 if the licensee wishes to maintain the additional privilege to administer.*

*A renewal FAQs document is available on the Board's website: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/). Please contact the Board via email at [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) with any additional questions.*

8.     Next Meeting:     Date:           Monday, July 14, 2025  
                              Time:           10:00 a.m.  
                              In-Person:    Queen Liliuokalani Conference Room  
  King Kalakaua Building, 1st Floor  
  335 Merchant Street  
  Honolulu, Hawaii 96813  
                              Virtual:       Zoom Meeting

9.     Adjournment

5/5/25

*If you need an auxiliary aid/service or other accommodation due to a disability, contact Sheena Choy at (808) 586-2702, Monday through Friday from 7:45 a.m. to 4:30 p.m., or email [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) as soon as possible, preferably by May 8, 2025. Requests made as early as possible have a greater likelihood of being fulfilled.*

*Upon request, this notice is available in alternate/accessible formats.*

**2025 Legislative Session: Dental Bills**  
**May 12, 2025 Meeting**

Measure	Report Title	Measure Title	Description	Status	Introducer(s)	Referral	Companion
<a href="#">SB481</a>	Board of Dentistry; Community Service License; Accreditation; Unrestricted Dental Practice License; Commission on Dental Accreditation of Canada	RELATING TO COMMUNITY SERVICE LICENSES.	Allows a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL). Repeals the requirement that the licensing examinations be completed within five years of a request for a CSL. Repeals the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license from another state. Repeals the prohibition against a person who failed the license examination from obtaining a CSL. Requires a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.	S 2/10/2025: The committee on HHS deferred the measure.	SAN BUENAVENTURA, RHOADS	HHS, CPN	
<a href="#">HB311</a>	General Excise Tax; Exemptions; Medical Services; Dental	RELATING TO GENERAL EXCISE TAX EXEMPTION.	Establishes general excise tax exemptions for various medical services, including dental services.	H 1/21/2025: Referred to HLT, ECD, FIN, referral sheet 1	GARCIA, ALCOS, IWAMOTO, KILA, LAMOSAO, PIERICK, SHIMIZU, WARD, Reyes Oda	HLT, ECD, FIN	SB1241
<a href="#">HB281</a>	GET; Exemption; Food; Medical Services; Dental; Minority Caucus Package	RELATING TO GENERAL EXCISE TAX.	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	H 1/21/2025: Referred to HLT, ECD, FIN, referral sheet 1	SHIMIZU, ALCOS, GARCIA, MATSUMOTO, MURAOKA, PIERICK, REYES ODA, WARD	HLT, ECD, FIN	
<a href="#">HB572 HD1</a>	GET; Exemption; Food; Medical Services; Dental Services	RELATING TO GENERAL EXCISE TAX.	Exempts food and groceries from certain healthcare-related goods or services that were not the general excise tax. Expands general excise tax exemptions to include purchased under the Medicare, Medicaid, and TRICARE programs. Effective 7/1/3000. (HD1)	H 2/11/2025: Passed Second Reading as amended in HD 1 and referred to the committee(s) on FIN with none voting aye with reservations; none voting no (0) and Representative(s) Cochran, Ward excused (2).	MATSUMOTO, ALCOS, GARCIA, KONG, PIERICK, WARD	ECD, FIN	
<a href="#">SB1172</a>	Health Insurance; Mandated Coverage	RELATING TO EMPLOYER HEALTH CARE REQUIREMENTS.	Requires all health insurers in the State, including Medicaid managed care programs, to cover dental and vision treatment.	S 1/27/2025: Referred to HHS, CPN.	MCKELVEY, CHANG, RHOADS, Kanuha	HHS, CPN	
<a href="#">SB557 SD1</a>	Huli Au Ola; Physician and Dentist Retention; Molokai; Study; Grant; Appropriation	RELATING TO HEALTH.	Requires Huli Au Ola to conduct a study on physician and dentist recruitment and retention to serve the island of Molokai. Appropriates funds. Effective 7/31/2050. (SD1)	S 2/11/2025: Report adopted; Passed Second Reading, as amended (SD 1) and referred to WAM.	DECOITE, CHANG, FEVELLA, HASHIMOTO, INOUE, MCKELVEY, RHOADS, SAN BUENAVENTURA, Gabbard	HRE, WAM	
<a href="#">SB1373 SD2 HD2 CD1</a>	DCCA; Registered Sex Offenders; Professional Licenses; Certification; Automatic Revocation and Denial of Application to Renew, Restore, or Reinstate	RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses or certification of registered sex offenders. (CD1)	S 5/2/2025: Received notice of passage on Final Reading in House (Hse. Com. No. 821).	KOUCHI (Introduced by request of another party)	CPC, JHA	HB1054
<a href="#">HB1054 HD1</a>	DCCA; Registered Sex Offenders; Professional Licenses, Registrations, and Certifications; Automatic Revocation; Denial of Application to Renew, Restore, or Reinstate	RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.	Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses, registrations, or certifications of registered sex offenders. Effective 7/1/3000. (HD1)	H 2/12/2025: Passed Second Reading as amended in HD 1 and referred to the committee(s) on JHA with none voting aye with reservations; none voting no (0) and Representative(s) Cochran, Sayama, Ward excused (3).	NAKAMURA (Introduced by request of another party)	CPC, JHA	SB1373
<a href="#">HB1339</a>	GET; Exemption; Food; Medical Services; Dental	RELATING TO GENERAL EXCISE TAX.	Exempts food and groceries from the general excise tax. Expands a 2024 session law exempting certain medical and dental services to include all medical and dental services.	H 1/27/2025: Referred to ECD, FIN, referral sheet 4	SHIMIZU, ALCOS, GARCIA, IWAMOTO, MATSUMOTO, MURAOKA, PIERICK, WARD	ECD, FIN	
<a href="#">SB1241</a>	General Excise Tax; Exemptions; Medical Services; Dental	RELATING TO GENERAL EXCISE TAX EXEMPTION.	Establishes general excise tax exemptions for various medical services, including dental services.	S 1/27/2025: Referred to HHS, WAM.	AWA, DECORTE, GABBARD	HHS, WAM	HB311
<a href="#">HB1431 HD2</a>	Department of Health; Oral Health Task Force; Position; Reports; Appropriation	RELATING TO ORAL HEALTH.	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes temporary full-time equivalent program specialist V positions. Appropriates funds. Effective 7/1/3000. (HD2)	S 3/6/2025: Referred to HHS, WAM.	NAKAMURA	HHS, WAM	SB1516
<a href="#">SB1516</a>	Department of Health; Oral Health Task Force; Positions; Reports; Appropriations	RELATING TO ORAL HEALTH.	Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes one full-time equivalent program specialist V position. Appropriates funds.	S 1/27/2025: Referred to HHS, WAM.	KOUCHI (Introduced by request of another party)	HHS, WAM	HB1431
<a href="#">SB488</a>	DOH; Water Fluoridation; Exemption; Water Testing; Training; Reports	RELATING TO WATER FLUORIDATION.	Requires certain water suppliers in the State to adjust the fluoride level in their public water systems to the applicable United States Department of Health and Human Services standards for optimal water fluoridation levels. Exempts federal water suppliers. Requires water suppliers to test water systems for fluoride levels at intervals established by the Department of Health. Requires the Department of Health to provide training to water suppliers for the implementation of water fluoridation. Requires the Department of Health to submit annual reports to the Legislature.	S 1/21/2025: Referred to HHS, WAM.	CHANG	HHS, WAM	

**2025 Legislative Session: Dental Bills**  
**May 12, 2025 Meeting**

<a href="#">SB727</a>	DOH; Counties, Water Fluoridation; Water Suppliers; Public Water Systems; Training; Dental Care Insurance; Coverage; Proclamation; Reports; Appropriations	RELATING TO HEALTH.	Requires suppliers of water in the State to adjust the level of fluoride in its public water system in conformance with a standard published by the Board of Water Supply of each county until the issuance of a proclamation by the Governor declaring the date on which all residents of the State have either obtained or affirmatively rejected dental insurance coverage and provide a certified copy to the Revisor of Statutes. Requires the Department of Health to provide suppliers of water with technical assistance and training and submit annual status reports to the Legislature regarding the public water systems' status of compliance with the fluoride adjustment requirement. Allows the Department of Health to reimburse suppliers of water for necessary expenses incurred for compliance. Requires the Department of Health to monitor dental insurance coverage of the State's residents, submit annual status reports to the Legislature, and upon confirmation that all residents of the State have either obtained or affirmatively rejected dental insurance coverage, submit a written verification to the Governor. Requires the Governor to issue a proclamation. Appropriates funds.	S 1/27/2025: Re- Referred to HHS, WAM/CPN.	RHOADS, CHANG, FEVELLA, KIDANI	HHS, WAM/CPN	
<a href="#">SB719</a>	DOH; Auditor; Healthy Ohana Act; Sugar-Sweetened Beverage Fee Program; Exemptions; Healthy Ohana Special Fund; Healthy Ohana Trust Fund; Healthy Ohana Trust Fund Advisory Committee; Enforcement; Penalties; Reports; Rules; Appropriations	RELATING TO SUGAR-SWEETENED BEVERAGES.	Establishes a Sugar-Sweetened Beverage Fee Program to be administered by the Department of Health that, beginning 7/1/2026, imposes a fee on the distribution and sale of sugar-sweetened beverages in the State. Establishes the Healthy Ohana Special Fund into which revenues generated from the sugar-sweetened beverage fee are deposited. Establishes the Healthy Ohana Trust Fund in the private sector to receive revenues from the Healthy Ohana Special Fund to support prevention and control of obesity and chronic diseases. Allows the Department to contract with a third party to administer the program. Requires the Auditor to conduct a management and financial audit of the program and submit reports to the Legislature. Establishes the Healthy Ohana Trust Fund Advisory Committee to advise the Department on the administration of the trust fund. Requires the Department to adopt interim rules no later than 6/30/2026, and final rules no later than 12/31/2027. Establishes civil penalties. Requires annual reports to the Legislature. Appropriates funds.	S 1/23/2025: Referred to HHS, WAM/JDC.	RHOADS, CHANG	HHS, WAM/JDC	
<a href="#">HB380.HD1</a>	Hawaii State Association of Counties Package; Tobacco Products; Regulation	RELATING TO THE REGULATION OF TOBACCO PRODUCTS.	Repeals existing statutory language that: declares that the sale of cigarettes, tobacco products, and electronic devices are a statewide concern; and preempts all local ordinances and regulations that regulate the sale of cigarettes, tobacco products, and electronic devices. Effective 7/1/3000. (HD1)	H 2/14/2025: Report adopted; referred to the committee(s) on FIN with Representative(s) Garcia voting aye with reservations; Representative(s) Kong voting no (1) and Representative(s) Cochran, Matayoshi, Poepoe, Ward excused (4).	NAKAMURA (Introduced by request of another party)	CPC, JHA, FIN	SB468
<a href="#">GM657</a>	Board of Dentistry	Submitting for consideration and confirmation to the Board of Dentistry, Gubernatorial Nominee, JOY SHIMABUKU, for a term to expire 06-30-2029.		S 4/17/2025: Confirmed. Ayes, 25. Aye(s) with reservations: none. Noes, 0 (none). Excused, 0 (none).		CPN	
<a href="#">GM534</a>	Board of Dentistry	Submitting for consideration and confirmation to the Board of Dentistry, Gubernatorial Nominee, STEVEN PINE, for a term to expire 06-30-2028.		S 4/17/2025: Confirmed. Ayes, 25. Aye(s) with reservations: none. Noes, 0 (none). Excused, 0 (none).		CPN	
<a href="#">GM711</a>	Board of Dentistry	Submitting for consideration and confirmation to the Board of Dentistry, Gubernatorial Nominee, STAPHE FUJIMOTO, for a term to expire 06-30-2029.		S 4/17/2025: Confirmed. Ayes, 25. Aye(s) with reservations: none. Noes, 0 (none). Excused, 0 (none).		CPN	
<a href="#">GM732</a>	Board of Dentistry	Submitting for consideration and confirmation to the Board of Dentistry, Gubernatorial Nominee, MARIANNE TIMMERMAN, for a term to expire 06-30-2029.		S 4/25/2025: Confirmed. Ayes, 24. Aye(s) with reservations: none. Noes, 0 (none). Excused, 1 (Senator(s) Chang).		CPN	

