DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

BOARD OF DENTISTRY
DENTAL HYGIENIST
NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT

To expedite the processing of your NEW LICENSE APPLICATION, follow the instructions carefully before submitting your ONLINE application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
1. All Pages of Application		
All pages of the online application and licensure fee of **$245** are required and submitted.	**ONLINE**	☐
2. Demographic Information		
The demographic information (**i.e., name, date of birth, address, etc.**) provided by the application is true and correct and matches what is contained in the electronic licensing system.	**ONLINE**	☐
3. Social Security Number		
If you **do not have** social security number then you must submit a **Sworn Affidavit**, under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	**ONLINE**	☐
4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
An original photo is required and cannot be a computer-generated copy.	**ONLINE**	☐
5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face		
A U.S. driver's license or U.S. passport is acceptable.	**ONLINE**	☐
6. Name Change Documents (if applicable)		
An applicant must provide a copy of a legal name change document for **EACH** time that it has changed. Acceptable documents are **Marriage Certificate, Divorce Decree or Court Order.**	**ONLINE**	☐
7. CPR Certificate		
A copy of a current and valid CPR certificate for healthcare providers at the basic level.	**ONLINE**	☐

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
8. Official Sealed School Transcript		
Certified official transcript showing a Dental Hygienist degree and date conferred shall be submitted to the Board with the completed application. Applicant must have completed an educational program recognized by the Commission on Dental Accreditation of the American Dental Association. Foreign Education: View Section 4303 of the regulations in the following link Dental Hygiene Regulations ▪ **Send Official Transcripts via Email or Mail:** An official electronic transcript must be **sent directly from the school/issuing institution/agency** to the Board (**dcbod@dc.gov**) via their secure electronic network **or** mail transcripts to the DC Board of Dentistry, 2201 Shannon Place, SE, 1st Floor, Washington, DC 20020.	**E-MAIL or MAIL (Preferably via E-Mail and sent directly from the school/issuing institution)**	☐
9. Three (3) Moral Character References		
An applicant is required to submit three (**3**) Moral Character References on the following link: **DCBOD Moral Character Reference Form**	**ONLINE**	☐
10. Examination Scores (NERB & NBDHE Results)		
You are required to request your National Board of Dental Hygiene Examination (**NBDHE**) results to be released to the DC Board of Dentistry to verify. In addition, upload a copy of your **NERB** (**CDCA/WREB/ADEX/CITA**) Dental Hygiene results onto your application.	**ONLINE**	☐
11. Criminal Background Check (CBC)		
CBC is completed at the time you submit your online application. A **$50** payment is required online with the application. Upon completion of the payment, the applicant will receive an email with a code to schedule a fingerprint appointment.	**ONLINE**	☐
12. Local Anesthesia & Nitrous Oxide Authorities		
A Dental Hygienist application and fee **do not** include additional authority. If you're interested in utilizing the authority in the District, you are required to submit an online application and pay the **$25** fee. In addition, a copy of a certificate of completion of the course applicable to you is required.	**ONLINE**	☐
13. Screening Question Responses		
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which **"YES**" was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the **"YES"** answer. In addition, submit all relevant documents related to the reason for the **"YES"** answer (e.g., **Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc**.).	**ONLINE**	☐

14. **Verification(s) of Licensure (Endorsement Applicants Only)**		
• Checklist items listed above **and** • Official Verifications are required from the issuing state(s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have **EVER** held a professional license, regardless of status, must be submitted. Website verifications may be acceptable if the website is considered "**primary source verified"** by the jurisdiction in question. **The verification(s) must be sent directly to the Board by email or mail by the issuing state or jurisdiction.**	**E-MAIL or MAIL (Preferably via E-Mail and sent directly from Licensing Boards**	☐

Board Mailing Address:

Board of Dentistry
2201 Shannon Place SE
First Floor
Washington, DC 20020

Board Email Address: dcbod@dc.gov

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