

# APPLICATION FOR DENTAL HYGIENE FACULTY LICENSE

## GEORGIA BOARD OF DENTISTRY

2 Peachtree Street, N.W.

6<sup>th</sup> Floor

Atlanta, Georgia 30303

[www.gbd.georgia.gov](http://www.gbd.georgia.gov)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of as a dental hygiene faculty member in the State of Georgia. Visit the Board's web site for information: [www.gbd.georgia.gov](http://www.gbd.georgia.gov)

**The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.**

**Please review this application before you submit it to ensure that all information and documentation is complete and correct.**

**Incomplete applications are maintained in the Board office for a period of one (1) year. After such time the application is rendered void and the applicant must re-apply and pay all required fees.**

### Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

**The \$175 non-refundable application fee payable by check or money order payable to the Georgia Board of Dentistry must be included with application.**

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

- 1. NOTARIZED APPLICATION: Completed application form** accompanied by the appropriate fee. Your application will not be processed unless the fee and all supporting documents are received. If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. The licensure process could take up to a minimum of **30 days** after submission of a completed application. Further, **all faculty applications must be considered by the Board. Plan your application time accordingly.**
- 2. LICENSE VERIFICATION: Official license verification for every** dental hygiene license **ever** held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) any disciplinary charges made against you by the licensing board or by any other state agency, and the result of these actions. The applicant must provide a certified copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. **The verification(s) must be submitted with your application IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE, and must be dated within four months of the Board's receipt of your complete application packet.**

3. **DEGREE TRANSCRIPT:** An official transcript which documents graduation with an A.S., B.A., or B.S. degree from a dental hygiene school which is accredited by the American Dental Association (ADA) Commission on Dental Education. The transcript must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE. **\*Note: All foreign trained applicants' applications must be reviewed and approved by the board.**
4. **LETTER OF RECOMMENDATION from the Dean or Director** of the teaching institution at which the applicant is seeking employment and a copy of the employment contract.
5. **NATIONAL BOARD SCORES:** National Board Dental Hygiene Examination Scores (NBDHE) from the ADA Joint Commission on National Dental examinations. The ADA will no longer send results via mail. You may access your national board results online by going to [http://www.ada.org/~media/JCNDE/pdfs/nb\\_online\\_results.pdf?la=en](http://www.ada.org/~media/JCNDE/pdfs/nb_online_results.pdf?la=en). Download your results and submit with your application. If you have any issues accessing this information, please contact the ADA at 800-232-1694 or [nbexams@ada.org](mailto:nbexams@ada.org).
6. **JURISPRUDENCE EXAMINATION:** Successful completion of the Jurisprudence Examination with a score of 75 or higher. The Jurisprudence examination may be taken as an open book exam. The examination and "law and rules" governing the practice of dentistry in Georgia may be obtained on the Georgia Board of Dentistry website at: [www.gdb.georgia.gov](http://www.gdb.georgia.gov). Score is only valid for one (1) year.
7. **NATIONAL PRACTITIONER DATA BANK:** Submit a sealed self-query from the NPDB-HIPDB, please visit [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov) or call the Customer Service Center at 1-800-767-6732.

If the National Practitioner Data Bank (NPDB) provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. The ONLY applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and who have never been issued a dental license in any state or U.S. territory.

The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) a copy of the final action, disposition, or settlement,
- 3) a personal explanation of the disciplinary action or the malpractice claim, and
- 4) any further information requested by the Board in separate communications.

8. **CPR:** Submit a photocopy of your current CPR certification in compliance with **Board Rule 150-5-.04**.

9. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s). [i.e. marriage certificate, divorce decree, legal name change]
  
10. **EXPEDITED APPLICATION REVIEW:** Military spouses, service members, and transitioning service members qualify for expedited application review and should review Board Rule 150-7-.06 for details.

**Relocation:** If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax to (470) 386-6124 or mail. This will enable you to receive Board correspondence.



# Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor  
Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

**Do Not Write in this Section:**

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

Applicant#: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

**Application For: Dental Hygiene Faculty License**

**Obtained By Method: Application**

**Non-Refundable Application Fee \$175**

**Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20**

**DISABILITY-** If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

**VETERANS PREFERENCE POINTS-** Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit a copy of your DD-214 with your application.**

**I am a military spouse, service member, or transitioning service member, and I am requesting expedited application review. I understand that I may be required to submit a copy of my PCS orders, a copy of my spouse's PCS orders and my marriage certificate, or other documentation as requested by the Board.**

**Yes      No**

## Part I: Personal Information

1. Name: \_\_\_\_\_  
Last                                  First                                  Middle                                  Maiden

Name as shown on exam records or transcripts (if different) \_\_\_\_\_

2. Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      3. Date of Birth: \_\_\_\_\_

4. Physical Address (P.O. Box not acceptable):

\_\_\_\_\_  
(Street)                                  (Apt. #)                                  (City/State/Zip Code)

5. Mailing address (if different):

\_\_\_\_\_  
(Street)                                  (Apt. #)                                  (City/State/Zip Code)

***If you are granted a license, your name, mailing address and license number are public information.***

6. E-Mail Address: \_\_\_\_\_

7. Telephone #: Home: (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Other (    ) \_\_\_\_\_

**\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

**Part II: Professional Education**

8. Highest Degree Earned: \_\_\_ Doctorate \_\_\_ Master \_\_\_ Bachelor \_\_\_ Associate \_\_\_ Diploma/Certificate
9. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): \_\_\_\_\_  
a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_
10. Name/Address of Graduate School/University: \_\_\_\_\_  
a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_
11. Name/Address of Post-Graduate School/Hospital (if applicable): \_\_\_\_\_  
a. Type of training: \_\_\_\_\_ b. Dates Attended: \_\_\_\_\_

**Part III:**

12. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI are **not** minor traffic violations.) ( ) Yes ( ) No **If yes, attach an explanation and submit certified copies directly to the Georgia Board office.**
13. Have you ever had been denied a DEA registration number or been issued a restricted DEA registration? ( ) Yes ( ) No **If yes, attach an explanation.**
14. Have you ever had revoked, suspended, or otherwise sanctioned any certificate/license by any Board or agency in Georgia or in any other State? ( ) Yes ( ) No **If yes, attach an explanation.**
15. Have you ever had a formal complaint filed against you with any dental society, association, hospital, or dental board? ( ) Yes ( ) No **If yes, attach an explanation.**
16. Have you ever had any malpractice suits filed against you? ( ) Yes ( ) No **If yes, attach an explanation.**
17. Have you ever voluntarily surrendered a dental license, a controlled substance registration or a DEA registration? ( ) Yes ( ) No **If yes, attach an explanation.**
18. To your knowledge, are you the subject of an investigation by any licensing board or hospital as of the date of this application? ( ) Yes ( ) No **If yes, attach an explanation.**
19. Do you presently have any contagious or infectious disease? ( ) Yes ( ) No **If yes, attach an explanation.**
20. Have you ever been charged with driving under the influence of alcohol or drugs? ( ) Yes ( ) No **If yes, attach an explanation.**
21. Are you licensed to practice dentistry in any State(s)? ( ) Yes ( ) No **If yes, complete the following and have the official certification(s) form each Board where you hold or ever held a certificate/license sent to the Georgia Board:**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Have you ever taken the CRDTS, or any other regional/state clinical examination? ( ) Yes ( ) No **If no, attach an explanation.**

**Part IV:**

**AFFIDAVIT OF APPLICANT**

I hereby certify that I am the person who executed the above application for a temporary public license in the State of Georgia, that all the statements herein contained are true in every respect; and that I hereby swear, if I am granted a temporary public health license in the State of Georgia, I will comply with all its dental laws, faithfully serve humanity, and refrain from anything which does not conform to the accepted code of ethics of the American Dental Association. I further understand that I will not be allowed to engage in the private practice of dentistry. **I will return this license, if granted, to the Georgia Board of Dentistry immediately upon termination of my employment with**

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(Name of Institution)

I acknowledge and state that I have read the Application Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with Dental Practice Act and the Board rules.

I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I hereby authorize the Georgia Board of Dentistry to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge or exonerate the Georgia Board of Dentistry, it's agents or representatives, and any other person so furnishing information, from any all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders of the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 9 & 10 of the application.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Dentistry and/or criminal prosecution.