**BOARD OF DENTISTRY**  
Professional & Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

**MINUTES OF MEETING<sup>1</sup>**

Date: March 10, 2025

Time: 10:00 a.m.

Place: Queen Liliuokalani Room, 1<sup>st</sup> Floor  
King Kalakaua Building  
335 Merchant Street  
Honolulu, Hawaii 96813

Virtual Videoconference Meeting – Zoom Webinar

<https://dcca-hawaii->

[gov.zoom.us/j/84406910260?pwd=NYaz1XDSwD9mjabbefyH3Cn5handx.1](https://gov.zoom.us/j/84406910260?pwd=NYaz1XDSwD9mjabbefyH3Cn5handx.1)

Members Present: Andrew Tseu, D.D.S., J.D., Chair, Dental Member  
Jonathan Lau, D.D.S., Vice-Chair, Dental Member  
Staphe Fujimoto, D.D.S., Dental Member  
Katherine Fukushima, R.D.H., Dental Hygiene Member  
Paul Guevara, D.M.D, M.D.S., Dental Member  
Steven Pine, D.D.S., Dental Member  
Joy Shimabuku, Public Member  
Joyce Yamada, Ed.D., R.D.H., Dental Hygiene Member

Members Excused: Craig Yamamoto, D.D.S., Dental Member

Staff Present: Sheena Choy, Executive Officer (“EO Choy”)  
Andrew Kim, Esq., Deputy Attorney General (“DAG Kim”)  
Dawn Lee, Secretary

In-Person Guests: Charles Kamimura  
Richmond Luzar, HDA  
Dr. Joseph Mayer

Zoom Webinar  
Guests: Dr. Fabiana Melo  
Michael Khouri  
Dr. Eugene Azuma  
Dr. Tuan Pham, Queen’s Medical Center  
Gerraine Hignite, HDHA  
Kim Nguyen, HDA  
Kristina “Tina” Clarke

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<sup>1</sup> Comments from the public were solicited on each agenda item. If no public comments were given, the solicitation for and lack of public comment are not explicitly stated in these minutes.



Virtual Meeting Instructions:

A short video regarding virtual meetings was played for attendees.

Ms. Yamada provided information on internet and phone access for today's virtual meeting and announced that today's meeting was being recorded and that the recording will be posted on the Board's web page.

Agenda:

The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by §92-7(b), Hawaii Revised Statutes ("HRS").

Roll Call:

The Chair welcomed everyone to the meeting and proceeded with a roll call of the Board members. All Board members confirmed that they were present; those on Zoom confirmed they were present and alone.

Call to Order:

There being a quorum present, the Chair called the meeting to order at 10:07 a.m.

Approval of Minutes:

**Approval of the Open & Executive Session Minutes of the January 13, 2025 Meeting and the February 3, 2025 Special Legislative Meeting**

The Chair asked if there was any Board discussion of, corrections to, or public comments regarding the January 13, 2025 minutes or the February 3, 2025 Special Legislative Meeting minutes.

Ms. Fukushima noted a non-substantive date change for the Open Session minutes for the February 3, 2025 meeting.

Seeing no public comments or further Board discussion, the Chair asked for a motion to approve the Open and Executive Session minutes of the January 13, 2025 meeting and the minutes of the February 3, 2025 Special Legislative Meeting.

Upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted on and unanimously carried to approve the Open and Executive Session minutes of the January 13, 2025 meeting and the minutes of the February 3, 2025 Special Legislative Meeting as amended.

New Business:

**Request from Dr. Fabiana Melo regarding dentist license DT-2234, license history, and options for restoration or reactivation of license**

The Chair asked if there was any public testimony.

*Fabiana Melo and Michael Khouri raised their hands on Zoom and were promoted to panelist.*

The Chair welcomed Dr. Fabiana Melo and Michael Khouri and reminded them that they have five (5) minutes to share oral testimony.

EO Choy stated that although this is not a discussion of a current application, because the inquiry involves personal information about Dr. Melo's license and intent for application, they have the option to provide oral testimony to the Board in Executive Session.

Dr. Melo stated that she would like to provide her oral testimony in Open Session.

EO Choy stated that the Board is in receipt of all the application materials Dr. Melo has submitted to date, including emailed communication with the Board, redacted.

Dr. Melo stated that she was unaware her inactive license had been terminated until January 2025, when she tried to reactive the license. She stated she has held her Hawaii dentist ("DT") license since 2005, and it was never her intention to let the license lapse. In 2021, she called the Board to see if she could renew on inactive status. Dr. Melo stated that office staff told her she could renew on inactive status and reactivate it in the future. She stated that she did not receive a renewal reminder from the Board in 2024. Now that her license has been terminated for non-renewal, she stated that she appears to be unable to restore the license as a foreign-trained dentist. She requests the Board consider allowing her to restore her license.

Michael Khouri stated that he is Dr. Melo's attorney in California. However, he is not barred in Hawaii, so he is in attendance as a member of the public. He stated that he believes that the Board can choose to enforce the "spirit of the law" over the "letter of the law" for the sake of "equity."

EO Choy asked Dr. Melo if she has been in active practice in California since the 2021 expiration of her Hawaii DT license.

Dr. Melo confirmed that she has been in active dental practice in California since her Hawaii license expired.

At 10:21 a.m., upon a motion by the Vice Chair, seconded by Dr. Pine, it was voted on and unanimously carried to move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities."

At 10:51 a.m., upon a motion by the Vice Chair, seconded by Ms. Shimabuku, it was voted on and unanimously carried to move out of Executive Session.

The Chair summarized that in Executive Session, the Board discussed with Dr. Melo and her legal counsel regarding confidential information

related to her dentist license and licensure application. The Board provided an explanation of HAR §16-79-3.1(b) and related laws and rules for informational and explanatory purposes only. EO Choy will provide Dr. Melo with detailed guidance in written communication after the meeting.

The Board also notes that there is no option for “exemption” of the Board’s laws and rules relating to renewal and restoration deadlines. Any guidance and options provided to Dr. Melo are in accordance with existing laws and rules.

Additionally, licensees are reminded that maintenance, including timely renewal of their license, is the sole responsibility of the licensee. The Board will send a reminder to the contact information on file as renewal deadlines approach, but this is a courtesy only.

**§16-79-3.1 Restoration of forfeited license.** (a) A license which has been forfeited may be restored within two years after the date of expiration upon compliance with the licensing renewal requirements provided by law and upon written application and payment of all applicable renewal fees, penalty fees, and compliance resolution fund fees.

(b) 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) Being engaged in the practice of dentistry or dental hygiene, as applicable, 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 CE requirements of a minimum of thirty-two hours for licensed dentists and twenty hours for licensed dental hygienists each biennium;

- (4) Submitting a self-query background check from the NPDB. In addition, the board may require a background check from an independent background check service approved by the board, provided that the applicant shall pay the cost of the background check; 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.

(c) 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 the NPDB, and

submit a report from an independent background check service approved by the board; provided that the applicant shall pay the cost of the background check.

See the board's relevant laws and rules for more details. Please be advised that in accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the board, or the Department of Commerce and Consumer Affairs.

**Inquiry from Dr. Tuan Pham, DDS, The Queen's Medical Center – Dental Clinic Director, regarding clarification of the exemptions allowed by HRS §448-1**

The Chair stated that the Board received an email inquiry from Dr. Pham requesting clarification as to the exemptions allowed by HRS §448-1. Specifically, he would like to know if the out-of-state clinician retained for a two-part lecture series hosted by the Dental Division at the Queen's Medical Center ("QMC") would qualify for a licensure exemption for the purposes of the lecture series under HRS §448-1(3). The multi-day even would be sponsored by the QMC General Practice Residency ("GPR") program.

*Dr. Tuan Pham raised his hand on Zoom and was promoted to panelist.*

EO Choy read the email from Dr. Pham:

*"Aloha, I am the dental director at the Queen's Medical Center and am attempting to bring in a lecturer for Queen's Medical Center and open it up to the general dental population: Dr. Nojan Bakhtiari is a board-certified TMJ and Oral Facial Pain specialist. Dr. Nojan was in charge of the Orofacial Pain and TMJ Disorders service at Yale-New Haven from 2015-2020. He is a past professor of Orofacial Pain & TMJ at the University of Connecticut School of Dental Medicine, where he led the clinical service and academic curricula for the entire university and residency programs.*

*He was interested in providing a hands on series for the QMC-Dental division for trigger point injections.*

*Regarding licensure exemption HRS §448-1 Dentistry defined; exempted practices: (3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;*

*The Queen's Medical Center (General Practice Residency program and non-profit organization) would be the organization to sponsor.*

*Please advise [sic] this would be sufficient and what other steps we can do to make this happen.”*

EO Choy stated that the question before the Board would be – is the QMC GPR Program considered a, “like dental organization” under HRS §448-1(3). She noted that the proposed out-of-state practitioner, Dr. Nojan Bakhtiari, is a licensed dentist in New York. Additionally, the QMC GPR Program is CODA-accredited.

