

## DENTAL HYGIENE ONLINE APPLICATION SUPPLEMENT PACKET

**GEORGIA BOARD OF DENTISTRY**  
A Division of the Georgia Department of Community Health  
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.**

- 1. 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.
- 2. 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 bears different name(s). [i.e. marriage certificate, divorce decree, legal name change]
7. **NATIONAL BOARD SCORES: National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE.**
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 NOTARIZED 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 school graduation and 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:

- 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 and degree achieved from a dental hygiene school and/or dental hygiene program which is accredited by the American Dental Association 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.

**Note 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 678-717-6694 or mail. This will enable you to receive Board correspondence.

You must submit your supplemental application pack 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 in 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 license verification/certification to the Georgia Board of Dentistry.

<u>STATE</u>	<u>DATE(s) OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**GEORGIA BOARD OF DENTISTRY**  
A Division of the Georgia Department of Community Health  
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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 6)

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. continued to work on a patient after the dentist has left the dental office.
- \_\_\_\_\_ 4. had his/her license revoked, suspended, or annulled by any lawful licensing dental authority other than the Georgia Board of Dentistry.
- \_\_\_\_\_ 5. been convicted of a crime involving moral turpitude.
- \_\_\_\_\_ 6. allowed an unlicensed person to practice dental hygiene by using his/her license registration.

**GENERAL (Questions 7 thru 14)**

- \_\_\_\_\_ 7. 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.
- \_\_\_\_\_ 8. A dental assistant may perform a rubber cup prophy but not scale.
- \_\_\_\_\_ 9. A dental hygienist was asked to perform dental screenings at a board approved health fair setting. The requirement of direct supervision does not apply.
- \_\_\_\_\_ 10. A dentist is late for an appointment, Georgia Law allows the dental hygienist to begin treatment before the dentist arrives.

- \_\_\_\_\_ 11. A licensed dental hygienist is allowed to air polish, micro etche, and also use air abrasion.
- \_\_\_\_\_ 12. It is fair and ethical to use any means to draw patronage from the practice of the hygienist's former dentist-employer.
- \_\_\_\_\_ 13. The requirement of direct supervision does not apply to the educational training of hygiene students.
- \_\_\_\_\_ 14. All continuing education hours must be received during the two-year Renewal period to which they are applied.

Georgia Law allows a hygienist to:

- \_\_\_\_\_ 15. condense a final amalgam restoration.
- \_\_\_\_\_ 16. make final impressions for crowns and bridges.
- \_\_\_\_\_ 17. 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.
- \_\_\_\_\_ 18. make final impressions for partial dentures.

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

- \_\_\_\_\_ 19. 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
- \_\_\_\_\_ 20. 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
- \_\_\_\_\_ 21. According to Georgia Rules, how many scientific hours are required for continuing education?
- (a) 5
  - (b) 12
  - (c) 15
  - (d) 20

- \_\_\_\_\_ 22. How many hours does CPR count toward continuing education credits for a dental hygienist?
- (a) four
  - (b) five
  - (c) eight
  - (d) ten
- \_\_\_\_\_ 23. 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%
- \_\_\_\_\_ 24. According to Georgia Law, practicing as a dental hygienist without a license is:
- (a) a felony
  - (b) a misdemeanor
  - (c) unethical conduct
  - (d) exploitation
- \_\_\_\_\_ 25. 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.

\*\*\*\*\*

\*\*\*\*\*Please print carefully. This will be used to notify you of your test results.\*\*\*\*\*

**LAWS AND RULES EXAMINATION FROM  
THE GEORGIA BOARD OF DENTISTRY**

**SCORE:** \_\_\_\_\_

- PASSED**
- FAILED**

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

**Address** \_\_\_\_\_

\_\_\_\_\_

**GEORGIA BOARD OF DENTISTRY**  
2 Peachtree Street, N.W.  
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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:

\_\_\_\_\_

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

**AFFIDAVIT OF APPLICANT**

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 Georgia State Board of Dentistry, 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:

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 following pages of this 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 State Board of Dentistry and/or criminal prosecution.

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

\_\_\_\_\_  
Print Applicant’s Name

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

\_\_\_\_\_ who deposes and swears that he/she is the person who executed this  
(Applicant’s Name)

application for a dental hygiene license 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 \_\_\_\_\_, 2\_\_\_\_\_

Notary Public Signature \_\_\_\_\_ County State

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

(seal)

**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]
- \_\_\_\_\_A 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]
- \_\_\_\_\_A 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]
- \_\_\_\_\_A 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. § secure and 50-36-2(c)]

**GEORGIA BOARD OF DENTISTRY**

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

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

**Atlanta, Georgia 30303**

**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)

\_\_\_\_\_  
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