

**BOARD OF DENTISTRY**

PO BOX 200513

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

Email: [dlibsdhel@mt.gov](mailto:dlibsdhel@mt.gov) Web: [www.dentistry.mt.gov](http://www.dentistry.mt.gov) Phone : (406) 444-6880

**Hygienist Application**

*To expedite your application, we suggest you apply and submit your application on-line at [EBIZ.MT.GOV/POL](http://EBIZ.MT.GOV/POL)*

*There are 2 pathways to licensure in Montana, applicants may only choose one pathway. The options are numbered below and correspond throughout the application packet instructions:*

**LICENSE REQUIREMENTS:**

**1. Licensure by Examination:**

To qualify by examination you must have taken a clinical examination, which meets the requirements in board rule ARM 24.138.504, within the last five years (5). If your examination does not meet these requirements, you will need to see if you qualify under the credentialing rule below. Specific requirements for licensure by examination can be found in board rule ARM 24.138.503. All applicants are encouraged to read these rules in their entirety. Many common questions can be answered with a full review. All other questions should be directed to customer service at the number listed above.

*A summary of requirements can be found below:*

- Graduation from a Commission on Dental Accreditation (CODA) approved dental hygiene school;
- Passage of the National Board Dental Hygiene Examination (NBDHE);
- Passage of a board approved clinical examination within the last 5 years (see Page 4);
- Passage of the Montana Jurisprudence examination;
- License verifications from all jurisdictions, for any professional license;
- Self-Query of the National Practitioner Data Bank (NPDB);
- Current CPR, ACLS, or PALS card;
- Appropriate Fees.

**(2) Licensure by Credentialing a.k.a. Endorsement:**

To qualify by credentialing you must have met the requirements of ARM 24.138.506. All applicants are encouraged to read this rule in its entirety. Many common questions can be answered with a full review. All other questions should be directed to customer service at the number listed above.

*A summary of requirements can be found below:*

- Graduation from a Commission on Dental Accreditation (CODA) approved dental hygiene school;
- Passage of the National Board Dental Hygiene Examination (NBDHE);
- Passage of a board approved clinical examination (See Page 4);
- Certification of hours, including proof that the applicant has practiced dental hygiene for a minimum of 1000 hours in the 2 years prior to application;
- Passage of the Montana Jurisprudence examination;
- License verifications from all jurisdictions, for any professional license;
- Self-Query of the National Practitioner Data Bank (NPDB);
- Current CPR, ACLS, or PALS card;
- Appropriate Fees.

## Application Fees

### **(1) By Examination: \$185.00**

Includes:

Application Fee - \$100.00

Jurisprudence Exam Fee - \$85.00

**\*\* Make check or money order payable to \*\***

**Montana Board of Dentistry**

(Fees may be combined into one check)

### **(2) By Credentialing: \$260.00**

Includes:

Application Fee - \$100.00

Credentialing Fee - \$75.00

Jurisprudence Exam Fee - \$85.00

## Documents

The following documents must be submitted to the Board office in order to complete your license application.

*Please note: All documents not in English must be accompanied by certified translations.*

### **(1) By Examination:**

- (a) Official transcripts sent directly from a CODA approved dental hygiene school;
- (b) Original National Board Dental Hygiene Examination (NBDHE) Score Card sent directly from the Joint Commission on Examination; You may obtain by visiting: [www.ada.org/en/jcnde](http://www.ada.org/en/jcnde)
- (c) Verifications of successful passage of a board approved clinical examination, from the provider;
- (d) Passage of the Montana Jurisprudence Examination (information on page 4);
- (e) License verification(s) sent directly from all state(s) where you have held or hold a license verifying status and any disciplinary action(s) on your license(s);
- (f) National Practitioner Data Bank (NPDB) self-query. This form can be obtained by visiting: [npdb.hrsa.gov](http://npdb.hrsa.gov) The results will come to you; upon receipt please send the original unopened report to the board office. You may also e-mail a digital self-certified inquiry to the board rather than a hard copy.
- (g) Current CPR, ACLS, or PALS card; and
- (h) Check or money order for the appropriate fees.

### **(2) By Credentialing:**

- (a) Official transcripts sent directly from a CODA approved dental hygiene school;
- (b) Original National Board Dental Hygiene Examination (NBDHE) Score Card sent directly from the Joint Commission on Examination; You may obtain by visiting: [www.ada.org/en/jcnde](http://www.ada.org/en/jcnde)
- (c) Verifications of successful passage of a board approved clinical examination, from the provider;
- (d) Passage of the Montana Jurisprudence Examination (information on page 4);
- (e) License verification(s) sent directly from all state(s) where you have held or hold a license verifying status and any disciplinary action(s) on your license(s);
- (f) National Practitioner Data Bank (NPDB) self-query. This form can be obtained by visiting: [npdb.hrsa.gov](http://npdb.hrsa.gov) The results will come to you; upon receipt please send the original unopened report to the board office. You may also e-mail a digital self-certified inquiry to the board rather than a hard copy.
- (g) Certification of hours form, specifically showing that the applicant has practiced dental hygiene for a minimum of 1000 hours in the last 2 years;
- (h) Current CPR, ACLS, or PALS card; and
- (i) Check or money order for the appropriate fees.