The Chair stated that the proposed course appears to have both didactic and clinical portions.

The Vice Chair opined that the QMC GPR Program appears to be a “like dental organization” as the program formally teaches the practice of dentistry within an accredited program.

Dr. Pine agreed that he would consider the QMC GPR Program a “like dental organization” since the program is CODA-accredited and the proposed lecture is in support of and sponsored by this program.

The Chair, Ms. Yamada, and Dr. Guevara, also agreed that they would consider the QMC GPR Program a “like dental organization.”

Dr. Guevara asked how the program would apply for continuing education approval.

EO Choy stated that if the course were to be submitted for continuing education, “CODA-accredited” programs are listed as an “approved sponsoring organization” for continuing education requirements under HAR §16-79-142. Therefore, no additional paperwork would be required to be submitted to the Board to qualify the course for continuing education credit.

The Board provided guidance that the QMC GPR program is considered a “like dental organization” under HRS §448-1(3).

**§448-1 Dentistry defined; exempted practices.** The following practices, acts, and operations, however, are exempt from the operation of this chapter:

- (3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians

See the board’s relevant laws and rules for more details. Please be advised that in accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the board, or the Department of Commerce and Consumer Affairs.

**Request from Katrina “Tina” Clarke for approval of her “Teacher Tina RDH” dental hygienist anesthesia courses to meet the educational requirements of HRS §447-3.5 for permit to administer intra-oral block anesthesia**

EO Choy stated that the Board received a request from Ms. Clarke for approval of her dental hygienist anesthesia courses to meet the education requirements of HRS §447-3.5 for permit to administer intra-oral block anesthesia. One course is a full anesthesia course for dental hygienists and the other course is a “refresher” course, which can be taken by dental hygienists who need to remediate parts of their anesthesia education and training to meet Hawaii-specific requirements.

EO Choy stated that pursuant to HAR §16-79-76(b)(2)(A), a licensed dental hygienist may apply to the Board for certification to administer intra-oral block anesthesia by providing to the Board a certificate of completion from a CODA-accredited dental hygiene school or by a “certification program approved by the board.” Ms. Clarke’s request to the Board is for approval to qualify as such a “certification program approved by the Board.”

*Kristina “Tina” Clarke raised her hand on Zoom and was promoted to panelist.*

Ms. Clarke stated that she is available for any Board questions. She also requested the correction that her name is “Kristina” and not “Katrina” as was incorrectly referenced on the Board’s agenda.

At 11:04 a.m., upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, it was voted on and unanimously carried to move into Executive Session in accordance with HRS §92-4 and §92-5(a)(4), “To consult with the Board’s attorney on questions and issues pertaining to the Board’s powers, duties, privileges, immunities, and liabilities.”

At 11:18 a.m., upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, it was voted on and unanimously carried to move out of Executive Session.

*The Board entered in a brief recess from 11:18 a.m. to 11:22 a.m.*

The Chair summarized that in Executive Session, the Board consulted with its attorney on questions and issues pertaining to the Board’s powers, duties, privileges, immunities, and liabilities regarding this inquiry.

Upon a motion by the Vice Chair, seconded by Ms. Yamada, it was voted upon and unanimously carried to approve both of the submitted anesthesia courses as being “certification programs” which can be used to meet the requirements of HRS §447-3.5, noting that Ms. Clarke must be appropriately licensed and permitted in Hawaii to teach the clinical

hands-on components of the course under the supervision of a Hawaii licensed dentist.

**Request from Jennifer McCloskey for approval of dental hygienist anesthesia course to meet the educational requirements of HRS §447-3.5 for permit to administer intra-oral block anesthesia**

EO Choy stated that the Board received an email inquiry from Ms. McCloskey requesting the Board approve the submitted anesthesia course from Taft College as allowable for her to remediate the anesthesia coursework she is currently “short” in to meet the requirements of HRS §447-3.5. Ms. McCloskey holds a current Hawaii community service dentist (“CSDT”) license.

Dr. Pine stated that he would like to recuse himself from this agenda item.

The Vice Chair stated that it appears the course appears to meet the requirements of HRS §447-3.5.

There was no further discussion.

The Chair stated that Board guidance is as follows: Based on the materials provided by Ms. McCloskey, the course appears to meet the education and training requirements of HRS §447-3.5 for the dental hygiene additional permit to administer block anesthesia, and that the number of injections her previous coursework is currently “short” in is also accurate as calculated by the applicant in her correspondence to the Board.

See the board’s relevant laws and rules for more details. Please be advised that in accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the board, or the Department of Commerce and Consumer Affairs.

**Central Regional Dental Testing Service, Inc. (“CRDTS”) 2025 Steering Committee Meeting – Report**

The Chair stated that Joyce Yamada is the Board’s representative to CRDTS. She attended the 2025 CRDTS Steering Committee on January 25, 2025 on behalf of the Board.

Ms. Yamada submitted a formal report that is included in the meeting packet. She highlighted the following updates:

1. Finalization of the CRDTS and State Resources for Testing and Assessments (“SRTA”) merger.
2. CRDTS concern about the American Association of Dental Boards (“AADB”) Compact regarding eliminating or leaving out the CRDTS exam as a qualifying exam.

3. Concern for public health, safety, and welfare regarding the Council of State Governments ("CSG") compact because it allows for clinical licensure examinations without a hands-skill component.
4. CRDTS CARE remediation program is also growing; CRDTS has presented previously to the Board about this resource.

The Chair stated that dental compacts have been an ongoing issue of research and discussion by the Board. The Board has received several presentations from both compact organizations and is continuing to evaluate the issue.

Scope of Practice:

**Inquiry from Dr. Eugene Azuma regarding licensed dentist use of specific laser treatments**

The Chair stated that the Board received an email inquiry from Dr. Azuma regarding whether licensed dentist use of the Fotona Lightwalker laser to perform non-surgical procedures (Nightlase, Naselase, Liplase, and Smoothlase) is permitted in Hawaii.

EO Choy read the email from Dr. Azuma:

*"I have never had to address the board or request anything of the board, [sic] But while I was at the HDA conference at the end of [sic] Jan, I had a conversation with Sheron Harwood from TDIC. During this conversation she asked me to get some clarification from the Dental Board about certain procedures that I have been trained to perform.*

*I am a Diplomate with the American Sleep and Breathing Academy, and have been on the Board of this organization since 2014, from 2022-24 I was the VP and now am the Acting Executive Director of this Organization.*

*As my level of continuing education and scope of practice has been expanded to support the ADA's 2017 policy on OSA (Please refer to attached document). In my practice we address the entire airway from the Nares to the lungs. I have been coordinating care with Pulmonologist, Myofunctional therapists, ENT, OMFS, AO and SGOT.*

*i [sic] am VIVOS trained, and have done advanced Craniofacial manipulations and am trained in nonsurgical Maxillomandibular expansions. This is the only FDA approved treatment for all levels of OSA in adults and children. We have a 3D conebeam and utilize various airway assessment from Nasal ,URAS, Nasal vs Oral breathing, Sleep position, Posterior pharyngeal airway collapse and oral causes of inadequate tongue space due to Maxillomandibular deficiency, Nighttime bruxism to create airway patency.*

*The Dentist is in the unique position because of routine recall appts and oral signs and manifestations which are easily recognizable*



*during our recall appointments.*

*The structures which are within our Dental realm greatly affect the person's ability to sleep and greatly affect the airway.*

*I have been involved with Dental lasers since 1995 from Diode, Erbium, Lightwalker( both of these wavelengths in one laser unit). Fotona Lightwalker laser has been FDA approved to perform a non Surgical version of the UPPP to open and stimulate Neocollagenesis called Nightlase.*

*<https://www.fotona.com/en/treatments/2039/nightlase-r/>*

*There are other procedures that can be performed such as Naselase, Oralase, Liplase, Smoothlase which have beneficial effects on increasing airway patency.*

*Sheron Harwood wanted me to contact you for consideration for approval of procedures to be allowed under my Dental license. The Nightlase procedure is a nonsurgical UPPP stimulating Neocollagenesis with no pain, no anesthesia, and nonablative procedure. The Naselase, Liplase, and Smoothlase procedures are all similar tissue effect with no residual contraindications. These procedures, with the exception of the Naselase procedure are performed intraorally.*

*Due to the wavelength on light utilized by the Fotona Lightwalker laser, these effects are nonablative and does not result in trauma and residual scaring light the similar procedure performed with a CO2 laser which is a hot, ablative wavelength [sic] of the light spectrum.*

*Dr. Eugene Azuma raised his hand on Zoom and was promoted to panelist.*

Dr. Azuma summarized additional information about the lasers he is inquiring about, stating that their primary purpose is to alleviate sleep apnea. He detailed the training dentists utilizing such lasers receive. Patients are not anesthetized for these procedures.

The Vice Chair asked Dr. Azuma which areas of the body the procedures treat and how long the treatment lasts.

Dr. Azuma stated that the procedures are entirely in the mouth. He stated that the procedure is not permanent and requires continuous treatment to maintain efficacy.

EO Choy stated that the Board is determining if the use of the laser treatments described by Dr. Azuma fall under the practice of dentistry as defined in HRS §448-1. Specifically, do the processes involve, "diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures..."

**§448-1 Dentistry defined; exempted practices.** A person practices dentistry, within the meaning of this chapter, who represents oneself as being able to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaw, or who offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws; or who owns, maintains, or operates an office for the practice of dentistry; or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges. Dentistry includes that part of health care concerned with the diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures including the restoration of defective or missing teeth. The fact that a person uses any dental degree, or designation, or any card, device, directory, poster, sign, or other media whereby one represents oneself to be a dentist, shall be prima facie evidence that the person is engaged in the practice of dentistry.

Dr. Guevara stated that the procedures seem to fall under “associated structures.” Dr. Pine agreed.

Seeing no further discussion, the Chair stated that Board guidance is that specific laser treatment procedures described by Dr. Azuma appear to fall under “the practice of dentistry” as defined by HRS §448-1.

*Dr. Azuma was returned to attendee on Zoom.*

See the board’s relevant laws and rules for more details. Please be advised that in accordance with HAR §16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision, and therefore is not to be viewed as binding on the board, or the Department of Commerce and Consumer Affairs.

Applications:

**Ratification Lists**

After reading the license numbers on the ratification lists, the Chair asked if there was any public testimony or Board discussion.

Seeing none, the Chair asked for a motion to approve the ratification lists.

