

**PENNSYLVANIA STATE BOARD OF DENTISTRY
P.O. BOX 2649
HARRISBURG, PA 17105-2649**

**APPLICATION FOR CERTIFICATION AS A PUBLIC HEALTH DENTAL
HYGIENE PRACTITIONER**

Instructions and Application Form

Introduction:

Please read the following instructions in their entirety. These instructions will assist in the application process for certification as a public health dental hygiene practitioner in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

A public health dental hygiene practitioner is defined as a licensed dental hygienist who is certified by the Board as having met the requirements of section 11.9 of the act (63 P.S. § 33.205b (relating to practice as a public health dental hygiene practitioner) without the authorization, assignment or examination of a dentist.

Candidates for certification as a public health dental hygiene practitioner must:

- 1) Hold an ACTIVE license in good standing to practice as a dental hygienist in this Commonwealth.
- 2) Provide to the Board a certification statement signed by a licensed dentist verifying that the dental hygienist has completed 3,600 hours of practice as a licensed dental hygienist under the supervision of a licensed dentist.
- 3) Provide to the Board documentation demonstrating that the dental hygienist has obtained professional liability insurance, or is a named insured covered by a group policy in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.

Practice Settings

A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in the following practice settings (Please refer to the regulations at www.dos.state.pa.us/dent for complete information on practice settings.):

- 1) All public and private educational institutions that provide elementary and secondary instruction to school aged children.
- 2) Correctional Facilities
- 3) Healthcare facilities
- 4) Personal care homes
- 5) Domiciliary care facilities
- 6) Older adult daily living centers
- 7) Continuing-care provider facilities
- 8) Federally qualified health centers
- 9) Public or private institutions under the jurisdiction of a Federal, State or Local Agency
- 10) Free and reduced-fee nonprofit health clinics

Instructions

The following documents are required for a permit to practice as a public health dental hygiene practitioner:

A. **Application Forms – Pages 1 & 2**

Page 1 – Application Fee

Submit a check or money order in the amount of \$20.00, made payable to “**Commonwealth of Pennsylvania**”. (Do not send cash.) All application fees are non-refundable. Check or money order must be drawn on a U.S. bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**

Page 1 – Applicant Information

Verification of Name:

If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached. Documentation accepted by the Board is a marriage certificate, divorce decree that reflects the retake of a maiden name or court issued legal name change document.

Social Security Number:

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be accepted. A license will not be issued without a valid U.S. Social Security Number.

Federal and state laws require you to disclose your Social Security Number on your application. It is mandatory in order for the Board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). Section 301.1(a) (2) of Act 124 of 1996 amends the Domestic Relations Code. All government agencies are mandated under the Act to require the social security number of an individual on any application for a professional or occupational license. The Act also requires government agencies, including the Bureau of Professional and Occupational Affairs, to provide a licensee's name, address, and social security number to the Department of Public Welfare. The amendments were authorized under the Federal Welfare Reform Act known as the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Additionally, disclosing the number is mandatory in order for the Board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. All reports to the HIPDB must include the licensee's social security number. A social security number is mandated under Section 1128E of the Social Security Act.

Page 2 – Practice Activity

List in chronological order your dental hygiene practice activities since graduation from dental hygiene school. All time periods should be documented. If you did not practice during a specific time period, the timeframe should be documented as “no dental hygiene practice”. (Section cannot be left blank.) Employment information must include employer, city and state, dates (month/year) of practice, and practice activity.

Page 2 - Certification Statement

Please read the certification statement in its entirety, sign, and date.

B. **Certification of Proof of Professional Liability Insurance – Page 3**

Complete the Certification Statement by certifying that you have obtained professional liability insurance or that you are a named insured covered by a group policy with a minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate. Additionally, you must attach either a copy of the insurance issued by the insurer or a copy of the declaration page of the professional liability insurance policy.

C. **Certification of Active Practice – Page 4**

Section A – Complete Section A and forward the form to the supervising dentist(s) for completion of Section B.

Section B – To be completed by the supervising licensed dentist(s). **(This section may *not* be completed by the applicant.)** This form may be duplicated if the required 3,600 hours were completed under the supervision of multiple licensed dentists.