*All applicants, whether by examination or credentialing, must answer the personal history questions found on pages 3-4 of the application following. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.*

## **Local Anesthesia Certifications and Limited Access Permits are in addition to a dental hygiene license.**

### **Local Anesthesia Certification**

All applicants applying for a local anesthesia permit not through experience, shall have passed either the WREB or CRDTS Local Anesthesia Examinations. Specific qualifications are found in ARM 24.138.508. Applicants are encouraged to read the rule completely. Each examination includes a written and clinical examination component. Applicants with only educational training and/or a written examination do not qualify under the rule.

A summary of requirements can be found below:

- (a) Verification, from the source, of passage of a board-approved local anesthetic examination within the last 5 years;
- (b) Possess a current CPR/ACLS/PALS certification;
- (c) Either be applying for a Montana license, or already be licensed in Montana; and,
- (d) Submit a \$20.00 application fee.
- (e) Applicants applying for a local anesthesia permit by credentialing (aka experience) must submit the following: (1) Either be licensed or in the process of obtaining a Montana Hygiene License (2) Proof of Coursework and Training regarding the administration of local anesthesia, (3) Written verification that the applicant has practiced administration of local anesthetic agents within the last 5 years, (4) Current CPR, ACLS, or PALS card, (5) copies of any local anesthetic authorizations from another state where the applicant has practiced. Finally, (6) payment of the local anesthesia application fee.

### **Limited Access Permit (LAP)**

The LAP designation allows a hygienist to operate under public health supervision. Specific qualifications are found in ARM 24.138.509. Applicants are encouraged to read the rule completely as the permits allows added functionality to the standard supervision hygienists operate under. Similarly reviewing the statute allowing the practice is strongly encouraged: 37-4-405, MCA.

A summary of requirements can be found below:

- (a) Possess an active, unrestricted Montana dental hygiene license;
- (b) Applicant shall certify that they have practiced either:
  - a 2,400 clinical hours over the last three years, or;
  - a a career total of 3,000 hours, with a minimum of 350 hours in each of the last 2 years.
- (c) Applicant shall have current liability insurance, and disclose its identifiers;
- (d) Submit 12 additional continuing education credits for the 3-year cycle immediately preceding application for the Limited Access Permit;
- (e) Applicant shall possess a current CPR/ACLS/PALS certification; and,
- (f) Submit a \$50.00 application fee.

### **Certification/Permit Fees**

**(1) Local Anesthesia Certification: \$20.00**

**(2) Limited Access Permit: \$50.00**

\*\* Make check or money order payable to \*\*  
**Montana Board of Dentistry**  
(Fees can be combined into one check)

## Approved Clinical Examination Providers

CDCA – The Commission on Dental Competency Assessments [www.cdcaexams.org](http://www.cdcaexams.org)

CITA - Council of Interstate Testing Agencies [www.citaexam.com](http://www.citaexam.com)

CRDTS - Central Regional Dental Testing Service [www.crdts.org](http://www.crdts.org)

SRTA - Southern Regional Testing Agency [www.srta.org](http://www.srta.org)

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

All examinations for initial licensure, must meet the requirements of ARM 24.138.504 regardless of the agency selected.

## Jurisprudence Examination:

This is an untimed, self-proctored, open "book" examination. All applicants are required to take the jurisprudence examination and to pass with a score of 75% or better. This is an open book exam and applicants are strongly encouraged to use the laws and rules for study and reference. The examination covers the statutes and rules for the practice of dentistry, dental hygiene and dentistry. A copy of the laws and rules can be found linked on our web site, under the Regulations tab at [www.dentistry.mt.gov](http://www.dentistry.mt.gov). The Montana Secretary of State maintains official records of our laws and regulations and the board cannot provide you specific direction with regard to the links of relevant material.

## Processing Notes:

Processing time for a routine and complete application is approximately 14 days. Time for processing an application for either a license or endorsement cannot be estimated. However, staff will work within the bounds of the law and its abilities to process applications as efficiently as possible.

Applications are not denied for incompleteness and you may submit an application without all the materials required. The applicant will be notified in writing of any deficient or missing items in the application file. This delay may affect the processing time.

A non-routine application that has been determined to be complete but must go before the full board for review can take up to 120 days for approval. The board does have temporary practice permits for dental hygienist applicants awaiting one, but not both, of either their national or clinical examination. Full qualifications can be found at: ARM 24.13.519.

All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request. Keep the board office informed at all times of any address changes (including e-mail), changes in license status, and complaints or proposed disciplinary action(s). These steps are essential for timely processing of applications and subsequent licensure.



11. List all professional licenses you hold or ever have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method			Requested State Verification	
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO

**PERSONAL HISTORY QUESTIONS  
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

## PERSONAL HISTORY QUESTIONS

12. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority?  Yes  No
13. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?  Yes  No
14. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  Yes  No
15. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  Yes  No
16. Have you ever withdrawn an application for any professional license?  Yes  No
17. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  Yes  No
18. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  Yes  No

Note on Questions 19 and 20: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 19 or 20 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website, under the Services/Links tab, for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

19. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?  Yes  No
20. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?  Yes  No

The following information is provided for Question 21 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board website, under the FAQ's.

21. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?  Yes  No
22. Are you now subject to criminal prosecution or pending criminal charges?  Yes  No
23. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?  Yes  No
24. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  Yes  No
25. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?  Yes  No
26. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid?  Yes  No
27. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?  Yes  No
28. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  Yes  No
29. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  Yes  No



**30. PROFESSIONAL EDUCATION**

Name of University or College	City and State/Province/ Territory	Dates Attended	Degree Earned

**DECLARATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Dentistry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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

\_\_\_\_\_  
Date