

**STATE BOARD OF DENTISTRY
DENTAL HYGIENE LICENSURE
APPLICATION BY ENDORSEMENT
INFORMATION AND INSTRUCTION SHEET**

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at www.pla.in.gov:

- 1. Application For License to Practice Dentistry or Dental Hygiene*
- 2. Verification of Licensure Form*
- 3. Information and Instruction Sheet*
- 4. Criminal Background Check Information*
- 5. Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene*

IPLA AGENCY ADDRESS/PHONE NUMBER/EMAIL/WEBSITE

Indiana Professional Licensing Agency (IPLA)

402 West Washington Street, Room W072

Indianapolis, Indiana 46204

Staff Phone: (317) 234-2054

Staff Email: pla8@pla.IN.gov

Website: www.pla.IN.gov

CRIMINAL BACKGROUND CHECK REQUIRED

An individual applying for a dental hygiene license shall submit to a national criminal history background check at the cost of the individual. Please follow the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check at <http://www.in.gov/pla/3241.htm>.

Criminal background checks must be obtained after you apply for your dental hygiene license with the Board and prior to the issuance of a license. An email will be sent to you upon the receipt of your application by our office explaining that you are eligible to complete your criminal background check.

WHAT IF I RESPOND "YES" TO ONE OF THE QUESTIONS ON THE APPLICATION?

Please read the questions on the application very carefully. If you need to respond "yes" please submit a notarized affidavit of the incident (such as the date, where it occurred, what happened, the charge and the outcome of the incident) and any court documents. Based upon your response, you may be required to make a personal appearance before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

WHAT IF I RESPOND "NO" TO ONE OF THE QUESTIONS AND THE CRIMINAL BACKGROUND CHECK REVEALS SOMETHING?

Please read the questions on the application very carefully. You will be notified of such and will be required to submit the required documents and explain why you failed to respond yes to the question. Also you may be required to appear before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

JURISPRUDENCE EXAMINATION

All applicants for dental hygiene licensure are required to pass a jurisprudence examination. No applicant is exempt from this requirement.

After your application has been received by the Board, you will be eligible to take the jurisprudence examination. The jurisprudence examination and instructions will be emailed to you. You will have fourteen (14) days from the date the email is sent to you with the Jurisprudence Examination and Instructions in order to complete the examination and return the required information to our office.

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%. Statutes and Administrative Rules are available to download at www.pla.IN.gov.

The jurisprudence examination is based on the following:

Ind. Code 25-13 Dental Hygiene Law

Ind. Code 25-14 Dental Law

Ind. Code 25-1 Professional Licensing Agency General Provisions

Title 828 IAC Dental and Dental Hygiene Rules

Title 410 IAC 1-3 and 1-4 Infectious Waste and Universal Precautions

TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not accept any transcripts, examination score reports or state verifications directly from the applicant. All transcripts, examination score reports and state verifications must be sent directly from those entities.

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1, 25-1-5-11(a), and 828 IAC 1-3-1.1(c). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LICENSE

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-13-1-8(i) and 828 IAC 4-3-5(c) requires that a dental hygiene license to practice must be displayed at all times in plain view of the patients in the office where the holder is engaged in practice. No person may lawfully practice dental hygiene who does not possess a license and its current renewal.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service is available on our website at www.in.gov/pla/license.htm.

LICENSE EXPIRATION AND CONTINUING EDUCATION

All dental hygiene licenses expire on March 1st of even numbered years. Practitioners are required to have completed nineteen (19) hours of continuing education per renewal period and to show proof of a current CPR card and completion of a two (2) hour program which covers the following subjects: Ethics, professional responsibility and the Indiana Statutes and Administrative Rules. Dental Hygienists are required to complete one-half of their continuing education in live presentations or live workshops.

You are not required to complete continuing education within the renewal period of which your license is issued.

Information regarding the continuing education requirement is available at the Board's website at www.pla.IN.gov. Or you may contact our office by calling (317) 234-2054 or by email at pla8@pla.IN.gov.

DENTAL HYGIENE LOCAL ANESTHETIC PERMIT

Ind. Code 25-13-1-10.6 requires that a licensed dental hygienist may administer dental anesthetics under the direct supervision of a licensed dentist if the dental hygienist has:

(1) Completed board approved educational requirements, including cardiopulmonary resuscitation and emergency care training; and

(2) Received a board issued dental hygiene anesthetic permit.

Local dental anesthetics do not include nitrous oxide or similar analgesics.

Dental hygiene local anesthetic permit applications and instructions are available on line at <http://www.in.gov/pla/dental.htm>.

**DENTAL HYGIENE LICENSURE
APPLICATION BY ENDORSEMENT
INSTRUCTION SHEET**

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

APPLICATION

Submit your Application for Licensure as a Dental Hygienist (LDH)

**Please make sure that you have completed and signed the application in all places required.*

AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been **arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state**, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

CRIMINAL BACKGROUND CHECK REQUIRED

All applicants applying for a dental hygiene license shall submit to a national criminal history background check at the cost of the individual. Please follow the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check on the Board's website at <http://www.in.gov/pla/3241.htm>.

A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.

WHAT IF I HAVE TO RESPOND "YES" TO ONE OF THE QUESTIONS ON THE APPLICATION?

