

KENTUCKY BOARD OF DENTISTRY
INSTRUCTIONS FOR DENTAL HYGIENE LICENSURE BY EXAMINATION

- Applications are valid for 6 months from the date received in the Board office. If you have not been licensed by this time, you will be required to start the application process over (201 KAR 8:530 Section 15).
- All fees paid to the Kentucky Board of Dentistry are non-refundable (201 KAR 8:520 Section 5) and the fee for any returned check is \$25.00 (201 KAR 8:520 Section 3(6)). **IT IS NOT NECESSARY TO MAKE SEPARATE CHECKS FOR PAYMENT OF FEES.**
- You cannot obtain a license if you are currently subject to disciplinary action pursuant to KRS Chapter 313 which would prevent licensure.
- Check the status of the application on the website at <http://dentistry.ky.gov/> and click on "STATUS SHEET."

DOCUMENTATION REQUIRED TO COMPLETE YOUR APPLICATION

- ____ 1. Submit a completed and signed "Application for Dental Hygiene Licensure." Use the name under which you wish to be licensed.
- ____ 2. Application fee: Non- Renewal year \$125 or the Renewal year \$75. Starting November 1st of a renewal year the application fee is \$125.
- ____ 3. Submit an official final transcript of your dental hygiene course work **with your degree posted** and with a seal or registrar's stamp on the transcript. You must have graduated from a CODA accredited dental hygiene school or program or dental hygiene department of a university. **The transcript must be sent directly to the Board office from the school or university.**
- ____ 4. You must have successfully completed the National Board Dental Hygiene Examination conducted by the Joint Commission on National Dental Examinations (JCNDE).
- ____ 5. You must have successfully completed one of the following regional clinical examinations within three (3) tries:
 - The Commission on Dental Competency Assessments (CDCA)
 - Council of Interstate Testing Agencies (CITA)
 - Central Regional Dental Testing Service (CRDTS)
 - North East Regional Board of Dental Examiners (NERB)
 - Southern Regional Testing Agency (SRTA)
 - Western Regional Examining Board (WREB)

If you have taken a clinical examination three (3) times and failed to achieve a passing score you shall not be allowed to sit for the examination again until you have completed and passed a remediation plan approved by the board.

- ____ 6. You must complete and pass the board's jurisprudence examination, which can be downloaded at http://dentistry.ky.gov/hygienist_information/ you may reference all of the statutes and regulations at: <http://dentistry.ky.gov/laws.htm>.
- ____ 7. Provide proof of having current certification in cardiopulmonary resuscitation (CPR) which meets or exceeds the guidelines set forth by the American Heart Association. Send a copy of the front and back of the card.

_____ 8. Submit a criminal background check performed by the Kentucky State Police (KSP) and Federal Bureau of Investigation (F.B.I.). Please visit our website <http://dentistry.ky.gov/Dental-Hygienists/Pages/Initial-Licensure.aspx> to start this process.

_____ 9. Provide verification within three (3) months of the date of application is received at the office of the board of any license to practice dental hygiene held previously or currently in any state or jurisdiction. A copy of your license is not acceptable. These must be sent directly to the Board office from each jurisdiction.

IF YOU HAVE BEEN LICENSED IN ANOTHER STATE SINCE GRADUATION YOU MUST ALSO PROVIDE THE FOLLOWING:

_____ 1. Provide verification within three (3) months of the date of application is received at the office of the board any license to practice dental hygiene held previously or currently in any state or jurisdiction (copy of license not accepted). **These must be sent directly to the Board office from each jurisdiction.**

_____ 2. National Practitioner Data Bank Report and AADE Clearinghouse Report. This is obtained by an electronic query done by the Board. Applicants must provide a written report for any positive returns on a query.

- **An additional \$25 fee, payable to the Kentucky Board of Dentistry, is required for this report.**

IF YOU ARE APPLYING FOR INTIAL LICENSURE AS A DENAL HYGIENIST BY EXAMINATION MORE THAN TWO (2) YEARS AFTER FULFILLING ALL OF THE REQUIREMENTS OF YOUR CODA ACCREDITED DENTAL HYGIENE EDUCATION YOU MUST ALSO:

_____ Hold a license to practice dental hygiene in good standing in another state or territory of the United States or the District of Columbia

OR

_____ if you do not hold a license to practice dental hygiene in good standing, you must complete a board approved refresher course prior to receiving a license to practice dental hygiene in the Commonwealth of Kentucky. For further information, contact the Board office.

Make check payable to: KENTUCKY BOARD OF DENTISTRY
Mail application to: 312 WHITTINGTON PARKWAY, SUITE 101
LOUISVILLE KY 40222
PHONE: 502/429-7280