**SIGNATURE PAGE FOR AFFIDAVIT OF APPLICANT**

This is to certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

(PHOTOGRAPH)  
Attach passport type recent photograph

\_\_\_\_\_  
(Print Name Above)

County \_\_\_\_\_ State \_\_\_\_\_

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

\_\_\_\_\_  
Notary Public

**Notary: Do not notarize this section unless photograph is attached.**

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL) My Commission Expires \_\_\_\_\_

**Part V:**

**STATE LICENSURE CERTIFICATION**

**TO THE APPLICANT:** Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dentistry/dental hygiene. This form may be reproduced as necessary.

**TO:** \_\_\_\_\_ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order for my application for licensure to be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for review by the Georgia Board in its consideration of me for licensure.

My license number \_\_\_\_\_ was issued by your Board on \_\_\_\_\_ on the basis of ( ) State Board Exam, ( ) Reciprocity/Endorsement, ( ) National Board, ( ) Credentials, ( ) Other \_\_\_\_\_.

Applicant's Full Name (print or type)		Address	
Signature	City	State	Zip

*\*This section to be completed by an official of the above referenced licensing board.\**

**Please return this form directly to the applicant in a sealed envelope.**

Dental/Dental Hygiene license number \_\_\_\_\_ to practice dentistry/dental hygiene in the State of \_\_\_\_\_ was issued on \_\_\_\_\_ day \_\_\_\_\_, \_\_\_\_\_.

Is license current and in good standing? ( ) Yes ( ) No\*

Has any disciplinary action ever been taken against this license? ( ) Yes\* ( ) No

**\*Please provide complete details, including copies of any documents.\***

_____ Signature	_____ Date
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_____ Title	(BOARD SEAL)
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\_\_\_\_\_  
Licensing Board



**GEORGIA BOARD OF DENTISTRY**

**2 Peachtree Street, N.W.**

**6<sup>th</sup> Floor**

**Atlanta, Georgia 30303**

**CONSENT FORM**

I hereby authorize the Georgia Board of Dentistry (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_ Working with mentally disabled

\_\_\_ Working with elder care

\_\_\_ Working with children

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

## **Affidavit Regarding Citizenship**

Please submit this document along with a copy of your secure & verifiable document to the Board office as indicated on the application.

**Print Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**APPLICANT AFFIDAVIT:**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. §50-36-1 (check one):

1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure and/or criminal prosecution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

\_\_\_\_\_ who deposes and swears that he/she is the person who  
(Applicant's Printed Name)

executed this affidavit for a professional license application in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

(Notary Seal)

**GEORGIA BOARD OF DENTISTRY**  
**2 Peachtree Street, N.W.**  
**6<sup>th</sup> Floor**  
**Atlanta, Georgia 30303**

**CANDIDATES MUST SUBMIT A COMPLETED JURISPRUDENCE EXAM ALONG WITH A COMPLETED APPLICATION WITH NECESSARY DOCUMENTS IN ORDER TO HAVE A COMPLETE APPLICATION.**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
Date \_\_\_\_\_

JURISPRUDENCE  
DENTAL HYGIENE EXAMINATION

**TRUE OR FALSE:** Place the appropriate word in the space provided. Each question will be awarded 4 points.

(Questions 1 thru 5)

A dental hygienist holding a license in Georgia may be disciplined if he/she has:

- \_\_\_\_\_ 1. provided dental screening at a pre-approved health fair setting.
- \_\_\_\_\_ 2. made misleading, deceptive, or untrue representations in the practice of dental hygiene.
- \_\_\_\_\_ 3. had his/her license revoked, suspended, or annulled by any lawful licensing dental authority other than the Georgia Board of Dentistry.
- \_\_\_\_\_ 4. been convicted of a crime involving moral turpitude.
- \_\_\_\_\_ 5. allowed an unlicensed person to practice dental hygiene by using his/her license registration.

*GENERAL (Questions 6 thru 12)*

- \_\_\_\_\_ 6. Dr. Joe performs an initial oral exam; Mrs. B, Dr. Joe's assistant, polishes the patient's teeth and the patient is charged for prophylaxis. This is an appropriate charge.
- \_\_\_\_\_ 7. A dental hygienist was asked to perform dental screenings at a board approved health fair setting. The requirement of direct supervision does not apply.
- \_\_\_\_\_ 8. A licensed dental hygienist is allowed to air polish, micro etche, and also use air abrasion.
- \_\_\_\_\_ 9. It is fair and ethical to use any means to draw patronage from the practice of the hygienist's former dentist-employer.

