

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

DENTAL HYGIENE

LICENSURE WITHOUT FURTHER EXAMINATION

Introduction:

These instructions are designed to assist you in the application process for dental hygiene licensure in Oregon. Licensure Without Further Examination is intended for those applicants who have passed their clinical examination over five years ago, and who have 3,500 clinical hours of practice within the five years, immediately preceding their application. Please read and follow the directions carefully. Failure to meet any of the requirements will result in your application being rejected. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

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, regional testing agency, national testing agency or other Board-recognized 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 "**Transcripts**" 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 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, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.

LICENSURE WITHOUT FURTHER EXAMINATION: DOCUMENTATION REQUIREMENTS

Application Form

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.

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.

Application Fee - \$790

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. All fees are mandatory.**

Biennial Licensure Form

The Biennial Licensure Form must be completed and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. When completing the form at least one address must be a physical street address.

Biennial Licensure Fee - \$230

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 Biennial License Form and appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

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 818-021-0025(1)(b)).

License Verifications

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

Fingerprints – Live Scan – Oregon

Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form. Electronic fingerprints are now available throughout the United States.

Proof of Passage 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 1-919-460-7750. 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, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.
3. National Testing Agency: If the applicant passed a clinical examination administered by a national testing agency, submit evidence of passage of the National Testing Agency clinical examination.
4. Other Board-recognized testing agency: If the applicant passed a clinical examination administered by an other Board-recognized testing agency, submit evidence of passage of the Board-recognized Testing Agency clinical examination.

Verification of Clinical Practice Hours

Applicant must certify to having 3,500 hours of clinical practice in Oregon, 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. For hygienists employed by a dental hygiene program, documentation from the dean or appropriate administration of the institution regarding length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching all disciplines of clinical dental hygiene (**didactic teaching hours do not count towards clinical practice hours**), and any adverse actions or restrictions. (Post Graduate programs do not qualify for clinical practice hours.)

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.

Continuing Education

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 with the Continuing Education Log.) **Failure to meet the continuing education requirements PRIOR to submitting your application will result in your application being rejected.**

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.

Healthcare Provider BLS/CPR

A photocopy of your Healthcare Provider BLS/CPR or its equivalent certification must be **submitted by you** to the Oregon Board of Dentistry (OBD).

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OREGON BOARD OF DENTISTRY

APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Application must be typed or completed on a computer or a typewriter. **(No hand written application will be accepted).**
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. **Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

Dental Hygiene – Licensure by Exam

Application fee (2113) \$180

Dental Hygiene – Licensure Without Further Exam

Application fee (2114) \$790

First Name	Middle Name	Last Name	
Other Names Used - Enter None if None			Telephone Number
Mailing Address/City, State, ZIP Code			Social Security Number
Place of Birth		Date of Birth	
College Education (Name and Location)	From	To	Degree
Dental/Dental Hygiene School(s) (Name and Location)	From	To	Degree

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions that would inhibit your ability to practice safely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state, or country even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs or mind altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.
Must be a passport type of photo taken within one year of application.

Sign and date across bottom of the photograph in ink!

List all states or countries in which you are or have been licensed or in which application is pending. Enter "None" or "Not Applicable" if none.	Type of License(s)			License No.	Date Issued	Status
	State/Country	Dental	Dental Hygiene			

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application. Enter "None" or "Not Applicable" if none.

Description	Name of Institution or Employer	Location	From	To

AFFIDAVIT OF APPLICANT

STATE _____ OF

COUNTY _____ OF

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, 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 Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

Legal Signature

Type name as it appears on the application

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature

Notary Public for _____

My Commission Expires: _____

OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395

**DENTAL HYGIENE
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name (as you wish it to appear on your formal license)

b. Mailing address

_____ Street or P.O. Box

_____ City State Zip Code

Business address

_____ Street

_____ City State Zip Code

Home address

_____ Street

_____ City State Zip Code

c. Phone: Home

_____ Area Code - Telephone Number

Business

_____ Area Code - Telephone Number

Cell Phone

_____ Area Code - Telephone Number

d. Email address: _____

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Oregon Board of Dentistry
 1500 SW 1st Avenue, Suite 770
 Portland, Oregon 97201
 Telephone: (971) 673-3200
 Fax: (971) 673-3202
 Email: information@oregondentistry.org
 www.oregon.gov/dentistry

