

**OREGON BOARD OF DENTISTRY
GENERAL INFORMATION AND INSTRUCTION SHEET**

DENTAL HYGIENE

Introduction:

These instructions are designed to assist you in the application process for dental hygiene licensure in Oregon. Please read and follow them carefully. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

There are two methods of licensure in Oregon:

1. Licensure by Examination

Dental Hygienists are eligible to apply for licensure by examination in Oregon within five (5) years of passage of any clinical Board examination administered by any state or regional testing agency.

Dental Hygienists who have graduated from a dental hygiene program located outside the United States or Canada must also meet additional education requirements. See item "E" on the checklist.

2. Licensure Without Further Examination

Dental Hygienists are eligible to apply for licensure without further examination if they hold an active dental hygiene license in another state, and if they have taken and passed the dental hygiene clinical examination conducted by any state or regional testing agency, in addition to meeting the requirements set forth in ORS 680.040 and 680.050. The applicant must verify to having 3,500 hours of licensed clinical practice in the past five years in other states, in Oregon, or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs. If in the military, the applicant must have a letter submitted to the Board from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken. In addition, the applicant must also verify to having completed 24 hours of continuing education in accordance with 818-021-0070 within two years immediately preceding submission of their application.

Dental Hygienists who have graduated from a dental hygiene program located outside the United States or Canada must also meet additional education requirements for Oregon. See item "E" on the checklist.

IMPORTANT INFORMATION – ALL APPLICANTS

Affirmative Responses to Questions on Page 2 of the Application Form

If you answer “yes” to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

1. **Written letter of explanation** from you giving full details.
2. **Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Application Valid For 180 Days (OAR 818-021-0120):

1. If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
3. **An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.**

Fees Non-refundable – (ORS 680.075(8)):

All fees paid to the Board are non-refundable or transferable.

Please anticipate a minimum of 6 – 8 weeks for complete application processing. Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

WHERE FORMS ARE TO BE SENT:

The Application and the Biennial Licensure Forms and their fees are to be sent to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

All supplemental forms, Official Transcripts, and Certificates of Standing from other states are to be sent directly to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

1. LICENSURE BY EXAMINATION: DOCUMENTATION REQUIREMENTS

A. Application Form (Form Enclosed)

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

B. Photograph (Signed and Dated)

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

C. Application Fee - \$140

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**

D. National Board Scores

A photocopy of the National Board Scores must be submitted. To obtain documentation contact: Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, Illinois 60611. Telephone number 1-800-232-1694.

E. Transcript (With Degree Posted)

Transcripts must be posted with dental hygiene degree from an ADA accredited dental hygiene program, and must be sent to the Board directly from the school. Dental Hygienists who completed non-ADA accredited programs must also have successfully completed not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0020(b) and OAR 818-021-0025(1)(b)).

F. License Verifications (Form Enclosed)

License verifications must be requested by the applicant and submitted directly from every state or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states charge a fee for this service. Please contact the state directly prior to submitting your request to prevent delays in processing.)

G. Proof of Clinical Examination within Five (5) Years of Passage

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original ADEX, CRDTS, NERB, SRTA, or WREB certificate. The telephone number for CITA is 1-919-678-9792. The telephone number for CRDTS is 1-785-273-0380. The telephone number for NERB is 1-301-563-3300. The telephone number for SRTA is 1-757-318-9082. The telephone number for WREB is 1-602-944-3315.

2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

H. Fingerprint Card (Forms and Envelope Enclosed)

Fingerprints of applicants must be taken by a person qualified to take fingerprints. (Check with your local law enforcement agency.) The fingerprint card and the letter "To The Official Taking Fingerprints" must be returned by the Official in the enclosed envelope.

I. Jurisprudence Examination

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is "open book" and may be returned to the Board by mail.

J. Biennial Licensure Fee - \$100 (Form Enclosed)

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**

2. LICENSURE WITHOUT FURTHER EXAMINATION: DOCUMENTATION REQUIREMENTS

A. Application Form (Form Enclosed)

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

B. Photograph (Signed and Dated)

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

C. Application Fee - \$750

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**

D. Transcript (With Degree Posted)

Transcripts must be posted with dental hygiene degree from an ADA accredited dental hygiene program, and must be sent to the Board directly from the school. Dental Hygienists who completed non-ADA accredited programs must also have successfully completed not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0020(b) and OAR 818-021-0025(1)(b).

E. License Verifications (Form Enclosed)

License verifications must be requested by the applicant and submitted directly from every state or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states charge a fee for this service. Please contact the state directly prior to submitting your request to prevent delays in processing.)

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Fingerprints of applicants must be taken by a person qualified to take fingerprints. (Check with your local law enforcement agency.) The fingerprint card and the letter "To The Official Taking Fingerprints" must be returned by the Official in the enclosed envelope.

G. Proof of Clinical Examination

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original ADEX, CRDTS, NERB, SRTA, or WREB certificate. The telephone number for CITA is 1-919-678-9792. The telephone number for CRDTS is 1-785-273-0380. The telephone number for NERB is 1-301-563-3300. The telephone number for SRTA is 1-757-318-9082. The telephone number for WREB is 1-602-944-3315.

2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

H. Verification of Clinical Practice Hours (LWOFE - Form 001)

Applicant must certify to having 3,500 hours of clinical practice in other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs within the past five years and list applicable addresses and hours worked. (Teaching and Post Graduate programs do not qualify for clinical practice hours.)

I. Military/Commanding Officer Letter (If Applicable)

If applicant is on active duty in the military, a letter must be submitted from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken.

J. Continuing Education (LWOFE - Form 002)

Applicants must submit verification of completion of 24 hours of continuing education in accordance with 818-021-0070 taken within two years immediately preceding submission of this application. (Details regarding acceptable continuing education are provided on the back of the form.)

K. Jurisprudence Examination

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is "open book" and may be returned to the Board by mail.

L. Biennial Licensure Fee - \$100 (Form Enclosed)

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**