D. **Board Office**

Mail your fee, pages 1, 2 and 3 of your application and a copy of your name change document (if applicable) directly to the Board office:

Mailing Address

State Board of Dentistry
P.O. Box 2649
Harrisburg, PA 17105-2649

Street Address (Courier Delivery)

State Board of Dentistry
One Penn Center
2601 North Third Street
Harrisburg, PA 17110

Page 4 must be submitted directly from each supervising dentist in an official sealed envelope of the employer(s).

IMPORTANT INFORMATION

- You may not practice as a public health dental hygiene practitioner in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Dentistry has issued your permit.
- It is your responsibility to maintain a copy of this application for future reference.
- The Board's application forms must be submitted in their original format and may not be altered. Altered forms will be rejected and cause further delay in the processing of your application.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 7-10 business days.
- Once your application has been processed, you may check on the status of your application and/or issuance of your permit through the Board's website at www.mylicense.state.pa.us.
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, certificates and/or permits, regardless of the date of issuance, expire on March 31st of the odd-numbered years.
- The Board's Regulations require dental hygienists to complete 20 credit hours each biennial period. To maintain this certification, five (5) of the required 20 hours of continuing education must be in public health-related courses. The specific regulations pertaining to continuing education are available at www.dos.state.pa.us/dent.
- You are required to notify the Board within 10 days of an address change. A change of address may be submitted in writing by mail or by fax or online at www.mylicense.state.pa.us by using your Registration Code once your license has been issued.

**PENNSYLVANIA STATE BOARD OF DENTISTRY
P.O. BOX 2649
HARRISBURG, PA 17105-2649**

Telephone: 717-783-7162
Facsimile: 717-787-7769

Website: www.dos.state.pa.us/dent
Email: st-dentistry@state.pa.us

**APPLICATION FOR CERTIFICATION AS A PUBLIC HEALTH DENTAL
HYGIENE PRACTITIONER**

GENERAL INFORMATION

Application Fee \$20.00

Pennsylvania Dental Hygiene License Number:

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For Board Use Only:

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APPLICANT INFORMATION

NAME*:

LAST	FIRST	MIDDLE
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ADDRESS*:

STREET

CITY	STATE	ZIP CODE
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*Check here if the name and/or address on this application has changed since your dental hygiene license was issued or renewed, whichever is later.

U.S. Social Security Number: - -

*ETIN or SIN cannot be accepted.

Date of Birth: _____ Telephone Number: _____

Email Address: _____

If any document required for licensure is in a name other than above, please indicate the name(s).

(You must provide a copy of the appropriate name change document. Acceptable documents are a marriage certificate, a divorce decree showing the retaking of a maiden name, or a court document showing a legal name change.)

PRACTICE ACTIVITY

List in chronological order your practice activities since graduation from dental hygiene school. All time periods should be documented. **If you did not practice during a specific time period, the timeframe should be documented as “no dental hygiene/local anesthesia practice”.** If additional space is needed, please attach on a separate 8½ x 11 sheet of paper.

Employer Information (Name, City & State)	Dates From To (Month/Yr) (Month/Yr)	Description of practice activity

CERTIFICATION STATEMENT

I hereby certify that I hold a current license in good standing to practice as a dental hygienist in this Commonwealth, and that I have completed 3,600 hours of practice as a licensed dental hygienist under the supervision of a licensed dentist.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit or certificate.

Signature of Applicant: _____ Date: _____

STATE BOARD OF DENTISTRY
P.O. BOX 2649
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APPLICATION FOR CERTIFICATION AS A PUBLIC
HEALTH DENTAL HYGIENE PRACTITIONER

CERTIFICATION OF PROOF OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATION STATEMENT

I hereby certify that (check one):

- I have obtained professional liability insurance

Insurer Name and Policy Number

OR

- I am a Named Insured covered by a group policy

Insurer Name and Policy Number

in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.

I have included a copy of (check one):

- A certificate of insurance issued by the insurer

OR

- A copy of the declarations page of the professional liability insurance policy.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

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Signature of Applicant: _____ Date: _____