**DENTAL HYGIENE
 LICENSURE WITHOUT FURTHER EXAMINATION
 CONTINUING EDUCATION LOG**

 Applicant's Name

To be licensed in Oregon, a dental hygienist who is applying for Licensure Without Further Examination must submit proof of completion of 24 hours of Board approved continuing education courses **that have been taken within the two years immediately preceding submission of the application for licensure.**

DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of Infection Control Course(s)	Please note that if using OSHA, Infection Control hours must be delineated separately on the certificate from other subjects within the course to count towards this requirement.		
List at least three hours of Medical Emergencies related to a dental practice.	Please note, that using your BLS for Health Care Providers for Medical Emergencies will not qualify for the CE required to renew a nitrous oxide permit.		
List any practice management/patient relation courses.	Please note that no more than two (2) hours may be counted toward the CE requirements.		
Total Hours			

List all courses that are related to direct clinical patient care or the practice of dental public health.			
	Total Hours		

List at least two hours of CE in cultural competency (Effective January 1, 2021)			
	Total Hours		

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license. I understand **CE hours must be taken prior to submitting my application** for Licensure Without Further Examination, **failure to complete the required CE prior to submitting my application will result in my application being rejected.** If my application is rejected I understand that I must reapply for a new license once I have meet the requirements and pay a new application fee.

Signature _____

Date _____

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).

818-021-0025

Application for License to Practice Dental Hygiene Without Further Examination

(1) The Oregon Board of Dentistry may grant a license without further examination to a dental hygienist who holds a license to practice dental hygiene in another state or states if the dental hygienist meets the requirements set forth in ORS 680.040 and 680.050 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental hygiene program located outside the United States or Canada, completion of not less than one year in a program accredited by the Commission on Dental Accreditation of the American Dental Association, and proficiency in the English language; and
- (c) Having passed the clinical dental hygiene examination conducted by a regional testing agency, by a state dental or dental hygiene licensing authority, by a national testing or other Board-recognized testing agency; and
- (d) Holding an active license to practice dental hygiene, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dental hygiene, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) Having conducted licensed clinical practice in Oregon, in other states or in the Armed Forces of the United States, the United States Public Health Service, the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dental hygienists employed by a CODA accredited dental hygiene program with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dental hygiene, and any adverse actions or restrictions; and
- (f) Having completed 24 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

(2) Applicants must pass the Board's Jurisprudence Examination.

818-021-0070

Continuing Education — Dental Hygienists

(1) Each dental hygienist must complete 24 hours of continuing education every two years. An Expanded Practice Permit Dental Hygienist shall complete a total of 36 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dental hygienists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dental hygienists is October 1 through September 30.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

- (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
- (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than six hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
- (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dental hygienist passes the examination.
- (d) Continuing education credit can be given for volunteer pro bono dental hygiene services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Hygiene Examination, taken after initial licensure; or test development for clinical dental hygiene examinations. No more than 6 hours of credit may be in these areas.
- (4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than two hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.
- (5) Dental hygienists who hold a Nitrous Oxide Permit must meet the requirements contained in OAR 818-026-0040(11) for renewal of the Nitrous Oxide Permit.
- (6) At least two (2) hours of continuing education must be related to infection control.
- (7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

CERTIFICATE OF LICENSURE

(Not applicable if no state and/or out of country licenses have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that _____ was granted license number _____ to practice _____ in the State and/or Country of _____, on the basis of successfully passing _____ examination.

STATUS OF LICENSE Current Expiration Date _____
 Expired Date _____
 Inactive Expiration Date _____
 Revoked Date _____

Type of License Issued Full
 Limited
 Conditional/Restricted (Please explain)

Legal/Disciplinary Action: Yes No

Legal/Disciplinary Action Pending Yes No Unable to disclose

If yes, please attach copies of any disciplinary/legal action or pending disciplinary/legal action.