Upon a motion by Ms. Shimabuku, seconded by Ms. Yamada, it was voted on and unanimously carried to approve the following ratification lists:

1) Approved Dentists

DT-3213-0

Tyler Russell Johansen

DT-3214-0 Jamie Arthus Azdair  
DT-3215-0 Joann Kim Ha Tran

2) Approved Dental Hygienists

DH-2508-0 Darci Larae Silcox  
DH-2509-0 Amanda M Clifton  
DH-2510-0 Blanche Keith Malayka B Ablao  
DH-2511-0 Nalani Villalona  
DH-2512-0 Shirin Kerimi Villegas

4) Approved Dental Hygienist Certification in the Administration of Intra-Oral Block Anesthesia

DH-2510-0 Blanche Keith Malayka B Ablao

Ongoing Business: **2025 Legislative Session – Bill Discussion & Updates**

The Chair asked if there was any public testimony.

EO Choy stated that the Hawaii Dental Association (“HDA”) submitted written testimony, which highlighted some of the legislative efforts HDA was in support of for 2025. HDA opposed S.B. 481, which is no longer active.

EO Choy reported that the Legislative Session is now about halfway through. March 6, 2025 was the “crossover” deadline for bills; bills still in play will now crossover to be heard by the corresponding committees in the opposite chamber.

S.B. 481, RELATING TO COMMUNITY SERVICE LICENSES.

Purpose: Allows a dental graduate from a dental college accredited by the Commission on Dental Accreditation of Canada to be an eligible candidate for a community service license (CSL). Repeals the requirement that the licensing examinations be completed within five years of a request for a CSL. Repeals the requirement that a CSL applicant provide a copy of an active, unrestricted dental practice license from another state. Repeals the prohibition against a person who failed the license examination from obtaining a CSL. Requires a CSL to be eligible for conversion to an unrestricted dental practice license when a dental provider who holds a CSL completes at least five thousand hours of community service to patients in the State.

EO Choy reminded the Board that they voted at the February 6, 2025 Special Legislative Meeting to appreciate the intent of this bill and offer comments expressing some concern with the proposed amendments to HRS §448-9.6 as written.

EO Choy stated that this bill was heard by the HHS committee on February 10, 2025, and was deferred.

S.B. 1373 & H.B. 1054, RELATING TO ADMINISTRATIVE LICENSURE ACTIONS AGAINST SEX OFFENDERS.

Purpose: Authorizes the Department of Commerce and Consumer Affairs and certain licensing boards to automatically revoke and refuse to renew, restore, or reinstate the professional licenses of registered sex offenders.

EO Choy reminded the Board that they voted at the February 6, 2025 Special Legislative Meeting to support these companion bills.

EO Choy reported that H.B. 1054 was not heard by its second committee (JHA) and has therefore died. S.B. 1373 was heard by the CPN and JDC committees and has crossed over to the House. She will continue to testify on the Board's behalf for S.B. 1373, S.D. 2 as it advances.

H.B. 1431, RELATING TO ORAL HEALTH

Purpose: Establishes an Oral Health Task Force to review the status of oral health in the State and make recommendations to improve the State's oral health infrastructure. Establishes temporary full-time equivalent program specialist V positions. Appropriates funds. Effective 7/1/3000. (HD2)

EO Choy stated that at the February 6, 2025 Special Legislative Meeting, the Board directed her to track this measure. H.B. 1431 was passed by the HLT and FIN committees and has now crossed over to the Senate. She will continue to track H.B. 4131, H.D. 2 and provide a report to the Board.

EO Choy stated that at the February 6, 2025 Special Legislative Meeting, members of the public brought the following additional bills to the Board's attention:

- S.B. 488, RELATING TO WATER FLUORIDATION
- S.B. 727, RELATING TO HEALTH
- S.B. 719, RELATING TO SUGAR-SWEETENED BEVERAGES
- H.B. 380, RELATING TO THE REGULATION OF TOBACCO PRODUCTS

EO Choy stated that these bills are not directly related to licensure, but she included them on the bill sheet addendum for the Board's information.

EO Choy reported that in addition to the four bills mentioned above, all the other bills not previously mentioned did not advance and are therefore dead.

*Richmond Luzar raised his hand and was invited to share in-person testimony.*

Mr. Luzar introduced himself as a representative from HDA. He stated that in addition to the bills noted in their written testimony, HDA is tracking H.B. 746, related to e-cigarettes, and S.B. 299 and H.B. 213, related to loan repayment.

There was no further public testimony or Board discussion.

#### **Discussion of considerations for future revisions to HAR §16-79**

EO Choy stated that after the Board February 3, 2025 Special Legislative Meeting, the Board received several inquiries as to how to provide testimony regarding any future revisions to the Board's Hawaii Administrative Rules ("HAR"), Chapter 16-79.

EO Choy reminded the Board that there is a current rules package going through the rules revision process.

This agenda item was included to allow for public testimony regarding future rules revisions.

The Chair asked if there was any public testimony.

There was no public testimony or Board discussion.

#### **Executive Officer's Report:**

##### **Reminder – Renewal year for dental licenses**

EO Choy stated that the Board continues to remind all dental licensees that this is a renewal year. EO Choy reported that she emailed a copy of the renewal FAQs available online to the Hawaii Dental Association ("HDA") and the Hawaii Dental Hygienists' Association ("HDHA").

Pursuant to HRS §447-1(a)(d), HRS §448-7 and HRS §448-8.5, all dentist and dental hygiene licensees must renew their license on a biennial basis, which includes meeting the continuing education requirements. The next renewal deadline for the 2024-2025 licensure biennium is December 31, 2025.

Dentists with the additional privilege/permit to administer deep sedation/general anesthesia and/or moderate sedation are additionally reminded that a renewal facility inspection is required before December 31, 2025 if the licensee wishes to maintain the additional privilege to administer.

A renewal FAQs document is available on the Board's website: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/). A yellow banner has also been posted at the top of the Board's website for

a quick overview of FAQs.

EO Choy highlighted several points from the FAQs:

1. A renewal postcard will be sent to licensees closer to the renewal deadline. However, this is a courtesy reminder only. All licensees are responsible for the timely renewal of their license and compliance with all renewal requirements.
2. The Board is accepting 100% of CEs completed online for the 2024-2025 licensure biennium only. However, the hands-on component of Basic Life Support ("BLS") courses must be taken in-person.
3. Renewal facility inspections for dentist with the additional permit to administer anesthesia will begin on July 1, 2025.
4. Any request for waiver of CE requirements must be submitted and approved BEFORE a renewal application is submitted.

Ms. Yamada asked for clarification if 100% online Basic Life Support ("BLS") courses were acceptable.

EO Choy clarified that the Board voted for a waiver to continue acceptance of 100% online continuing education ("CE") courses for the 2024-2025 licensing biennium. However, the Board also voted that the hands-on component of BLS courses must be completed in-person.

Dr. Pine requested an update be made to the FAQs to note that community service dental hygienists ("CSDHs") renew on an annual, not biennial, basis.

The Chair offered appreciation for extensive effort of the Board members and volunteer inspection team involved in the anesthesia facility inspections.

Next Meeting:

Monday, May 12, 2025  
10:00 a.m.

In-Person: Queen Liliuokalani Conference Room  
HRH King Kalakaua Building  
335 Merchant Street, First Floor  
Honolulu, Hawaii 96813

Virtual

Participation: Virtual Videoconference Meeting – Zoom Webinar

Adjournment:

The meeting adjourned at 12:02 p.m.

Taken, recorded, and approved by:

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Sheena Choy  
Executive Officer

SC:my

5/2/25

- ☐ Minutes approved as is.
- ☐ Minutes approved with changes; see minutes of

DRAFT

**From:** [Gary Umeda](#)  
**To:** [DCCA Dental](#)  
**Subject:** Re: [EXTERNAL] Question about out of state dentists operating at the meeting  
**Date:** Friday, March 14, 2025 5:35:30 AM

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**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Sheena,

The only relevant fact is that we have had this discussion 2 times already and no issues or incidents have ever happened. Also, we have had instructors (mentors) coming from other states and countries for 27 years although they have not operated on patients. This has been vetted before and approved. The key point is they are very experienced operators. Since Hawaii has no dental school and our Tucker group is the only hands on group in the state( I believe), this is the only venue we can learn hands on. Thank you, Gary  
Sent from my iPhone

On Mar 13, 2025, at 7:53 AM, DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Aloha Dr. Umeda,

I will be adding your inquiry to the Board's next May 12, 2025 meeting.

Please provide any additional information that would be helpful for the Board to discuss as they review your inquiry.

Additionally, please let me know if you would like to attend the meeting to provide any additional oral testimony and be available should the board have any follow up questions.

The meetings are hybrid, so participants may join either in-person or online via Zoom.

Mahalo,  
Sheena

**Sheena Choy**

Executive Officer  
Department of Commerce & Consumer Affairs  
Professional & Vocational Licensing Division  
P.O. Box 3469  
Honolulu, HI 96801



**From:** Gary Umeda <[REDACTED]>  
**Sent:** Wednesday, March 12, 2025 10:32 AM  
**To:** DCCA Dental <dental@dcca.hawaii.gov>  
**Subject:** Re: [EXTERNAL] Question about out of state dentists operating at the meeting

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Sheena,

Thank you for your reply. BTW, the insurance carriers don't care where you practice as long as you have coverage, you are OK. That is what my current info tells me. Thank you, gary.

On Wed, Mar 12, 2025 at 9:48 AM DCCA Dental <[dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov)> wrote:

Aloha Dr. Umeda,

Confirming that we have received your email. We will respond soon.

Mahalo,  
 Sheena

**Sheena Choy**

Executive Officer  
 Department of Commerce & Consumer Affairs  
 Professional & Vocational Licensing Division  
 P.O. Box 3469  
 Honolulu, HI 96801

**From:** Gary Umeda <[g](#)>  
**Sent:** Saturday, March 1, 2025 5:42 AM  
**To:** Sheena R. Choy <[srchoy@dcca.hawaii.gov](mailto:srchoy@dcca.hawaii.gov)>; [REDACTED]  
**Subject:** [EXTERNAL] Question about out of state dentists operating at the meeting

**CAUTION:** This email originated from outside of Hawaii State Gov't / DCCA. Do not click links or open attachments unless you recognize the sender and are expecting the link or attachment.

Sheena,

Good Morning. Our Tucker study club will be hosting an international meeting in August 2026 on Maui. At this annual meeting, dentists will be doing dental procedures on patients live. The majority will be in state licensed and insured dentists but we would like to have some excellent and skilled dentist also do some dental procedures. Is this possible. FYI, this will be our third hosting of the meeting and we have previously operated at Pearl Harbor, UH hygiene clinic, and at private offices. I believe there were out of state dentists operating there before. Of course, we were all insured.

