



DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING  
BOARD OF DENTAL EXAMINERS  
333 Willoughby Avenue, 9th Floor  
P.O. Box 110806  
Juneau, Alaska 99811-0806  
Phone:(907) 465-2542 Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.state.ak.us/occ/pden.htm](http://www.commerce.state.ak.us/occ/pden.htm)

## ALASKA DENTAL HYGIENE LICENSE BY EXAMINATION

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A person may not practice, offer or attempt to practice, or advertise or announce oneself as prepared or qualified to practice dental hygiene without a license. Please Note: A separate application is required to administer local anesthetic agents.

Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of the licensing requirements and to provide all necessary documentation. If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the division.

The application process includes submission of two separate applications. Applicants must complete the board's Application for Dental Hygiene License by Examination **AND**:

1. A Level II PBIS credentials review IF you hold or have ever held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application to the board; **OR**
2. A Level III PBIS credentials review IF you have not previously held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application to the board

The PBIS review process is generally one-two months. Applicants must work directly with PBIS for submission of the required Level II or Level III report.

Professional Background Information Services  
23460 N. 19<sup>th</sup> Avenue, Suite 225  
Phoenix, AZ 85027  
Telephone: (602) 861-5867  
Fax: (602) 861-9656  
Website: [www.pbisonline.com](http://www.pbisonline.com)  
E-mail: [pbisaz@aol.com](mailto:pbisaz@aol.com)

Clinical Examination: Applicants must have a passing score of at least 75 percent from the Western Regional Examining Board (WREB). (Other state board examinations will not be accepted.) The results of the dental hygiene examination conducted by WREB is valid for five years after the date on which the examination was taken.

Western Regional Examining Board: [www.wreb.org](http://www.wreb.org)

### **Level II Professional Background Information Services Credentials Review**

(required for applicants who hold or have ever held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application to the board)

#### **Application for Dental Hygiene License by Examination:**

1. Completed, signed and notarized application 08-4166;
2. Nonrefundable application fee of \$85.00;
4. License fee of \$120.00;
5. Authorization for Release of Records form 08-4166a; and
6. Statement of Ethical Standards form 08-4166b.

#### **The Level II PBIS report is to include the following documentation:**

1. Official Transcripts from dental hygiene school;
2. Proof of current certification in cardiopulmonary resuscitation (CPR);
3. Certificate from WREB verifying passage of the clinical examination;
4. Copy of the National Board Dental Hygiene examination indicating that you have passed the examination;
5. Verification of licensure status including complete information regarding any disciplinary action or investigations taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license.

## Level III Professional Background Information Services Credentials Review

(required for applicants who have not previously held a dental hygiene license in any jurisdiction before the 90 days immediately preceding the date of application to the board)

Application for Dental Hygiene License by Examination, Level III. Applicants must submit the following information:

1. Completed, signed and notarized application 08-4166;
2. Nonrefundable application fee of \$85.00;
3. License fee of \$120.00;
4. Authorization for Release of Records form 08-4166a;
5. Statement of Ethical Standards form 08-4166b
6. Official Transcripts from dental hygiene school;
7. Copy of a certificate verifying current certification in cardiopulmonary resuscitation (CPR);
8. Copy of examination certificate from WREB verifying successful passage of the clinical examination;
9. Copy of the National Board Dental Hygiene Examination certificate verifying successful passage of the examination

The Level III PBIS report is to include the following documentation:

1. Verification of disciplinary information.
2. Verification of any criminal and civil records.

### **OTHER APPLICATION INFORMATION**

1. All applicants must complete the board's Jurisprudence examination. The examination is open book consisting of 25 multiple choice questions. Once an application is on file, the examination will be mailed to the applicant for completion.
2. The Division will query the American Association of Dental Examiners Clearinghouse for disciplinary information that relates to criminal or fraudulent activity, and negligent dental hygiene care.
3. Wall certificate suitable for framing \$20.00 (optional).

### **GENERAL INFORMATION**

#### **APPLICATION REVIEW**

Applications will be reviewed generally within two weeks of receipt. Applicants will be notified in writing regarding application status. Please submit your application well in advance of the date you wish to begin working.

The Board of Dental Examiners meets four times a year, usually in March, June, September, and December. The meeting dates are available on the board website at: [www.commerce.state.ak.us/occ/pden.htm](http://www.commerce.state.ak.us/occ/pden.htm) or contact this office for the meeting dates. Applications complete (including **all** supporting documentation) within two or three weeks of a board meeting will be reviewed at the board meeting; otherwise, completed applications will be sent to the board members using the mail ballot voting process.

#### **LOCAL ANESTHETIC AGENTS**

A separate application is required for this certification. Applications are available on the board's website or contact the division for an application. **NOTE: the board accepts only the WREB examination for this certification.**

#### **"YES" RESPONSES**

If you respond "Yes" to one of the professional fitness questions on the application, submit a separate signed explanation and include a copy of any applicable back-up (e.g., judgement, court disposition, etc.). A "yes" response does not mean your application will automatically be denied. Applications with a "Yes" response generally require additional time for review.

#### **RENEWAL INFORMATION**

All licenses expire on December 31 of even-numbered years, regardless of when issued, except new licenses issued within 90 days of the expiration date are issued through the next biennium.

