

**Maryland State Board of Dental Examiners  
Spring Grove Hospital Center • Benjamin Rush Building  
55 Wade Avenue/Tulip Drive  
Catonsville, Maryland 21228  
(410) 402-8510**

**APPLICATION FOR VOLUNTEER  
DENTAL HYGIENE LICENSURE**

**Notice For Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Government Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**SECTION I – GENERAL INFORMATION**

<b>Name (Last, First, Middle Initial):</b>	
<b>Address of Record: (Street Address)</b>	
<b>City, State, Zip:</b>	

**A. Social Security Number:**       -   -      
 (There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

**B. Date of Birth:**                      -   -

**C. Home Phone Number:**           -    -

**D. Work Phone Number:**           -    -

**E. E-Mail Address:**               

**F. Gender:**     Female     Male

**G. Race/Ethnic Identification – Please check all that apply**

Are you of Hispanic or Latino origin?    Yes     No   
 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1.  American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2.  Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3.  Black or African American (A person having origins in any of the black racial groups of Africa.)
4.  Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5.  White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

**H. Licensure in other states:**

List other states or jurisdiction in which you hold or have held a dental hygiene license. Include license number(s).

State	License Number

**SECTION II - EDUCATION**

**A. School of Graduation (Name, City, State, Country):** \_\_\_\_\_

**B. Date of Graduation:** \_\_\_\_\_ **Degree Earned:** \_\_\_\_\_

**SECTION III – EXAMINATIONS**

**All candidates answer A and B. Path 1 candidates answer A, B, C, and D.**

**A.** Have you passed Parts I and II of the **National Board** Examinations?  Yes  No

**B.** Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

**C.** *For Path I applicants,* **Regional Board** examination taken: \_\_\_\_\_

**D.** Date of examination: \_\_\_\_\_ Location of examination: \_\_\_\_\_

**SECTION IV – EXPERIENCE**

**A. Path 2 candidates only:**

Yes  No I have actively practiced dental hygiene for at least 150 hours during the 3 year period preceding this application for licensure. (See Guidelines for requirement to submit a notarized statement.)

**SECTION V – CONTINUING EDUCATION**

Yes  No I have completed 30 hours of continuing education, including 2 hours in infection control, in the 2 years preceding application and possess current CPR certification.

**Notice Regarding Board – Approved Courses in 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture: A licensee may earn a combined total of up to 4 continuing education hours for the following Board-approved courses: 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture.**

**For additional information please visit the Board’s website at [health.maryland.gov/dental](http://health.maryland.gov/dental) and click on the link under the topic Continuing Education – Courses in Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and Courses in Military Culture.**

**SECTION VI - CHARACTER AND FITNESS**

**If you answer "YES" to any question(s) in Section VI – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.**

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order or were ever under a Board Order in a state other than Maryland you must enclose a certified legible copy of the entire Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dental hygiene license in any jurisdiction been withdrawn for any reason?   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges, or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?   |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?   |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?  |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dental hygiene?   |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dental hygiene?  |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dental hygiene?   |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you illegally used drugs?   |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you been named as a defendant in a filing or settlement of a malpractice action?  |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?   |

The Well Being Committee assists dental hygienists and their families who are experiencing personal problems. The Committee has helped a number of dental hygienists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information please call 800-974-0068 or visit the website at [www.mdhaweell-being.org](http://www.mdhaweell-being.org).

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

**Release and Certification:**

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental hygiene licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice of dental hygiene as a licensed dental hygienist in the State of Maryland.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, Then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL**