Our Tucker study club has been in Hawaii since 1998 so we have a long history here encouraging and promoting excellence and quality in dentistry in Hawaii.

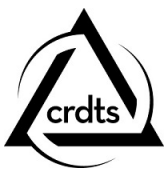
Thank you, much aloha in advance, Gary

**For Board consideration: Does the Maui Tucker Study Club qualify as a “like dental organization” under HRS 448-1(3)?**

**§448-1 Dentistry defined; exempted practices.** A person practices dentistry, within the meaning of this chapter, who represents oneself as being able to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the human teeth, alveolar process, gums, or jaw, or who offers or undertakes by any means or methods to diagnose, treat, operate or prescribe for any disease, pain, injury, deficiency, deformity, or physical condition of the same, or to take impressions of the teeth or jaws; or who owns, maintains, or operates an office for the practice of dentistry; or who engages in any of the practices included in the curricula of recognized and approved dental schools or colleges. Dentistry includes that part of health care concerned with the diagnosis, prevention, and treatment of diseases of the teeth, oral cavity, and associated structures including the restoration of defective or missing teeth. The fact that a person uses any dental degree, or designation, or any card, device, directory, poster, sign, or other media whereby one represents oneself to be a dentist, shall be prima facie evidence that the person is engaged in the practice of dentistry.

The following practices, acts, and operations, however, are exempt from the operation of this chapter:

(3) The practice of dentistry by licensed dentists of other states or countries at meetings of the Hawaii Dental Association or component parts thereof, alumni meetings of dental colleges, or any other like dental organizations, while appearing as clinicians;



## **IMPORTANT UPDATES ON DENTAL AND DENTAL HYGIENE COMPACTS:**

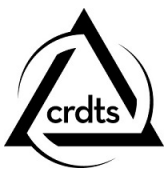
**IF your state is looking to enact a compact, the DDH Compact (as opposed to the AADB monopoly compact) is by far the better option for portability, protection from a monopoly, and assurance that the language in the compact is legal and legitimate. More information, answers to your questions, and status updates can be found on the [ddhcompact.org](https://ddhcompact.org) website.**

- The DDH Compact written by the CSG was passed by 10 states and enacted in 2024; It is being heard in 16 more states this legislative session
- The Compact Commission comprised of one delegate from each participating state held its first meeting in August 2024
- The Commission's Rules Committee has **already voted to disallow licensure upon graduation as a pathway** under the DDH Compact!
- The **Commission is currently discussing passing a rule to require a hand skills component** as part of the definition of "Clinical Assessment". This will alleviate the concern the majority of us had about the lack of hand skills requirement.
- You may have heard rumblings about a lawsuit filed by two practicing VA dentists against the VA Board challenging the state's implementation of the DDH Compact. This lawsuit was dismissed: [VA Court Dismisses DDH Compact Lawsuit – Dentist and Dental Hygienist Compact](#)

**The competing AADB Compact was written by a small group of people who were unable to influence the language in the DDH Compact to their liking. We encourage you to educate yourselves, your colleagues and your legislators regarding the risks of enacting this compact.**

- You may have been misled to believe that the AADB Compact includes CRDTS and other exams. **This is not true after January of 2024.** The language in the AADB Compact specifically states:  
"Dental hygienist" means any person who: 1. Has successfully graduated from a CODA-approved dental hygiene school; 2. Has successfully passed the ADEX dental hygiene licensure examination; **or has been in practice 5 years or more and** has successfully passed a Regional Board Examination or equivalent state-administered psychomotor licensure examination **prior to January 1, 2024;**
- By its own admission the AADB did not compare exams or assess the quality or validity of the ADEX exam based on psychometric data derived from a current Occupational Analysis before naming it as the only acceptable pathway toward licensure for participation in the compact.
- The ADEX exam is exclusively given by the CDCA/WREB/CITA (CWC) organization. The AADB now shares employees with the CWC. Thus, these three agencies together **stand to corner the market in clinical licensure examination administration and gain a substantial financial windfall while** controlling the quality, costs, and availability of exams if this compact is successful.

**On the following page is the status as of 3/21/25 of the legislative activity for the AADB Compact. Please take time to learn as much as possible and do your part to ensure this compact is not successful. I am always available for questions. Please reach out at [richael@crdts.org](mailto:richael@crdts.org) or by cell, 785.806.0137.**



**Central Regional Dental Testing Service, Inc.**

1725 SW Gage Blvd.  
Topeka, KS 66604-3333  
www.crdts.org

Ph: 785-273-0380  
FX: 785-273-5015  
info@crdts.org

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**STATUS OF AADB COMPACT MOVEMENT IN 2025 LEGISLATIVE SESSION**

**MASSACHUSETTES –**

- Introduced under SD 2010; HD 3469 / Amended to S.257; H.455
- Feb 27, 2025 - Sent to Joint Committee on Consumer Protection and Professional Licensure –
- Sessions run for 2 years in MA, but bill is expected to be voted on prior to end of this year
- Letters of opposition have been sent on behalf of CRDTS

**MARYLAND –**

- Introduced under SB 538; HB 534
- Sent to Senate Finance Committee 2/27/2025
- No additional activity as of 3/20/25
- Per Bill Sponsor's office – this bill is dead
- Letters of opposition have been sent on behalf of CRDTS

**MISSISSIPPI**

- Introduced under HB 674; SB 2692
- A conference will be scheduled for three house and three senate representatives to hash out the bill as amendments were proposed that did not reach agreement from each
- Letters of opposition have been sent on behalf of CRDTS

**OKLAHOMA**

- Introduced under SB 765; HB 1366
- OK accepted CRDTS until July of 2023. At that time the statutes in OK were changed to accept only ADEX exams.
- Letters of opposition have been sent on behalf of CRDTS

**MISSOURI**

- Introduced under HB 1290; SB 109
- SB 109 was heard March 11, 2025, and should be voted on sometime the week of March 24-28
- Letters of opposition have been sent on behalf of CRDTS
- Cobler testified at hearing March 11, 2025 on behalf of CRDTS, along with numerous national association and CSG representatives

**KENTUCKY**

- Introduced under HB 762
- Moved to Licensing, Occupations, & Administrative Regulations 2/27/25
- Per Legislature Bill Status office – Bill is dead, did not make it out of committee

**TEXAS**

- Introduced under HB 1799
- Referred to Public Health Committee
- Not currently on agenda for hearing

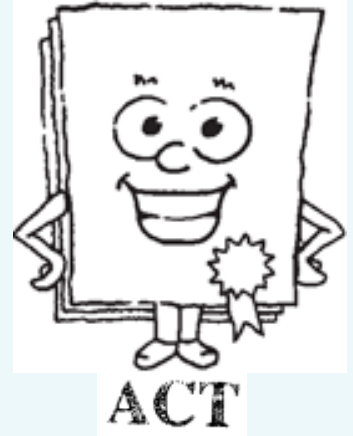
**Please consider sending a letter in opposition to this compact to prevent a monopoly and protect the current standards of licensure by examination in dentistry. If you would like to but need guidance, please contact Sheli Cobler at 785.273.0380 or richael@crdts.org.**

# Governor's Timeline – 2025 Regular Session

## Important Timelines (Final Step for a Bill to Become a Law)

If a bill successfully passes through both chambers of the Legislature, it needs to be presented to the Governor.\*

The procedure for enactment, which is defined in [Article III, Section 16](#) of the Hawai'i State Constitution, varies depending on when the bill is delivered to the Governor and the Governor's subsequent action or inaction in considering the bill. (In computing the number of days designated below, the following days are excluded: Saturdays, Sundays, holidays, and any days in which the Legislature is in recess prior to its adjournment.) The following information is based on adjournment *sine die* occurring on **May 2, 2025**.



- **If the bill is sent to the Governor on or before April 14, 2025** (10 or more days before adjournment of the Legislature *sine die*), then...
  - 1) If the Governor signs the bill within 10 days, the bill becomes law and is given an act number.
  - 2) If the Governor neither signs nor vetoes the bill within 10 days, the bill becomes law without the Governor's signature and is given an act number.
  - 3) If the Governor vetoes the bill within 10 days, the bill does not become law unless the Legislature reconsiders the bill before adjournment *sine die* and overrides the veto by a 2/3 vote in each chamber.
- **If the bill is sent to the Governor after April 14, 2025** (less than 10 days prior to adjournment *sine die*), then...
  - 1) If the Governor signs the bill by **July 9, 2025** (the 45<sup>th</sup> day after adjournment *sine die*), the bill becomes law and is given an act number.
  - 2) If the Governor neither signs nor vetoes the bill by **July 9, 2025** (the 45<sup>th</sup> day after adjournment *sine die*), the bill becomes law without the Governor's signature and is given an act number.
  - 3) If the Governor intends to veto the bill, the Governor must inform the Legislature by **June 24, 2025** (the 35<sup>th</sup> day after adjournment *sine die*) and deliver the veto by **July 9, 2025** (the 45<sup>th</sup> day after adjournment *sine die*). If the bill is vetoed, it will not become law unless the Legislature successfully overrides the veto in special session by a 2/3 vote in each chamber.\*\* The Legislature must convene in special session at or before noon on **July 9, 2025**, to override the Governor's veto.

Note: The date that a bill goes into effect as law can be found in its last section.

\* Unless it proposes a constitutional amendment, in which case it gets put on the ballot for the electorate to decide its fate.

\*\* The legislature could also amend a bill to answer the governor's objections. For it to become law, a majority of the members in each chamber would be required to vote in favor of the amended bill, and the governor would then have 10 days to sign it.

Questions? The Public Access Room (PAR) is happy to help – 808/587-0478 or [par@capitol.hawaii.gov](mailto:par@capitol.hawaii.gov).

