

DENTAL HYGIENE

FOR OFFICE USE ONLY
Clinical Board _____
NB _____ LAW _____
Let. of Rec. _____
Let. of Cert. _____
FEES _____

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS
APPLICATION FOR EXAMINATION**

In compliance with Chapter 30, Article 4, Code of West Virginia 1931, as amended, I hereby make application to be examined for license to practice dental hygiene in the State of West Virginia.

NAME _____
(LAST) (FIRST) (MIDDLE)

Present Address _____
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

(All correspondence will be mailed to the above address, unless the Board is otherwise notified.)

PERMANENT ADDRESS _____
(WHERE I MAY ALWAYS BE REACHED)

Date of Birth _____ Place of Birth _____

Social Security Number _____ - - Phone Number: _____

I am a citizen of the United States of America by: Birth _____ Naturalization _____
(Give Date)

If not a citizen of the United States state declaration of intention to become citizen and show progress toward becoming a citizen of the United States. _____

Height _____ Weight _____ lbs. Complexion _____ Race _____

Sex _____ Color of Hair _____ Color of Eyes _____

I am (check one) Married _____ Single _____ Divorced _____

Name of Spouse (if married) _____

If Married, maiden name (if applicable) _____

PRE-DENTAL HYGIENE EDUCATION:

Date of graduation from and name of high school or preparatory schools. _____

Colleges attended and degrees earned (include dates of attendance) _____

DENTAL HYGIENE EDUCATION:

Dental Hygiene Schools attended and degrees earned (include dates of attendance) _____

List all licenses held in other states, *past and present, active or inactive*, and dates issued. **You must have a certified letter, bearing the State's seal, sent directly to this office from each listed state:** _____

Have you had an application for license refused from any state? If yes explain and give dates _____

Have you taken and passed the National Boards? _____
_____ **Give Dates**

If not on file in the Board office, you must have the National Board scores sent directly to the Board office.

Have you taken and passed a state or regional clinical board? If so, which one? _____
_____ **(Dates)** **(Dates)**

If not on file in the Board office, you must have your state or regional clinical scores sent directly to the Board office.

I belong to the following professional societies and organizations: _____

If I am licensed to practice dental hygiene in West Virginia, I plan to enter the armed forces, or work for Dr. _____ in _____, WV starting _____.

I offer the following references of good moral character, neither of whom is related to me or is a teacher at any dental hygiene college I attended, who shall write letters, directly to the secretary of the Board concerning the applicant. (If possible have dentists practicing in the State of West Virginia.)

Name _____ Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Physician's Statement of Examination of Applicant

I, _____, a duly licensed physician of the State of _____, have this day examined _____

The applicant herein, and my medical examination reveals that such applicant is free from all infectious, malignant, and contagious diseases, and such applicant is in sound and good health. Examination made

in _____, State of _____,

on the _____ day of _____, A. D. 20____.

_____, M. D.

For the past ten years, my addresses and occupations have been: (Please fill in this section, whether or not you were employed.)

Dates	Addresses	Occupation

Have you ever been charged with, or convicted of a crime of the grade of felony? If yes explain: _____

Are charges pending or have you ever been charged with, or convicted of, or been a party to a violation of the dental laws of this or any other jurisdiction? If yes explain: _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Has your surname ever been changed? _____ If so, when and from what? _____

In addition to the foregoing information, I add the following:

1. I will read the Dental Laws of West Virginia before appearing for examination and I intend to practice Dental Hygiene in keeping with the spirit and the letter of these laws.
2. I hereby give my permission for the West Virginia Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
3. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements when necessary.
4. At the time of my interview, I shall present all other credentials required or requested by the Board.
5. I am enclosing a postal money order or a check in the amount set forth below to cover this application fee. **THIS FEE IS NOT REFUNDABLE.**

Application fee: \$60.00

The above statements are true in every particular.

