

AADE ClearingHouse _____

**SPECIAL VOLUNTEER DENTAL HYGIENE LICENSE
WEST VIRGINIA BOARD OF DENTAL EXAMINERS
APPLICATION**

In compliance with Chapter 30, Article 4, Section 10a, 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. _____

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

I plan to volunteer at _____. I have attached the written agreement, as required by law, §30-4-8a, with the clinic and their proof of insurance.

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: _____

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 and I intend to practice Dental Hygiene in keeping with the spirit and the letter of the laws for a special volunteer dental hygiene license.
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. If granted a special volunteer dental hygiene license:
 - a. I shall practice exclusively devoted to providing dental care to needy and indigent persons in West Virginia.
 - b. I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any dental hygiene services rendered under the special volunteer license.
 - c. I will supply any supporting documentation concerning my credentials, including my diploma, as the board may reasonably require.
 - d. I agree to continue to participate in continuing education as required by the Board.

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 _____

Please supply a copy of the following if available:

Copy of current Drivers license;

Copy of current CPR card; and

Copy of recent infection control continuing education certificates.

If not a US citizen, please provide a copy of the following:

Copy of US Immigration Services work authorization or permit.