## REQUIREMENTS & INSTRUCTIONS FOR LICENSURE - TEMPORARY DENTAL HYGIENIST

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 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. <b>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.</b> The following laws require that you furnish your Social Security Number to our agency:</p> <p><u>FEDERAL LAWS:</u> <b>42 U.S.C.A. §666(a)(13)</b> 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, <b>45 C.F.R., Part 61, Subpart B, §61.7</b> 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> <b>§576D-13(j)</b>, HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and <b>§436B-10(4)</b>, 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 &amp; 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"><li>• <b>Note:</b> 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.</li></ul>
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><b>SUBMIT:</b> To verify your qualifying education, you may self-submit any one (1) of the following:</p> <ol style="list-style-type: none"><li>1. Certified copy of diploma</li><li>2. Official transcripts</li></ol>
LICENSE VERIFICATION	<p>On the application, list all the dental hygiene licenses you hold or have previously held at any time.</p> <p><b>SUBMIT:</b> 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"><li>• <b>Note:</b> Verifying boards can mail license verifications using the mailing address below, or send via email to <a href="mailto:Dental@dcca.hawaii.gov">Dental@dcca.hawaii.gov</a></li></ul>
LETTER OF EMPLOYMENT	<p><b>SUBMIT:</b> 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 365<sup>th</sup> 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:  
DCCA-PVL  
Attn: Dental  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:  
335 Merchant St.  
Room 301  
Honolulu, HI 96813  
(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.

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#### 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

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

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) - <b>REQUIRED</b>						
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

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## 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 <u>if any section of the ADEX examination has been failed after July 2, 2004.</u>				
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. <b>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.</b> The following laws require that you furnish your Social Security Number to our agency:</p> <p><b>FEDERAL LAWS:</b> 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><b>HAWAII REVISED STATUTES ("HRS"):</b> §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 &amp; 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> <table><tr><td>○ <u>If licensed in an even-numbered year:</u></td><td><b>\$373</b></td></tr><tr><td>○ <u>If licensed in an odd-numbered year:</u></td><td><b>\$299</b></td></tr></table> <ul style="list-style-type: none"><li>• <b>Note:</b> 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.</li></ul>	○ <u>If licensed in an even-numbered year:</u>	<b>\$373</b>	○ <u>If licensed in an odd-numbered year:</u>	<b>\$299</b>
○ <u>If licensed in an even-numbered year:</u>	<b>\$373</b>				
○ <u>If licensed in an odd-numbered year:</u>	<b>\$299</b>				
EDUCATION	<p>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.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> 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."</li></ul> <p><b>SUBMIT:</b> To verify your qualifying education, you may self-submit any one (1) of the following:</p> <ol style="list-style-type: none"><li>1. Copy of diploma</li><li>2. Certificate of graduation</li></ol>				
NATIONAL BOARD EXAMINATION	Pursuant to HRS §448-9.6(a)(1)(B), applicants for community service dentist license must provide verification of either:				
OR	<ol style="list-style-type: none"><li>1. Verification of having passed the National Board Dental Examination ("NBDE") part II or the Integrated National Board Dental Examination ("INBDE") <u>within five (5) years of the date of request; or</u></li></ol>				
ACTIVE CLINICAL PRACTICE VERIFICATION	<ol style="list-style-type: none"><li>2. Evidence of active practice of clinical dentistry of not less than <u>1,000 hours per year for the three (3) years immediately prior to the date of request</u></li></ol>				

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

OR

**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:  
DCCA-PVL  
Attn: Dental  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:  
335 Merchant St.  
Room 301  
Honolulu, HI 96813  
(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:
Email Address:	

FOR OFFICE USE ONLY

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)

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**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.

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Signature of Applicant

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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:

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Signature of Applicant

---

Date

**Print Form**

## REQUIREMENTS & INSTRUCTIONS FOR LICENSURE - TEMPORARY 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)

**NO EXAM RESTRICTION** There are no examination restrictions for individuals applying for temporary dentist licensure pursuant to Hawaii Revised Statutes ("HRS") §448-12(b) as post-doctoral residents - i.e. such individuals may pass/fail the INBDE and/or ADEX and still qualify for and maintain temporary dentist licensure while applying for/enrolled in a qualifying post-doctoral dental residency program in Hawaii.

**Note:** Please contact your residency program directly if the program has any additional exam requirements to qualify for residency.

**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.

Temporary Dentist Post-Doc Residents license application fee - \$75

- **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. Certified copy of diploma; or
2. Official transcripts; or
3. Signed letter from the Dean of the school/Registrar's office sent directly from the school certifying that you have graduated, including:
  - Date of matriculation
  - Official date of graduation
  - Confirmation of graduating with a DDS or DMD degree



**RESIDENCY PROGRAM  
LETTER**

Your program director must submit one letter for all residents in the upcoming program cycle confirming enrollment in the post-doctoral residency program.

**The letter must meet the following requirements:**

- Be signed
- Be on official letterhead
- List your legal first and last name
- Confirm the start and end dates of the residency program
- List your assigned training site(s) for the program
  
- **Note:** If your program has an “optional” additional year and you choose to enroll in the additional year, your program director will need to submit a new letter to confirm the new end date of your enrollment.
  
- **Note:** Pursuant to HRS 448-12(c), post-doc residents who are granted temporary licenses shall:
  1. Be assigned to affiliated training sites that are restricted to eleemosynary health care organizations, training site hospitals, or university-affiliated training programs, and that shall be visited and accredited by the Commission on Dental Accreditation of the American Dental Association, consistent with the policies of the Commission on Dental Accreditation of the American Dental Association; and
  2. Act under the direct supervision of the dental residency faculty licensed in Hawaii.

**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.

**LICENSE  
VERIFICATION**

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

**SUBMIT:** If licensed in any other jurisdiction, arrange for all applicable jurisdictions 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)

**TERMINATION OF  
LICENSE VALIDITY**

Pursuant to HRS §448-12(b), the temporary license shall authorize the person to whom the license is issued to practice dentistry exclusively under the auspices of the dental residency program.

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

1. The date you complete or leave the residency program; or
  2. The date on which the Board revokes the temporary license; provided that the Board may revoke the temporary license at any time for cause.
- **Note:** Residency program directors and licensees shall inform the Board’s office of any early termination of a resident’s enrollment in a qualifying post-doctoral residency program.

**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:  
DCCA-PVL  
Attn: Dental  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:  
335 Merchant St.  
Room 301  
Honolulu, HI 96813  
(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.

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## **SUBMITTALS**

The following should be submitted for a complete application for temporary dentist licensure as a post-doctoral resident. 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:
  - a. Certified copy of diploma - self-submit; or
  - b. Official transcripts - self-submit; or
  - c. Letter from the Dean/Registrar's office that meets the above requirements - must be sent directly from the school to Hawaii
3. NBDP self-query (if licensed in another jurisdiction) - self-submit
4. License verification (for every jurisdiction currently AND previously licensed in) - sent directly by the verifying board of each jurisdiction to Hawaii
5. Letter confirming residency by program director:
  - a. Signed, dated, on official letterhead
  - b. States the start and end dates of the residency program
  - c. Lists your assigned training site(s)

**APPLICATION FOR TEMPORARY LICENSE - DENTIST (RESIDENCY ONLY)**Access this form via website at: [cca.hawaii.gov/pvl/boards/dentist](http://cca.hawaii.gov/pvl/boards/dentist)

Legal Name (First)		(Middle)	(Last)	<b>FOR OFFICE USE</b>	APPROVED: <input type="checkbox"/>	Date:
Other Names used:					License No.	Effective Date:
					Employer Code: XXX -	Expiration Date:
Residence Address (Include Suite No., City, State and Zip Code) - <b>REQUIRED</b>						
Mailing Address (Only if different from above)						
Name & Address of Residency Program						
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 program or a dental program that has a reciprocal agreement with ADA CODA? ..... ☐ YES ☐ NO
4. Are you enrolled in a CODA accredited post-doctoral residency program in Hawaii? ..... ☐ 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 residency program director submitted an enrollment letter to our office on your behalf? ..... ☐ YES ☐ NO
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 3)

Name of Applicant (Dentist): \_\_\_\_\_

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

	Dates (mo/yr)		Degree Earned & Date Earned	Name of Institution	Location (City/Country)
	From	To			
EDUCATION				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

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## REQUIREMENTS & INSTRUCTIONS FOR LICENSURE - TEMPORARY 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 temporary dentist license pursuant to Hawaii Revised Statutes (“HRS”) §448-12(a) shall have the benefit of a temporary license if any section of the ADEX examination has been failed.
APPLICATION	<p>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.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> Please use the “Post-Doctoral Dental Resident Application” if applying for a temporary dentist license as a post-doctoral resident under HRS §448-12(b).</li></ul>
SOCIAL SECURITY NUMBER	<p>Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. <b>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.</b> The following laws require that you furnish your Social Security Number to our agency:</p> <p><u>FEDERAL LAWS:</u> <b>42 U.S.C.A. §666(a)(13)</b> 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, <b>45 C.F.R., Part 61, Subpart B, §61.7</b> 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> <b>§576D-13(j)</b>, HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and <b>§436B-10(4)</b>, 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 &amp; 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 Dentist license</u> application fee - \$75</p> <ul style="list-style-type: none"><li>• <b>Note:</b> 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.</li></ul>
EDUCATION	<p>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.</p> <ul style="list-style-type: none"><li>• <b>Note:</b> To date, only dental colleges accredited by the Commission on Dental Accreditation of Canada (“CDAC”) have such a “reciprocal agreement” with ADA CODA. If you received dental education outside the US, please contact CODA directly to confirm whether your foreign dental college has such a “reciprocal agreement.”</li></ul> <p><b>SUMBIT:</b> To verify your qualifying education, you may self-submit any one (1) of the following:</p> <ol style="list-style-type: none"><li>1. Certified copy of diploma</li><li>2. Official transcripts</li></ol>
NATIONAL PRACTITIONER DATA BANK (“NPDB”) VERIFICATION	<p>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 <a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a> for information on ordering a “Self-Query Report.”</p> <p><b>SUBMIT:</b> Original report titled “Self-Query Response” to our office.</p>

**LICENSE  
VERIFICATION**

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

**SUBMIT:** Request for all licensure jurisdiction 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)

**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 §448-12(a) - 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 §448-12(a), the temporary license shall authorize the person to whom the license is issued to practice dentistry exclusively while engaged in that employment or contracted by the department of health to conduct dental education and training.

**TERMINATION OF  
LICENSE VALIDITY**

Pursuant to HRS §448-12(a), the temporary license shall authorize the person to whom the license is issued to practice dentistry exclusively while engaged in that employment or contracted by the department of health to conduct dental education and training.