Signature

THE STATE OF _____

COUNTY OF _____

Affix
PHOTOGRAPH

_____ Before me, a Notary Public in and for said State and County, on
this day personally appeared _____
and did in my presence sign the foregoing application and acknowledged
to me that all statements, facts, and answers contained in this application
are true and correct; and that the applicant executed this application for
the purposes and consideration therein expressed.

No caps or hats
please

I also certify that the photograph attached hereto is a likeness of
the applicant.

Witness my hand and seal of office on this the _____ day of _____,
A. D. 20____.

Signature of Notary Public _____

Name of Notary Public typed _____

(SEAL)

Notary Public in and for the County of _____

State of _____

My Commission expires _____

I, _____, Dean of _____
have read this application of the above applicant for examination before the West Virginia Board of Dental
Examiners, and I certify such applicant to the West Virginia Board of Dental Examiners as a graduate of this
college; and I further state that the degree of _____
was conferred on such applicant on the _____ day of _____, A. D. 20____.

Witness my hand as Dean of the above stated college or university, and the seal of such institution.

_____ Dean

(Seal of College or
University Conferring
Certificate)

“Please make all check and money orders payable to “West Virginia Board of Dental Examiners”.

**INFORMATION CONCERNING LICENSURE TO PRACTICE
DENTAL HYGIENE IN THE STATE OF WEST VIRGINIA**

1. Passage of the National Board examination with scores to be sent directly from the National Board office to the West Virginia Board of Dental Examiners. The address and telephone number of the National Board are as follows: 211 East Chicago Avenue, Chicago, IL 60611; (312) 440-2678.
2. Passage of the Northeast Regional Board examination, *or any other state and/or regional board*. **Results must be sent directly to this office by the agency or state that administered the examination.** For information concerning the NERB write: Lillian Bachman, 8484 Georgia Avenue, Suite 900, Silver Springs, MD 20910, or call NERB at 301-563-3300.
3. Examination concerning the dental laws of the State of West Virginia. Upon receipt of your completed and signed application, a copy of the West Virginia State Dental Law and Dental Regulations will be forwarded to you.
4. Personal interview with the West Virginia Board of Dental Examiners. (The interview will be conducted at the time the law examination is given.)
5. Two references of good moral character as shown on the application must be written **directly to the Board by the person writing such reference by way of mail or facsimile**. Letters of recommendation should be written by persons who know the applicant professionally. Letters from the applicant's family or teachers from their dental hygiene program will not be accepted. The Board's fax number is (304)253-9454.
6. Letter of recommendation and good standing from the State Board of all states in which you are licensed, **past or present, active or inactive**, which must be mailed **directly from the State Board** to the West Virginia Board of Dental Examiners.
7. Verification of graduation must be completed and affixed to the application by an authorized person of the college or university with the official seal or registrar's stamp affixed thereto. An official transcript may be sent to the Board office bearing the school's official seal or registrar's stamp in lieu of the verification section of the application.
8. Copies of a legal photo ID must accompany your application. Copies of any U.S. Immigration cards or permits (ie. green card, work permit, etc.) issued to you must accompany your application.
9. Payment of application fee of Sixty Dollars (\$60.00).
10. All blanks of the application must be filled in, with photograph attached and the application witnessed and sealed by a notary public. ****Please answer yes or no questions with a yes or no answer.**
11. Your application must show your addresses for the past ten years, regardless of whether or not

you were employed.

In order to sit for the law examination or interview, the deadline for receipt of application by the Board is one week prior to the next meeting of the Board.

Should any applicant fail to show for a meeting with the Board after notification, the applicant will not be informed of the next examination and interview unless the applicant specifically writes requesting information concerning the next Board meeting.

West Virginia shall not issue a license to any applicant who is not a graduate of an approved dental hygiene program.

The State of West Virginia **DOES NOT** have reciprocity with any other state.

REQUIREMENTS FOR MILITARY- TRAINED PERSONNEL :

Pursuant to the laws of the State of West Virginia, military-trained personnel shall have certification from the United States Military Service concerning the courses taken and successful completion of the same. However, the only requirements waived for military-trained personnel are educational, which is graduation from an approved dental hygiene program.