Please read the questions on the application very carefully. If you need to respond "yes" please submit a notarized affidavit of the incident (such as the date, where it occurred, what happened, the charge and the outcome of the incident) and any court documents. Based upon your response, you may be required to make a personal appearance before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

WHAT IF I RESPOND "NO" TO ONE OF THE QUESTIONS AND THE CRIMINAL BACKGROUND CHECK REVEALS SOMETHING?

Please read the questions on the application very carefully. You will be notified of such and will be required to submit the required documents and explain why you failed to respond yes to the question. Also you may be required to appear before the Board. Please note that an appearance before the Board may delay your license or being approved for the examination.

FEE INFORMATION

Applicants must submit a one hundred dollar (\$100.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and nontransferable.**

PHOTOGRAPHS

Applicants must submit two (2) acceptable photographs, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL TRANSCRIPTS

Applicants must submit an official transcript, **sent directly to the Board from the school**, certifying the date the degree was conferred.

NATIONAL BOARD DENTAL HYGIENE EXAMINATION SCORE REPORT

Applicants must submit an official score report from the National Board Dental Hygiene Examinations, **sent directly to the Board from the National Boards**, showing passing scores in all sections of the examination. Contact the National Board for information on how to obtain your score report and fee information at:

Joint Commission on National Dental Examinations
American Dental Association
Department of Testing
National Board Score Reports
211 East Chicago Avenue, Suite 600
Chicago, Illinois 60611
Telephone: (800) 232-1694 or (312) 440-2811
Website: <http://www.ada.org/en>
Email: nbexams@ada.org

CLINICAL EXAMINATION REQUIREMENT

To be eligible for licensure by endorsement, an applicant must pass all parts of one (1) of the following examinations. **Please have your score report sent directly to the Board from one of the entities listed below:**

- 1. THE COMMISSION ON DENTAL COMPETENCY ASSESSMENT (CDCA)
(ADEX Examinations and Northeast Regional Boards (NERB))**
1304 Concourse Drive, Suite 100
Linthicum, MD 21090
Telephone: (301) 563-3300
FAX: (301) 563-3307
Website: <https://www.cdcaexams.org/>
- 2. CENTRAL REGIONAL DENTAL TESTING SERVICE EXAMINATION (CRDTS)**
1725 SW Gage Blvd.
Topeka, Kansas 66604-3333
Telephone: (785) 273-0380
FAX: (785) 273-5015
Website: www.crdts.org
Email: info@crdts.org
- 3. SOUTHERN REGIONAL TESTING AGENCY EXAMINATION (SRTA)**
4698 Honeygrove Road, Suite 2
Virginia Beach, Virginia 23455-5934
Telephone: (757) 318-9082
FAX: (757) 318-9085
Website: www.srta.org
Email: help@srta.org
- 4. WESTERN REGIONAL EXAMINING BOARD EXAMINATION (WREB)**
23460 N. 19th Avenue, Suite #210
Phoenix, Arizona 85027

Telephone: (623) 209-5400
FAX: (602) 371-8131
Website: www.wreb.org
Email: dentalinfo@wreb.org

5. STATE OR CANADIAN PROVINCIAL CLINICAL LICENSING EXAMINATION

The applicant must have satisfactorily completed a state or Canadian province clinical licensing examination having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana. The state or Canadian province must provide the clinical examination subject and scores to the Board with the verification of licensure.

BASIC LIFE SUPPORT (BLS) OR ADVANCED CARDIAC LIFE SUPPORT (ACLS) CARD

Applicants are required to submit a copy of your current BLS and/or ACLS certification card. Make sure that your signature is on the card.

THREE (3) REFERENCE LETTERS

Applicants are required to submit reference letters from three (3) practicing dentists, on their official letterhead/stationary, verifying the applicant's active, moral, and ethical practice of dental hygiene. The statements must be originals and dated and have been written not more than **eight (8) weeks** before the submission of the application.

CONTINUING EDUCATION – NINETEEN (19) HOURS

Applicants are required to submit proof of nineteen (19) hours of continuing dental hygiene education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement. Copies of certificates, letters from programs and/or transcripts are required.

PROOF OF PRACTICE

An applicant for licensure by endorsement must have engaged in the satisfactory practice of dental hygiene for at least two (2) years out of the five (5) years preceding the date of application.

“Satisfactory practice of dental hygiene” means that the applicant has actively engaged in practicing dental hygiene for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in post associate degree-training in dental hygiene in a program approved by the board.

Applicants are required to state on Page 2 of the Licensure application the Name and Address of Employer, Responsibilities, Hours worked per week, and Dates of employment.

VERIFICATION OF STATE LICENSURE

Applicants must provide a “Verification of State Licensure” form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

NATIONAL PRACTITIONER DATA BANK

Applicants who are now or have been licensed to practice dental hygiene in another state or jurisdiction must submit a report from the National Practitioner Data Bank (NPDB).

Please contact the NPDB to request a self-query report. All self-query report applications must be requested electronically through the NPDB website listed below. Information on how to complete a self-query is located on the website. Please review this helpful information on how to obtain the report. A \$5.00 fee will be assessed for your NPDB report. All self-query fees must be paid by credit card or debit card.

Once you receive the NPDB report, please forward the report to the Professional Licensing Agency.

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, Virginia 20153-0832
Website: www.npdb-hipdb.com
Customer Service Center: 1-800-767-6732
Email: help@npdb.hrsa.gov

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.