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 396<sup>th</sup> calendar day following the date of issuance of the temporary license;
  3. The date on which the results of the licensure examination taken by the individual are posted; 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:  
DCCA-PVL  
Attn: Dental  
P.O. Box 3469  
Honolulu, HI 96801

OR

Deliver to office location at:  
335 Merchant St.  
Room 301  
Honolulu, HI 96813  
(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 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. Certified copy of diploma; or
  - b. Official transcripts
3. NBDP self-query (if licensed in another jurisdiction) - self-submit
4. License verification (for every jurisdiction current AND previously licensed in) - sent directly by the verifying board of each jurisdiction to Hawaii
5. 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 §448-12(a)

# APPLICATION FOR TEMPORARY LICENSE - DENTIST

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

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) - <b>REQUIRED</b>						
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 program or a dental program that has a reciprocal agreement with ADA CODA? ..... ☐ YES ☐ NO
4. Have you ever failed the ADEX exam in whole or in part? ..... ☐ 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 3)



Name of Applicant (Dentist): \_\_\_\_\_

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

EDUCATION	Dates (mo/yr)		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

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

## Hawaii Board of Dentistry Frequently Asked Questions (“FAQs”) & Guidance

**Note:** The answers to general questions (e.g. change of address, name change, duplicate pocket ID/wall certificate, license verification request, etc.) can be found in the Professional and Vocational Licensing (“PVL”) division’s FAQs: <https://cca.hawaii.gov/pvl/faqs/>

**Note:** In order to become license in Hawaii, a person shall be at least 18 years of age; be a US citizen, US national, or an alien authorized to work in the US; and have a US social security number.

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## I. GENERAL QUESTIONS – APPLICATION PROCESS

### **1. How long is the application processing timeline?**

All applications currently take a minimum of 45 to 60 business days to process, regardless of licensure in another jurisdiction.

If an application is deficient (e.g. documents missing, Board requests additional clarification, etc.), this may delay the processing timeline. Our office cannot continue processing applications until all deficiencies are remedied.

### **2. Can I expedite my application?**

There is no option to expedite an application. All applications are reviewed in the order in which they are received.

### **3. Can I submit online?**

Yes, you may submit online by creating a “MyPVL” account: <https://mypvl.dcca.hawaii.gov/>. If you submit your application online, there is also an option for online payment.

You may alternatively submit hard-copies of the application, supplementary materials, and check payment to our office by mailing:

DCCA-PVL  
Attn: Dental

P.O. Box 3469  
Honolulu, HI 96801

Check payable to: "Commerce & Consumer Affairs"

#### **4. Where can I access the application form?**

Application form and supplemental verification forms can be downloaded as PDFs on our website: [https://cca.hawaii.gov/pvl/boards/dentist/application\\_publications/](https://cca.hawaii.gov/pvl/boards/dentist/application_publications/)

#### **5. How do I check on the status of my application?**

If you submit an online application, you can track your application through the application process through your MyPVL account.

You may also contact the Licensing Branch by calling (808) 586-3000, contact Board staff by calling (808) 586-2702, or by emailing the Board at [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov). Our normal business hours are Monday through Friday, 7:45a.m. to 4:30p.m. Hawaii Standard Time.

Please provide your full, legal first and last name, and confirm the last 4 digits of your SSN for privacy and security purposes.

Note that we will not disclose any information about your application to any other individual unless they are listed as an authorized third party.

#### **6. What is the general licensure process?**

Your application will be first received and processed by the Licensing Branch. If there is anything missing, you will receive a "Deficiency Notice" to your email or mailing address on file. Please check your spam/junk mail.

If you answer "YES" to any of the application questions indicating prior disciplinary action, conviction, misdemeanor, professional misconduct, etc. note that your application will have to be considered by the Board at a duly notice Board meeting. Your application will only be added to the Board's agenda once all application materials have been received and reviewed.

Otherwise, complete applications are processed on an ongoing basis outside of regularly scheduled Board meetings, and approved applications are ratified by the Board. Once you receive an actual license number, you may begin practicing in the State, regardless of if the license has been formally ratified by the Board yet.

If your MyPVL portal shows that a Notice has been sent, but you have not received it, please contact our office and we can provide another copy.

7. **Generally:** Submit application → Application is reviewed by the Licensing Branch → Deficiency Notice sent if anything is missing and/or certain “YES” answers reviewed by the Board at a meeting → Complete and approved applications are sent a “Notice of Licensure” with your license number and information on self-printing pocket ID and wall certificate via MyPVL portal.

8. **How long do I have to complete the application process?**

Pursuant to HRS section 436B-9, your application shall be considered abandoned and shall be destroyed if you fail to complete the licensure process **within one (1) 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, you are required to re-apply for licensure and meet the licensing requirements at the time of re-application.

9. **I’m already licensed in another state. How do I transfer my license to Hawaii or apply by reciprocity?**

Your out-of-state license **CANNOT** be transferred to Hawaii. Hawaii does **not** license by reciprocity. Even if you hold a license in another jurisdiction, all applicants must still submit a Hawaii application form, fees, and related documents and meet the Hawaii requirements for licensure.

Please be reminded that all states have their own licensing authority and governing laws/rules over the profession. Requirements may vary state by state, sometimes significantly.

10. **What license types does the Board offer?**

You may apply with the Board for the following license types:

- DT – Dentist
- DTT – Temporary Dentist
- CSDT – Community Service Dentist
- DH – Dental Hygienist
- DHT – Temporary Dental Hygienist
- CSDH – Community Service Dental Hygienist

The Board also offers the following permits:

- Dentist permit to administer deep sedation/general anesthesia and/or moderate sedation
- Dental hygienist permit to administer intra-oral block anesthesia

11. **Does Hawaii license dental assistants?**

Hawaii does not currently license dental assistants.

Dental assistants are only regulated by the Board to the extent that the Board's laws and rules define dental assistants as, "a non-licensed person, who may perform dental supportive procedures authorized by the provisions of this chapter under the direct supervision of a licensed dentist" (HAR §16-79-1); and by identifying allowable and prohibited duties of dental assistants as auxiliary dental personnel in HAR §16-79-69.1 & HAR §16-79-69.5.

## 12. How much are the fees\*?

License Type	Application & Licensure fee(s)
Dentist (DT)	If license issued in an even-numbered year: \$448 If license issued in an odd-numbered year: \$294
Temporary Dentist (DTT)	\$75
Community Service Dentist (CSDT)	If license issued in an even-numbered year: \$373 If license issued in an odd-numbered year: \$299
Dentist Anesthesia Permit	\$100
Dental Hygienist (DH)	If license issued in an even-numbered year: \$246 If license issued in an odd-numbered year: \$164
Temporary Dental Hygienist (DHT)	\$75
Community Service Dental Hygienist (CSDH)	\$175
Dental Hygienist Block Anesthesia Permit	\$50
Application for Approved CE Sponsor	\$50

*\*All fees are subject to change*

*\*\*Application fees are non-refundable*

## 13. Where can I find the licensing law (HRS) and administrative rules (HAR)?

Licensing laws and administrative rules for the Dental Board can be found on our website:

[https://cca.hawaii.gov/pvl/boards/dentist/statute\\_rules/](https://cca.hawaii.gov/pvl/boards/dentist/statute_rules/)

## 14. The information in your application form/website/laws and rules differs from the information on available on a different website.

Please be reminded that the Board's laws (Hawaii Revised Statutes) and rules (Hawaii Administrative Rules) are the governing authority over licensure and the profession in Hawaii. You should always contact the Board directly to verify licensing requirements.

While the Board is a member of certain national organizations, these organizations do not have the authority to determine licensing requirements in the State. While we do our best to collaborate and provide the most up-to-date information on their websites, licensing laws/rules and other policies may change before those websites can be appropriately updated. Again, you should always contact the Board directly to verify licensing requirements for the state in which you are applying.

## 15. Someone will be helping me with my application. How do I authorize them?

Please be sure to fill out and sign the last page of the application form if you would like to designate “authorized third parties.” We will not disclose any information about your application to any other individual unless they are listed as an authorized third party.

If you would like to add an authorized third-party mid-way through the application process, please complete and sign the last page of the application form and email it to [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov).

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## II. GENERAL QUESTIONS – AFTER LICENSURE

### 1. After licensure, how often do I have to renew?

The following license types must renew by December 31 of every odd-numbered year:

- Dentist (DT)
- Community service dentist (CSDT)
- Dental hygienist (DH)

The following license types must renew on an annual basis, based on the date of initial licensure:

- Community service dental hygienist (CSDH)

The following license types are not eligible to be renewed:

- Temporary dentist (DTT), including DTT licenses issued to post-doctoral residents
- Temporary dental hygienist (DHT)

A notice of renewal will be sent to your mailing address on file approximately two months prior to the renewal deadline as a courtesy reminder. **However, it is every licensee’s sole responsibility to timely renew their license.** The Board is not responsible for late or no renewal and it is impossible for our office to track whether the renewal postcards are received once they leave our office.

### 2. Are there Continuing Education (“CE”) requirements for renewal?

Dentist and dental hygienist licensees are required to complete CE requirements for renewal.

The Board is authorized to conduct a random audit of licensees after each renewal deadline to determine compliance with the CE requirements for the previous licensure biennium. Licensees selected for audit will be notified in writing of how to verify compliance.

Please see the Renewal FAQs available on the Board’s website for more information regarding CE requirements: [https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/).

### 3. I did not renew my license. How do I restore it?

Licenses that are not renewed by December 31 of every odd-numbered year become forfeited. A forfeited license may be restored within two (2) years of the forfeiture upon submission of a restoration application, restoration fee, and the full number of CEs for your license type.

A forfeited license may be restored within five (5) years of the forfeiture upon verification of specific requirements pursuant to HAR §16-79-3.1(b). Please contact the Board directly for more information to see if you qualify for the five-year restoration.

You may **not** practice in Hawaii with a forfeited Hawaii license.

To restore a license, you may call the Licensing Branch at (808) 586-3000 Monday through Friday between 7:45a.m. and 4:30p.m., Hawaii Standard Time or email the Board at [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) and request for a restoration application form to be sent to you. The restoration application must be mailed to our office with payment.

#### **4. Can I place my license on “inactive” status?**

To place your DT or DH license on “inactive” status, you must submit the “Inactivation” application available on the Board’s website. You may **not** practice on inactive status. Inactive licenses must still be renewed by the renewal deadline; however, CEs are not required while on inactive status.

If you would like to reactivate your application in the future, you must submit the “Reactivation” application available on the Board’s website.

Please contact our office by emailing [dental@dcca.hawaii.gov](mailto:dental@dcca.hawaii.gov) if you would like to voluntarily surrender your license.

Otherwise, if you do not renew by the renewal deadline and do not subsequently restore within the restoration deadline, your license will be considered “forfeit” in our system.

#### **5. I had a license that expired, and I did not renew or restore it. How do I get licensed again?**

Your license is considered “forfeit” in our system. You will need to re-apply as a “new” applicant by re-submitting the application form, fees, and related documents. You must meet the requirements at the time of re-application.

If your re-application is approved, you will be given your original license number.

