

**PENNSYLVANIA STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

**APPLICATION FOR CERTIFICATION AS A PUBLIC HEALTH DENTAL  
HYGIENE PRACTITIONER**

**Instructions and Application Form**

**Introduction:**

Please read the following instructions in their entirety. These instructions will assist in the application process for certification as a public health dental hygiene practitioner in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

A public health dental hygiene practitioner is defined as a licensed dental hygienist who is certified by the Board as having met the requirements of Section 11.9 of the Act (63 P.S. § 33.205b (relating to practice as a public health dental hygiene practitioner) without the authorization, assignment or examination of a dentist.

Candidates for certification as a public health dental hygiene practitioner must:

- 1) Hold an ACTIVE license in good standing to practice as a dental hygienist in this Commonwealth.
- 2) Provide to the Board documentation demonstrating that the dental hygienist has obtained professional liability insurance, or is a named insured covered by a group policy in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.
- 3) Provide to the Board a certification statement signed by a licensed dentist verifying that the dental hygienist has completed a minimum of 3,600 hours of practice as a licensed dental hygienist under the supervision of a licensed dentist.

**Practice Settings**

A public health dental hygiene practitioner may perform dental hygiene services without the supervision of a dentist in the following practice settings (Please refer to the regulations at [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent) for complete information on practice settings.):

- 1) All public and private educational institutions that provide elementary and secondary instruction to school aged children.
- 2) Correctional facilities
- 3) Healthcare facilities
- 4) Personal care homes
- 5) Domiciliary care facilities
- 6) Older adult daily living centers
- 7) Continuing-care provider facilities
- 8) Federally qualified health centers
- 9) Public or private institutions under the jurisdiction of a Federal, State or Local Agency
- 10) Free and reduced-fee nonprofit health clinics

# Instructions

The following documents are required for a permit to practice as a public health dental hygiene practitioner:

## A. **Application Forms – Pages 1 & 2**

### **Page 1 – Application Fee**

Submit a check or money order in the amount of \$20.00, made payable to “**Commonwealth of Pennsylvania**”. (Do not send cash.) All application fees are non-refundable. Check or money order must be drawn on a U.S. bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**

### **Page 1 – Applicant Information**

#### **Verification of Name:**

If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached. Documentation accepted by the Board is a marriage certificate, divorce decree that reflects the retake of a maiden name or court issued legal name change document.

#### **Social Security Number:**

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be accepted. A license will not be issued without a valid U.S. Social Security Number.

Disclosing your Social Security Number on this application is mandatory in order for State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

### **Page 1 – Practice Activity**

You must submit a curriculum vitae (resumé) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as “no practice in dental hygiene”.

### **Page 2 – Personal History Information**

If you respond “YES” to any of the personal history questions, you must submit the following:

- A written letter of explanation must be submitted to the Board outlining the details of the “Yes” response(s).
- Certified copies of the record relating to the action taken. It is your responsibility to request and submit certified copies of court documents to submit directly to the Board office. If you have been disciplined by another state licensing board, certified copies of the disciplinary record must be submitted directly to the Board office in a sealed official state board envelope.

**Page 2 - Verification Statement**

Please read the certification statement in its entirety, sign, and date.

**B.  Certification of Proof of Professional Liability Insurance – Page 3**

Complete the Certification Statement by certifying that you have obtained professional liability insurance or that you are a **named insured** covered by a group policy with a minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate. Additionally, you must attach either a copy of the insurance issued by the insurer or a copy of the declaration page of the professional liability insurance policy.

**C.  Certification of Active Practice – Page 4**

Section A – Complete Section A and forward the form to the supervising dentist(s) for completion of Section B.

Section B – To be completed by the supervising licensed dentist(s). **This section may *not* be completed by the applicant.** This form may be duplicated if the required 3,600 hours were completed under the supervision of multiple licensed dentists. The form must be submitted to the Board in the official business envelope of the supervising dentist. If the supervising dentist does not have official business stationary, a statement to that effect must be included with the certification, and the dentist must sign the sealed flap of the envelope being submitted.