#### **SOCIAL SECURITY NUMBER**

Alaska Statute 08.01.060(b) requires an applicant for an occupational license to provide a United States Social Security Number. Applicants who do not have a social security number must complete the "Request for Exception from Social Security Number Requirement" form located on the division's website at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) or contact the division to request the form.

**PUBLIC INFORMATION**

Please be aware that all information on the initial application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "License Search."

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.

**STATUTES AND REGULATIONS**

The complete set of Board of Dental Examiners statutes and regulations is available on the board's website or contact the division and request a copy by mail.

**BOARD NEWSLETTER**

The Board of Dental Examiners newsletter is available for viewing on the board's website: [www.commerce.state.ak.us/occ/pden.htm](http://www.commerce.state.ak.us/occ/pden.htm).

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FOR OFFICE USE ONLY

APPLICATION FOR DENTAL HYGIENE LICENSE BY EXAMINATION

NONREFUNDABLE APPLICATION FEE: \$ 85.00
CREDENTIAL REVIEW FEE: \$100.00
INITIAL LICENSE FEE: \$120.00
WALL CERTIFICATE FEE (OPTIONAL): \$ 20.00

Personal check or money order made payable to: State of Alaska

I HEREBY APPLY for a license to practice dental hygiene in the State of Alaska, and submit the following statements, under oath, and enclose the required documents and fees.

INSTRUCTIONS TO THE APPLICANT: It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection.

This application must be completed in full. If a section does not apply, write N/A in the space provided. Please print or type.

Name: Last First M.I. Maiden

Mailing Address: Street or Box

City: State: Zip Code:

Business Telephone: Home Telephone E-mail:

Social Security Number: Date of Birth Gender: Male Female

Have you ever practiced dental hygiene in the State of Alaska? YES NO

EDUCATION

High School City and State Year

College or University City and State

Years of Attendance Semester Hours Degree

School of Dental Hygiene City and State

Dates Attended Exact Date of Diploma

EXAMINATION INFORMATION

A candidate must have passed the WREB Examination within 60 months prior to application:

Date passed:

Give names, addresses, telephone numbers, and dates of all dentists for whom you have worked as a dental hygienist during the past two years. If not applicable (N/A), please indicate. DO NOT LEAVE BLANK:

Name of Dentist Address Telephone No. Dates of Employment

1.

2.

3.

List all states or jurisdictions in which you are currently or ever have been licensed. If not applicable (N/A), please indicate. DO NOT LEAVE BLANK.

State/Jurisdiction	Licensed (Exam, Reciprocal or Other)	License No.	Date of Issuance (Month/Day/Year)	Dates of Practice (Month/Day/Year)

**PROFESSIONAL FITNESS – (If you answer “Yes” to any question, please explain in full, on a separate affidavit, and enclose applicable legal documentation.)**

- |   | <u>YES</u>               | <u>NO</u>                |
|---|--------------------------|--------------------------|
| 1. Have you ever been disciplined by any state board or Dental Hygiene Association concerning violation of the Dental Hygiene Practice Act or unethical conduct? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been denied a license or had a license revoked, suspended, restricted, limited, surrendered or otherwise acted upon? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied the privilege of taking an examination before any state Dental/Dental Hygiene Board? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever practiced dental hygiene illegally? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you the subject of an unresolved complaint, review procedure, or disciplinary proceeding undertaken by a dental or dental hygiene licensing jurisdiction? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of any criminal offense(s) other than minor traffic violations (convictions include suspended imposition of sentences)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you now or have you been in the last five years treated for bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for situational or reactive depression) or any other mental or emotional illness? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you now or have you been in the last five years addicted to, or excessively used, or misused, alcohol, narcotics, barbiturates or habit-forming drugs? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have a physical disability which could affect your ability to practice dental hygiene? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

Please be aware that all information on this form and supplied with this form will be available to the public, unless required to be kept confidential by state or federal law.

**Name and address of dentist for whom you will be working:** If not known at this time, you must notify the board, in writing of the name and address of the employing dentist, once you obtain employment. See AS 08.32.130.

**I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that all credentials supplied by me are true and correct. I understand that any false information or falsification of credentials may result in failure to obtain a dental hygiene license in the State of Alaska.**

**I have read the Alaska Dental Hygiene Practice Act. I solemnly declare upon my honor that, if granted a license to practice dental hygiene in Alaska, I will respectfully comply with any law governing the practice of dental hygiene in this state, and I will do my best to uphold and maintain the ethics of the profession.**

SIGN HERE 

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me, a Notary Public, in and for the State of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

NOTARY SEAL

My Commission Expires: \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF RECORDS**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_,  
residing at \_\_\_\_\_, authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgements, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska Dental Hygiene Licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original.

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## STATEMENT OF ETHICAL STANDARDS

I acknowledge and understand that a licensed dental hygienist in Alaska shall adhere to the ethical standards for dental hygienists established by the Alaska Board of Dental Examiners and that failure to adhere to the ethical standards may result in imposition of a sanction that is described in AS 08.32.160.

By signature below, I certify that if I am granted licensure in the State of Alaska as a dental hygienist, I will adhere to the "Code of Ethics for Dental Hygienists," as set out in the American Dental Hygienists' Association document titled 2001-2002 Bylaws – Code of Ethics, adopted by reference as the ethical standards for dental hygienists and applies to all dental hygienists in the state (12 AAC 28.905(a)).

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Printed Name

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Signature of Applicant

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Date