#### **6. Where do I get my wall certificate and pocket ID after licensure?**

Our office does not mail or email out wall certificates or pocket IDs. All licensees may self-print both documents online via their MyPVL account: <https://mypvl.dcca.hawaii.gov/>

## 7. How do I verify my Hawaii license?

Until you receive an actual license number, you may **NOT** practice in the State of Hawaii.

Verification of licenses can be done on-line at no cost using our license search site at: <https://pvl.ehawaii.gov/pvlsearch>. You or the requesting agency will be able to obtain information such as original license date, license expiration date, license status, disciplinary action, etc. The information downloaded from this site is official license information which state boards or other individuals can download for themselves.

If the above is not acceptable, please submit a written request that includes the complete address or email address of the location that the verification is to be mailed to along with a \$15 fee (check payable to *Commerce and Consumer Affairs*)

Mailing Address:           Licensing Branch – License Verification  
                                  P.O. Box 3469  
                                  Honolulu, HI 96801

Please allow 20 business days from the receipt of your request for PVL standard verification reports to be mailed out.

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## III. Dentist (DT) Licensure

### 1. What are the requirements for DT licensure?

In addition to the general licensure requirements, all DT license applicants are required to:

- Graduate with a DDS or DMD degree from a dental college accredit by ADA CODA
- Provide verification of passage of the Integrated National Board Dental Examination (“INBDE”) or Part I & Part II of the National Board Dental Examination (“NBDE”)
- Provide verification of passage of all five (5) sections of the ADEX dental exam, including the optional 5<sup>th</sup> periodontal exam
- Applicants licensed as a dentist in another state shall also submit an official verification of licensure from each state in which they are license and a self-query report from the National Practitioner Data Bank (“NPDB”)

### 2. Does Hawaii license by specialty?

Hawaii does not license by specialty. All applicants for a Hawaii dentist license must meet all the requirements including being a graduate of a dental college accredited by ADA CODA.

Completion of an advanced dental education program at a CODA accredited dental college is not acceptable in lieu of a DDS or DMD degree from a CODA accredited dental college.



### 3. Will Hawaii accept my foreign dental training?

Only CODA-accredited DDS or DMD degrees are acceptable for DT licensure.

The only CODA-accredited non-US dental colleges as of May 2025 are the Yeditepe University Faculty of Dentistry in Istanbul, Turkey and King Abdulaziz University Dental Program in Saudi Arabia.

The Board is aware of the reciprocal agreement between CODA and the Canadian accreditation body CDAC, but this agreement does not qualify an individual for DT licensure in Hawaii currently. Individuals with CDAC-accredited dental degrees may be eligible for community service dentist (CSDT) or temporary dentist (DTT) licensure, upon meeting the other requirements for these licensure types.

### 4. Is passage of any other clinical exam (CRDTS, SRTA, WREB, NERB, etc.) other than ADEX acceptable for DT licensure?

No. You must pass all 5 parts of the ADEX exam to qualify for DT licensure in Hawaii, regardless of passage of any other regional clinical exam.

Please be advised of the following Hawaii Revised Statutes:

**§448-9.4 American Board of Dental Examiners (ADEX) examination; regional examinations.** An applicant shall take and pass the ADEX examination, and neither the state examination nor any regional examination shall be accepted.

### 5. Are manikin-based exams acceptable?

Yes, the Board allows for acceptance of either the live patient ADEX exam or the full manikin based ADEX exam taken on or after June 5, 2020.

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## IV. Dental Hygiene (DH) Licensure

### 1. What are the requirements for DH licensure?

In addition to the general licensure requirements, all DH license applicants are required to:

- Graduate from a two-year CODA-accredited dental hygiene school
- Verify passage of the National Board Dental Hygiene Examination (“NBDHE”)
- Verify passage of any one of the regional clinical examinations authorized by HRS 447-1(b) and passed after February 1, 2005 – WREB, CRDTS, SRTA, or NERB or a national clinical exam
- Submit documentation confirming certification in administration of both intra-oral infiltration and intra-oral block anesthesia from an accredited dental hygiene school or by a certification program approved by the Board

- Applicants licensed as a dental hygienist in another state shall also submit an official verification of licensure and a self-query report from the National Practitioner Data Bank (“NPDB”)

## **2. Will Hawaii accept my foreign dental hygiene training?**

Only two-year CODA-accredited dental hygiene degrees are acceptable for DH licensure.

The Board is aware of the reciprocal agreement between CODA and the Canadian accreditation body CDAC, but this agreement does not qualify an individual for DH licensure in Hawaii currently. Individuals with CDAC-accredited dental degrees may be eligible for community service dental hygienist (CSDH) licensure, upon meeting the other requirements for this license type.

## **3. Does Hawaii accept manikin-based exams?**

On January 25, 2021, the Board voted to accept the manikin-based regional dental hygiene examination from the following testing agencies, given after February 1, 2005:

- Western Regional Examining Board (WREB);
- Central Regional Dental Testing Service, Inc. (CRDTS);
- Southern Regional testing Agency, Inc. (SRTA); or
- North East Regional Board of Dental Examiners, Inc. (NERB)

## **4. What do I do if I was not certified to administer intra-oral local anesthesia and/or intra-oral block anesthesia?**

Pursuant to HRS §447-1(a)(3), all dental hygiene applicants are required to be certified in the administration of intra-oral local anesthesia and intra-oral block anesthesia.

If your program did not certify you in both infiltration and block, you will have to identify a CODA-accredited program in which to remediate this requirement if you want to qualify for DH licensure in Hawaii.

The Board does not recommend specific programs and does not maintain a “list” of acceptable programs. It is incumbent upon the applicant to identify an appropriate program to remediate the requirement.

The program must be 1) CODA-accredited and 2) certify you in both infiltration and block anesthesia.

For more guidance on how to meet the requirements for the additional permit to administer block anesthesia, please see the guidance document on the Board’s website:

[https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/).

## **5. What are the dental hygiene anesthesia privileges for licensed DHs in Hawaii?**

Upon initial DH application, all applicants are required to verify certification in both infiltration and block anesthesia.

If approved for DH licensure, a Hawaii DH may only administer infiltration.

If a DH licensee would like to additionally administer block, they must apply for an additional permit to administer block. The additional permit requires verification of specific education and training requirements pursuant to HRS §447-3.5.

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## V. Temporary Dentist (DTT) and Temporary Dental Hygienist (DHT) licensure

### 1. What are the requirements for temporary licensure?

#### DTT requirements:

- Application form & fees
- Verification of DDS or DMD degree from a CODA-accredited dental college (or reciprocal agreement with CODA)
- NBDP self-query (if licensed in another jurisdiction)
- License verifications from any other jurisdiction currently and previously licensed in
- Letter of employment by qualifying employer

#### DTT (post-doctoral resident) requirements\*:

- Application form & fees
- Verification of education of DDS or DMD degree from a CODA-accredited dental college (or reciprocal agreement with CODA)
- NBDP self-query (if licensed in another jurisdiction)
- License verifications from any other jurisdiction currently and previously licensed in
- Letter confirming residency by program director

\*Please see detailed FAQs for post-doctoral dental residents on the Board's website:

[https://cca.hawaii.gov/pvl/news-releases/dental\\_announcements/](https://cca.hawaii.gov/pvl/news-releases/dental_announcements/)

#### DHT requirements:

- Application form & fees
- NBDP self-query (if licensed in another jurisdiction)
- License verifications from any other jurisdiction currently and previously licensed in
- Letter of employment by qualifying employer

### 2. How long is the temporary license valid for?

Temporary licenses may not be renewed. Temporary licenses are only valid until the earliest of the following occurs:

DTT:

- Date the person leaves the authorized employment
- 396<sup>th</sup> calendar day following the date of issuance
- Date on which the person attempts the ADEX exam
- Date on which the Board revokes the license

DTT (post-doctoral residents):

- Date the person completes or leaves the residency program
- Date on which the Board revokes the license

DHT:

- Date the person leaves the authorized employment
- 365<sup>th</sup> calendar day following the date of issuance
- Date on which the person attempts any of the regional clinical examinations
- Date on which the Board revokes the license

**3. Can I enter into private practice/contract/work “side gigs” under my temporary license?**

No. The temporary license only authorizes you to work exclusively for the specific qualifying employer who submitted your employment letter upon application (or exclusively in your residency program if a post-doctoral resident).

**4. What is a “qualifying employer” who can sponsor my temporary license?**

A qualifying employer for temporary licenses is: The State of Hawaii or any county, or any legally incorporated eleemosynary dispensary or infirmary, private school, or welfare center. (HRS §447-2 & HRS §448-12(a))

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## VI. Community Service Dentist (CSDT) and Community Service Dental Hygienist (CSDH) Licensure

**1. What are the requirements for community service licensure?**

CSDT requirements:

- Application form & fees
- Verification of DDS or DMD degree from a CODA-accredited dental college (or reciprocal agreement with CODA)
- Passage of the INBDE or Part II of the NBDE within 5 years of the date of application or evidence of active clinical dental hygiene practice of not less than 1,000 hours per year for the 3 years immediately prior to the date of application
- Verification of at least one active, unrestricted dentist license from another state

- NBDP self-query
- License verifications from any other jurisdiction currently and previously licensed in
- Letter of employment by qualifying employer

CSDH requirements:

- Application form & fees
- Verification of a CODA-accredited (or reciprocal agreement with CODA) dental hygiene degree
- Passage of the NBDHE within 5 years of the date of application or evidence of active clinical dental hygiene practice of not less than 1,000 hours per year for the 3 years immediately prior to the date of application
- Verification of at least one active, unrestricted dentist license from another state
- NBDP self-query
- License verifications from any other jurisdiction currently and previously licensed in
- Letter of employment by qualifying employer

**2. How long is the temporary license valid for?**

Temporary licenses may be renewed annually, pending review and reauthorization of the Board by December 31 of every odd-numbered year. They are valid until the earliest of the following occurs:

DTT:

- Date the person leaves the authorized employment
- Date on which the person attempts the ADEX exam
- Date on which the license expires
- Date on which the Board revokes the license

CSDH:

- Date the person leaves the authorized employment
- Date on which the person attempts any of the regional clinical examinations
- Date on which the license expires
- Date on which the Board revokes the license

**3. Can I enter into private practice/contract/work “side gigs” under my community service license?**

No. The community service license only authorizes you to work exclusively for the specific qualifying employer who submitted your employment letter upon application (or exclusively in your residency program if a post-doctoral resident).

**4. What is a “qualifying employer” who can sponsor my community service license?**

CSDH: 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 (HRS §447-1.5(a))

CSDT: 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 (HRS §448-9.6(a))