**D.  Board Office**

Mail your fee, pages 1, 2 and 3 of your application and a copy of your name change document (if applicable) directly to the Board office:

**Mailing Address**

State Board of Dentistry  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**Street Address (Courier Delivery)**

State Board of Dentistry  
One Penn Center  
2601 North Third Street  
Harrisburg, PA 17110

Page 4 must be submitted directly from each supervising dentist in an official sealed envelope of the employer(s).

**IMPORTANT INFORMATION**

- You may not practice as a public health dental hygiene practitioner in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Dentistry has issued your certification.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 10-15 business days. However, during busy periods (i.e. renewal, graduation, etc.) and for applications that require Board review, processing times may exceed the 10-15 business days.
- Once your application has been processed, you may check on the status of your application and/or issuance of your permit through the Board's website at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us).
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, certificates and/or permits, regardless of the date of issuance, expire on March 31<sup>st</sup> of odd-numbered years.
- The Board's Regulations require dental hygienists to complete 20 credit hours each biennial period. To maintain this certification, five (5) of the required 20 hours of continuing education must be in public health-related courses. The specific regulations pertaining to continuing education are available at [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent).

PENNSYLVANIA STATE BOARD OF DENTISTRY
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Telephone: 717-783-7162
Facsimile: 717-787-7769

Website: www.dos.state.pa.us/dent
Email: st-dentistry@pa.gov

APPLICATION FOR CERTIFICATION AS A PUBLIC HEALTH DENTAL
HYGIENE PRACTITIONER

GENERAL INFORMATION

Application Fee \$20.00

Pennsylvania Dental Hygiene License Number:

D

H

APPLICANT INFORMATION

NAME\*:

LAST

FIRST

MIDDLE

ADDRESS\*:

STREET

CITY

STATE

ZIP CODE

\*Check here if the name and/or address on this application has changed since your dental hygiene license was issued or renewed, whichever is later. If the address you provide on this application is different than the address the Board has on file for your Dental Hygiene license, then your change of address will be reflected on your Dental Hygiene record, as well as, with this application.

U.S. Social Security Number:

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\*ETIN or SIN cannot be accepted.

Date of Birth:

Telephone Number:

Email Address:

If any document required for licensure is in a name other than above, please indicate the name(s).

(You must provide a copy of the appropriate name change document. Acceptable documents are a marriage certificate, a divorce decree showing the retaking of a maiden name, or a court document showing a legal name change.)

PRACTICE ACTIVITY

You must submit a curriculum vitae (resumè) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dental hygiene".

**PERSONAL HISTORY INFORMATION**

Please check Yes or No to each of the following questions:	<b>YES</b>	<b>NO</b>
1) 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 voluntary surrender in lieu of discipline?	<input type="checkbox"/>	<input type="checkbox"/>
2) Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
3) 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 apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you been convicted (found guilty or pleaded guilty or entered a plea of nolo contendere), received probation without verdict or 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 the court.	<input type="checkbox"/>	<input type="checkbox"/>
5) Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input type="checkbox"/>
6) Do you currently engage in, or have you ever 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?	<input type="checkbox"/>	<input type="checkbox"/>
7) If yes, are you currently participating in the Pennsylvania Health Monitoring Program?	<input type="checkbox"/>	<input type="checkbox"/>

**VERIFICATION STATEMENT**

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. 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 Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
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APPLICATION FOR CERTIFICATION AS A PUBLIC  
HEALTH DENTAL HYGIENE PRACTITIONER

**CERTIFICATION OF PROOF OF PROFESSIONAL LIABILITY INSURANCE**

**CERTIFICATION STATEMENT**

I hereby certify that (check one):

I have obtained professional liability insurance

\_\_\_\_\_  
Insurer Name and Policy Number

**OR**

I am a Named Insured covered by a group policy

\_\_\_\_\_  
Insurer Name and Policy Number

in the minimum amount of \$1,000,000 per occurrence and \$3,000,000 per annual aggregate.

I have included a copy of (check one):

A certificate of insurance issued by the insurer

**OR**

A copy of the declarations page of the professional liability insurance policy.

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 certify 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 or revocation of my license, permit or certificate.

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

