

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dental Hygienist - DH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME	**			
STREET ADDRESS	**			
CITY	**	STATE	ZIP CODE	LICENSE NUMBER

Check if appropriate

**** ADDRESS CHANGE** – The address above is a new address and not on file with the Board

**** NAME CHANGE** – The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal court document).

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

Act 31 of 2014 – Initial Training and Continuing Education in Child Abuse Recognition and Reporting Requirements

All health-related licensees and funeral directors are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. §6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board’s website at www.dos.state.pa.us/dent.

SECTION A - THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK “YES” OR “NO” FOR EACH QUESTION

YES	NO	If “YES” to questions 2, 3, 4, 5, 6 and/or 7 – provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization (active or inactive, current or expired) to practice a profession or occupation in any state or jurisdiction? If “Yes” List the profession and state or jurisdiction here →
		2. Since your initial application or your last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional, license, certificate, permit or registration in any state or jurisdiction?
		5. Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, plead guilty or pled contendere), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. Since your initial application or your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?
		9. Do you hold current valid CPR certification in Infant, Child and Adult CPR? Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. Note: Online CPR courses are not acceptable to fulfill this requirement.
		10. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

PART - SECTION B - Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 20 credit hours of continuing education during the period from April 1, 2013 to March 31, 2015 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2013 and March 31, 2015.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.



**Commonwealth of Pennsylvania
Department of Health
2015 Survey of Dental Hygienists**

License #: DH _____
**Required to avoid duplication*
**Anonymous & aggregate reporting only*

IF YOU HAVE ALREADY SUBMITTED YOUR RENEWAL SURVEY ONLINE DO NOT MAIL THIS SURVEY

The Department of Health, with the support of the Department of State, requests that you complete this survey to assist in understanding and describing the dental hygienist workforce. Strict controls are placed upon information when shared for the production of statistical reports and analysis. This information, when released to the public, will be in aggregate form only. To view past dental hygienist workforce reports, visit www.health.state.pa.us/workforce. Thank you for your cooperation!

1. Year of Birth 2. Sex Male Female 3. Hispanic or Latino Origin Yes No
4. Race (*check one*) American Indian/Alaska Native Asian Black/African American
 Native Hawaiian/Other Pacific Islander White/Caucasian Other _____
5. State of Residence (*state abbreviation*) Non-US (*check*) 5a. County of Residence (*codes on page 3*)
6. In which state did you graduate from dental hygiene school? (*state abbreviation*) Non-US (*check*)
 6a. In what year did you obtain this degree?
7. What is your highest level of dental hygiene education completed? (*check one*)
 Certificate Associate Bachelor Master
8. If applicable, what is your highest level of non-dental hygiene education completed? (*check one*)
 Associate Bachelor Master Doctoral Not applicable
9. Are you currently enrolled in any of the following higher education programs? (*check one*)
 Dental hygiene associate degree Dental hygiene bachelor degree Dental hygiene master degree
 Other non degree Other bachelor degree Other master degree Not enrolled
10. Are you certified in Pennsylvania as an expanded function dental assistant? Yes No
 10a. Do you perform as an expanded function dental assistant in your primary job? Yes No
11. Do you hold a Pennsylvania school hygienist certificate? Yes No
 11a. Do you perform as a Pennsylvania school hygienist in your primary job? Yes No
12. Do you hold a Pennsylvania dental hygiene local anesthesia permit? Yes No
 12a. Do you administer local anesthesia as a dental hygienist in your primary job? Yes No
13. Are you licensed as a public health dental hygiene practitioner (PHDHP)? Yes No >> *if 'No', skip to question 14*
 13a. Do you perform as a PHDHP in your primary job? Yes No >> *if 'No', skip to question 15*
 13b. In which county do you primarily practice as a PHDHP? (*codes on page 3*)
 13c. What type of practice site do you primarily practice at as a PHDHP? (*check one*)
 Correctional facility Domiciliary care facility Federally Qualified Health Center (FQHC)
 Health care facility Older adult daily living center Public/private federal/state institution
 Personal care home School
14. Do you intend to apply for a PHDHP license? Yes No Already licensed as a PHDHP
15. In the last year, did you volunteer your services (unpaid) as a dental hygienist in Pennsylvania? Yes No
 >> *if 'No', skip to question 16*
 15a. In which location did you provide most of these unpaid services as a dental hygienist in Pennsylvania? (*check one*)
 Dental school clinic Private office practice
 Dental van School (K-12)
 Federally Qualified Health Center (FQHC) or health center Other: _____

16. Select the employment status that most closely resembles your current employment status? (check one)
- | | |
|---|---|
| <input type="checkbox"/> Employed in dental hygiene | <input type="checkbox"/> Unemployed, disabled |
| <input type="checkbox"/> Employed not in dental hygiene | <input type="checkbox"/> Unemployed, not seeking work in dental hygiene |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Unemployed, seeking work in dental hygiene |
| <input type="checkbox"/> Student, leave of absence, or sabbatical | |

If employed in dental hygiene continue to question 17.

If employed not in dental hygiene, retired, student, leave of absence, sabbatical or unemployed, you have finished the survey. Thank you!!