SEAL

Signature of Official

Title

Date Certificate Prepared

Return directly to:

**Oregon Board of Dentistry
1500 SW 1st Avenue, Suite 770
Portland, Oregon 97201**

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CERTIFICATION OF CLINICAL PRACTICE

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice in the five years **immediately preceding this application** (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025). Use additional sheets if necessary.

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

I certify that the above information is true and correct.

Applicant's Signature _____ Date _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____



Oregon

Kate Brown, Governor

Board of Dentistry
1500 SW 1st Ave. Ste 770
Portland, OR 97201-5837
(971) 673-3200
Fax: (971) 673-3202

Expanded Functions of Dental Hygienists

OAR 818-035-0040 provides:

(1) Upon completion of a course of instruction in a program accredited by the Commission on Dental Accreditation of the American Dental Association or other course of instruction approved by the Board, a dental hygienist who completes a Board approved application shall be issued an endorsement to administer local anesthetic agents under the general supervision of a licensed dentist.

Instructions

1. If you wish to administer local anesthesia, please complete the Application for Dental Hygiene Local Anesthesia Endorsement (on the reverse), and return it to the Oregon Board of Dentistry.
2. If proof of completion of the specific coursework has not previously been submitted to the Board, please arrange to have proof of completion of your coursework (i.e., an official transcript) sent directly by your program or school to the Board.

(Please note that if you arrange for a general listing of course work, such as a transcript, the Board will use your certification form to identify the courses. That is, it is not necessary for the program to specify the coursework.)

3. Upon receipt of the above, the Board will issue you a new License, with local anesthesia listed.
4. Please refer questions to Examination and Licensing Manager Ingrid Nye at (971) 673-3200.

OREGON BOARD OF DENTISTRY
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
(971) 673-3200

**APPLICATION FOR DENTAL HYGIENE
LOCAL ANESTHESIA ENDORSEMENT**

Name: _____ License No. _____

Mailing Address _____

City: _____ State: _____ Zip _____

I certify I have completed a course of instruction, in local anesthesia, in a Dental Hygiene Program accredited by the Commission on Dental Accreditation of the American Dental Association, or other course of instruction approved by the Board.

SCHOOL	COURSE	DATE

Check Appropriate Box

- Proof of completion of the course of instruction will be provided directly to the Board by the program or school.
- Proof of completion of the course of instruction has previously been sent to the Board.

Signature

Date

INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the data to the Legislature.

This law was the result of a study performed by the Governor’s Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal.



Please print information

Name: _____

License No. _____

RACE: *Please check one.*

- White/Caucasian (not of Hispanic origin)
- Black/African American (not of Hispanic origin)
- Asian
- Hispanic/Latino
- Native American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other: _____

Ethnicity: _____ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

Languages: Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.

Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date.

OREGON BOARD OF DENTISTRY
1500 SW 1st Avenue, Suite 770
Portland, OR 97201
FAX: 971-673-3202

The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.

Race - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

White/Caucasian - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

Black/African American - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Asian Indian - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

Chinese - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

Filipino - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

Japanese - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

Korean - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

Vietnamese - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

Cambodian - Includes people who provide a response such as Cambodian or Cambodia.

Hmong - Includes people who provide a response such as Hmong, Laohmong, or Mong.

Laotian - Includes people who provide a response such as Laotian, Laos, or Lao.

Thai - Includes people who provide a response such as Thai, Thailand, or Siamese.

Other Asian - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

Hispanic/Latino - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

Native American Indian and Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

American Indian - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

Alaska Native - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

Native Hawaiian and Other Pacific Islander -A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

Native Hawaiian - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

Guamanian or Chamorro - Includes people who indicate their race as such, including Chamorro or Guam.

Samoan - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

Other Pacific Islander - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

Some Other Race - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE: **Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**
Ethicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)



Oregon

Kate Brown, Governor

Board of Dentistry
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PRIVACY ACT NOTIFICATION

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.