- \_\_\_\_\_ 10. The requirement of direct supervision does not apply to the educational training of hygiene students.
- \_\_\_\_\_ 11. All continuing education hours must be received during the two-year Renewal period to which they are applied.
- \_\_\_\_\_ 12. A dental assistant may perform a rubber cup prophylaxis on a patient with primary dentition only after completing a curriculum approved by the Board or a minimum of eight hours of on-the-job-training in the provision of rubber cup prophylaxis by a Georgia licensed dentist.

(Questions 13 thru 16)

Georgia Law allows a hygienist to:

- \_\_\_\_\_ 13. condense a final amalgam restoration.
- \_\_\_\_\_ 14. make final impressions for crowns and bridges.
- \_\_\_\_\_ 15. dry the MB canal of #30 with an absorbent point and place a soothing medicament if instructed to do by Dr. Jones a licensed and registered dentist.
- \_\_\_\_\_ 16. make final impressions for partial dentures.

Multiple Choice. Choose the BEST answer to make the statement a true statement.

- \_\_\_\_\_ 17. Who is responsible for the actions of the dental assistant?
- (a) the office manager
  - (b) the attending dentist
  - (c) the dental hygienist
  - (d) the treatment coordinator
- \_\_\_\_\_ 18. A dental assistant may perform all of the duties of a dental hygienist under which conditions?
- (a) no circumstance.
  - (b) when the hygienist is on sick leave.
  - (c) when there are too many patients to be seen.
  - (d) when the hygienist instructs the dental assistant to do so
- \_\_\_\_\_ 19. According to Georgia Rules, how many scientific hours are required for continuing education?
- (a) 5
  - (b) 12
  - (c) 15
  - (d) 20

- \_\_\_\_\_ 20. How many hours does CPR count toward continuing education credits for a dental hygienist?
- (a) four
  - (b) five
  - (c) eight
  - (d) ten
- \_\_\_\_\_ 21. The dentist has administered Nitrous Oxide to the patient and has left the operatory. The patient informs you that he does not feel any effects of the gas. It is legal for you as a dental hygienist to increase the Nitrous Oxide level:
- (a) 0%
  - (b) 10%
  - (c) 15%
  - (d) 20%
- \_\_\_\_\_ 22. According to Georgia Law, practicing as a dental hygienist without a license is:
- (a) a felony
  - (b) a misdemeanor
  - (c) unethical conduct
  - (d) exploitation
- \_\_\_\_\_ 23. Current CPR certification may be obtained by demonstrating skills in:
- (a) one and two man CPR with management for airway for seniors.
  - (b) one and two man CPR with management for airway for adults.
  - (c) one and two man CPR with management for airway for adults, children, and infants.
  - (d) one and two man CPR with management for airway for adults, children, and special needs citizens.
- \_\_\_\_\_ 24. To practice under general supervision a dental hygienist must:
- (a) maintain professional liability insurance with minimum coverage of \$1,000,000
  - (b) have at least 2 years of experience
  - (c) be in compliance with CE and CPR requirements
  - (d) be licensed in good standing
  - (e) all of the above

\_\_\_\_\_ 25. A dental hygienist practicing under general supervision in a private office can perform which of the following functions?

- (a) oral prophylaxis
- (b) scaling and root planing
- (c) fluoride treatment
- (d) both A and C

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**END OF EXAM**

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**GEORGIA BOARD OF DENTISTRY**  
**2 Peachtree Street, N.W.**  
**6<sup>th</sup> Floor**  
**Atlanta, Georgia 30303**

Georgia Board of Dentistry  
Jurisprudence Examination Dental/Dental Hygiene

Rule 150-3-.01(6); Rule 150-5-.02(9): In determining whether an applicant has met the requirements for licensure, an applicant must receive a passing score of 75 or greater on the Georgia jurisprudence examination. Such score will be deemed valid for a period not to exceed one year from the date in which the examination was administered.

AFFIDAVIT of Applicant:

I, \_\_\_\_\_, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Georgia Law and Rules.

I have read the Georgia Law and Rules regulating the practice of dentistry in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with O.C.G.A. § 43-11-47(a)(2) and O.C.G.A. § 43-11-72, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding by a majority of the Board that a licensee or applicant has knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of dentistry or **on any document connected therewith.**

Witness my signature, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_