

## DENTAL HYGIENE ONLINE APPLICATION SUPPLEMENT PACKET

### 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 dental hygiene in the State of Georgia. Visit the following web site for information: [www.gbd.georgia.gov](http://www.gbd.georgia.gov)

#### **\*\*Important\*\***

**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.**

**Dental hygienists who have already submitted their applications online must submit the information included in this application packet to complete their applications.**

**The following checklist is an important part of your application. Please use the following checklist to ensure that you submit a COMPLETE application after you have submitted your online application.**

- LICENSE VERIFICATION: Official licensure 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 actions taken against you by the licensing board 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 must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE STATE BOARD**, and must be dated within four months of Board receipt of your complete application packet.
- 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.gbd.georgia.gov](http://www.gbd.georgia.gov). Score is only valid for one (1) year.

3. **AFFIDAVIT OF APPLICATION INFORMATION:** You must swear or affirm that all of the information submitted with your application is true and correct to the best of your knowledge.
4. **VERIFICATION OF CITIZENSHIP/QUALIFIED ALIEN STATUS:** In accordance with O.C.G.A. § 50-36-1, you must submit an affidavit regarding citizenship and a copy of a secure and verifiable document that appropriately reflect your citizenship status.
5. **BACKGROUND CHECK CONSENT FORM**
6. **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]
7. **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).
8. **CLINICAL LICENSURE EXAMINATION: Proof of having successfully passed a** clinical licensure examination. Effective January 1, 2006, each candidate must pass all sections with a score of 75 or higher on the examination administered by the board or by any testing agency designated and approved by the Board. The testing agency currently approved by the board is the Central Regional Dental Testing Services (CRDTS) – [www.crdts.org](http://www.crdts.org) or 785-273-0380. Submit a certified copy of your examination score sheet.

The board will accept SRTA examination scores of 75 or higher if attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.

9. **NATIONAL PRACTITIONER DATABANK:** 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) report 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/hygiene school graduation and have never been issued a dental/hygiene 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:

01/30/2020

- a) A copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- b) A copy of the final action, disposition, or settlement,
- c) A personal explanation of the disciplinary action or the malpractice claim; and
- d) Any further information requested by the Board in separate communications.

10. **CPR:** A photocopy of your current CPR certification in compliance with Board Rule 150-5-.04.

11. **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. Georgia laws §§ 43-11-71 and 43-11-71.1 require graduation from an ADA-accredited school.

12. **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.

**Notice on 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.

You must submit your supplemental packet by mail. You must use a 9x12 or larger envelope and should not fold or staple the pages.

When a license is approved, you may print a pocket license card, free of charge, through the website of the Georgia Board of Dentistry: [www.gbd.georgia.gov](http://www.gbd.georgia.gov).

Questions? Please call (404) 651-8000.

# Out of State License Verification Form

Print Applicant's Name: \_\_\_\_\_

Out of State Licensure Certification(s): **If not applicable, please initial here ( )**

List all states which you have been issued a license to practice dentistry/dental hygiene: (active, inactive, revoked, suspended, expired, lapsed etc.). You should have each state listed send an official letter of licensure verification/certification to the Georgia Board of Dentistry.

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

**AFFIDAVIT OF APPLICATION INFORMATION:**

I, being duly sworn upon oath, depose and say that the answers to the questions and statements made on my application are true and correct to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Georgia Board of Dentistry.

I further state that I have read the current state laws and board rules and regulations of the Georgia Board of Dentistry governing the practice of dental hygienists in the State of Georgia. I swear or affirm that I understand these laws and rules. I agree to abide by these laws and rules. I also agree to abide by future laws and rules that may be established by the Georgia Board of Dentistry. I understand that a violation of the laws and rules governing dental hygienists may result in disciplinary action being taken against me, which may include suspension or revocation of my license as a dental hygienist.

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

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

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

(seal) My commission expires: \_\_\_\_\_



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**BACKGROUND CHECK 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)

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

\_\_\_\_\_  
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)]

**GEORGIA BOARD OF DENTISTRY**

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**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 so 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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**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:  
\_\_\_\_\_