17. What type of position do you hold in your primary job? (check one)
- | | | | |
|--|--|-----------------------------------|---|
| <input type="checkbox"/> Administration/management | <input type="checkbox"/> Direct patient care | <input type="checkbox"/> Educator | <input type="checkbox"/> Not employed as a dental hygienist |
| <input type="checkbox"/> Other non-patient care | <input type="checkbox"/> Researcher/consultant | | |

- 17a. If not in direct patient care, do you plan to return to direct patient care in the next 5 years? Yes No N/A

18. Indicate the approximate number of hours you spent providing direct patient care each week in Pennsylvania during the last year (including all positions and volunteer hours). Note: For the purpose of this report, direct patient care includes the amount of time a dental hygienist spends directly with patients in a dental practice setting and patient-specific office work.
- Zero 1-10 hours 11-19 hours 20-30 hours 31-40 hours More than 40 hours

If your answer to question 18 was "zero", do not provide direct patient care in Pennsylvania, END survey here.

19. In how many positions are you employed as a dental hygienist? 1 2 3 or more

20. Identify the setting that most closely represents your primary job. (check one)
- | | |
|--|--|
| <input type="checkbox"/> Clinic or center | <input type="checkbox"/> Retail/industry/business site |
| <input type="checkbox"/> Private practice partnership (excluding retail site) | <input type="checkbox"/> School health (K-12/college/university) |
| <input type="checkbox"/> Private practice solo (excluding retail site) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mobile dental unit or community setting using portable dental equipment | |

- 20a. In which state is your primary job located? (state abbreviation)

- 20b. In which county is your primary job located? (codes on page 3)

- 20c. Indicate the number of hours you work in your primary job per week?
- 1-10 hours 11-19 hours 20-30 hours 31-40 hours More than 40 hours

21. What is the youngest age that you regularly see children? (check one)
- 1 year 2 years 3 years 4 years 5 years and over Do not see children

22. In the past 6 months, were you able to communicate with patients in a language other than English without using an interpreter?
- Yes No >>If 'No', skip to question 23

- 22a. In which languages, other than English, did you communicate with patients without using an interpreter? (check all that apply)

- | | | | | | |
|-------------------------------------|--------------------------------------|----------------------------------|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Chinese | <input type="checkbox"/> French | <input type="checkbox"/> German | <input type="checkbox"/> Hindi | <input type="checkbox"/> Italian |
| <input type="checkbox"/> PA Dutch | <input type="checkbox"/> Polish | <input type="checkbox"/> Russian | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other _____ | | | | |

23. How satisfied are you with your current primary job?
- Very Satisfied Satisfied Dissatisfied Very Dissatisfied

24. How satisfied are you with dental hygiene as a career?
- Very Satisfied Satisfied Dissatisfied Very Dissatisfied

25. How long have you been a dental hygienist in Pennsylvania?
- Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years

License #: DH _____

26. How much longer do you plan to remain in dental hygiene?
 Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years
27. How much longer do you plan to remain in direct patient care as a dental hygienist in Pennsylvania?
 Less than 3 years 3 to less than 6 years 6 to less than 11 years 11 to less than 16 years 16+ years
28. If you plan to leave direct patient care in Pennsylvania in less than 6 years, indicate your primary reason below (*check one*).
 Change careers Complete further training Family reasons
 Financial reasons – salary/income/benefits Physical demands Retirement
 Stress/burnout Not applicable Other: _____

Thank you!

If you are interested in learning more about emergency disaster response effort volunteer opportunities in Pennsylvania, please access www.serv.pa.gov for more information.

Pennsylvania County Codes						
01=Adams	11=Cambria	21=Cumberland	31=Huntingdon	41=Lycoming	51=Philadelphia	61=Venango
02=Allegheny	12=Cameron	22=Dauphin	32=Indiana	42=McKean	52=Pike	62=Warren
03=Armstrong	13=Carbon	23=Delaware	33=Jefferson	43=Mercer	53=Potter	63=Washington
04=Beaver	14=Centre	24=Elk	34=Juniata	44=Mifflin	54=Schuylkill	64=Wayne
05=Bedford	15=Chester	25=Erie	35=Lackawanna	45=Monroe	55=Snyder	65=Westmoreland
06=Berks	16=Clarion	26=Fayette	36=Lancaster	46=Montgomery	56=Somerset	66=Wyoming
07=Blair	17=Clearfield	27=Forest	37=Lawrence	47=Montour	57=Sullivan	67=York
08=Bradford	18=Clinton	28=Franklin	38=Lebanon	48=Northampton	58=Susquehanna	
09=Bucks	19=Columbia	29=Fulton	39=Lehigh	49=Northumberland	59=Tioga	00=Not in PA
10=Butler	20=Crawford	30=Greene	40=Luzerne	50=Perry	60=Union	

SECTION D – VERIFICATION OF INFORMATION

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 verify 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, revocation or denial of my license, certificate, permit or registration.

Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing dental hygiene in Pennsylvania after March 31, 2015, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. **No fee, CPR certification or continuing education is required to maintain inactive status.**

I will not be practicing dental hygiene in Pennsylvania after March 31, 2015.

EXPIRATION DATE: →	March 31, 2015 NOTE: Upon renewal the license will expire March 31, 2017
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$42.00

Write your license number on your payment. *A \$20.00 fee will be assessed for returned payments.*

LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-15

**PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS
AND ADDITIONAL MONETARY PENALTIES**

**TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES
RETURN BY: MARCH 1, 2015**