

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS
DENTAL HYGIENE
GENERAL SUPERVISION PERMIT
APPLICATION**

Name: _____

Address: _____

County _____

Current WV License # _____

I. _____ Two (2) years and three (3) thousand hours of clinical dental hygiene experience.

II. _____ Successful completion of a three (3) hour course in the identification and prevention of medical emergencies as part of continuing education credits for licensure every two years. (Must attach a copy of the CE certificate including course title, presenter, sponsor and date.)

***Initial application requires course to be completed within the past two (2) years.*

III _____ Application Fee: \$25.00 (Make check payable to the WV Board of Dental Examiners.)

****You are not authorized to practice under general supervision, as defined by 8.4, until your application is completed, and a certificate is received from the Board.**

I, _____, attest that I have completed a minimum of two (2) years and three (3) thousand hours of clinical experience in the practice of dental hygiene. I understand that filing of false information may subject my license to disciplinary action including, but not limited to, revocation or suspension of my license.

Signature of Dental Hygienist

Mail application to: WV Board of Dental Examiners
PO Box 1447
1319 Robert C. Byrd Drive
Crab Orchard, WV 25827