MARYLAND STATE BOARD OF DENTAL EXAMINERS

**Application for Volunteer Dental Hygiene Licensure**

**CHECK LIST**

*Please review prior to sending your application package to the Board.*

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

**ALL CANDIDATES**

- 1. Is your application completed front and back?
  - Did you sign and have the application notarized?
- 2. Did you enclose one photo that is between 2x2-inches and 3x3-inches with the required notarized affidavit? Note that the photo will be affixed to your license. The photo must meet the following guidelines: taken within the last 2 years to reflect your current appearance; front view of full face from top of hair to shoulders; a natural expression; no hat; or head covering that obscures the hair or hairline, unless worn daily for religious purposes; no sunglasses, headphones, wireless hands-free devices or similar items; no other individuals or distractions in the photo. Photos copied or digitally scanned from driver's licenses or other official documents are not acceptable. In addition, low quality vending machine or mobile phone photos are not acceptable. "Passport" photos are acceptable. Unacceptable photos will be returned and shall delay the issuance of your license.
- 3. Did you request that an original National Board score card be forwarded to the Board?
- 4. Did you enclose certified proof of dental hygiene education, such as a copy of a diploma or a letter from the school? Does the document contain a raised, embossed seal or is on original letterhead with an original signature from the school?
- 5. Did you enclose certified letters with state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- 6. Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, and proof of current cardiopulmonary resuscitation (CPR) certification?

**Notice Regarding Board – Approved Courses in 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture: A licensee may earn a combined total of up to 4 continuing education hours for the following Board-approved courses: 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture.**

**For additional information please visit the Board's website at [health.maryland.gov/dental](http://health.maryland.gov/dental) and click on the link under the topic Continuing Education – Courses in Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and Courses in Military Culture.**
- 7. Did you enclose the completed Affidavit of Volunteer Dental Hygiene?
- 8. Did you enclose the completed Affidavit of Malpractice Insurance?
- 9. Did you enclose documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?
- 10. Did you enclose an examination score card from the North East Regional Board certifying that you have passed the Computer Simulated Clinical Examination (CSCE)?
- 11. Did you enclose the Jurisprudence Examination and the notarized Affidavit?

PATH 1 CANDIDATES:

1. Did you enclose certified examination scores from the Central Regional Testing Service (CRDTS), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB)?

PATH 2 CANDIDATES:

1. Did you enclose a notarized statement attesting to at least 150 or more hours of active practice during the 3 years preceding application?

## **MARYLAND STATE BOARD OF DENTAL EXAMINERS GUIDELINES FOR VOLUNTEER DENTAL HYGIENE LICENSE**

**The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.**

**The following criteria must be met by all candidates for a volunteer dental hygiene license:**

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Be a graduate of a school for dental hygiene that requires at least 2 years of higher education, is accredited by the American Dental Association Commission on Dental Accreditation and is approved by the Board; and
- d. Hold an active license to practice dental hygiene in another state or in the District of Columbia; and
- e. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations in Maryland; and
- f. Have completed 30 hours of clinical continuing education, including 2 hours of infection control, and possess current cardiopulmonary resuscitation certification from one of the following programs: (1) the American Heart Association's Basic Life Support for Healthcare Providers; or (2) the American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers; or (3) the American Health and Safety Institute; and

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**For additional information please visit the Board's website at [health.maryland.gov/dental](http://health.maryland.gov/dental) and click on the link under The topic Continuing Education – Courses in Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and Courses in Military Culture.**

- g. Sign a written statement agreeing to donate at least 100 hours of dental services without compensation in a dental office, dental clinic, ambulatory care facility or hospital providing medical care to the poor, elderly, or handicapped that is operated by the State or a local government, or by a bona fide charitable organization; and
- h. Is covered by malpractice insurance.

**In addition to the above criteria, applicants must meet the criteria in either path 1 or the criteria in path 2:**

**Path 1: You are a Path 1 candidate if you have not actively engaged in practicing dental hygiene for at least 150 hours during the 3 years preceding application.**

- a. Pass an examination given by the Central Regional Dental Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc. (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB). A passing grade means a score of at least 75% in each discipline, clinical skill, procedure or knowledge area that is tested by NERB using the internal weighting and scoring methods the NERB uses to score the NERB examination.

**OR**

**Path 2: You are a Path 2 candidate if you have actively engaged in practicing dental hygiene for at least 150 hours during the 3 years preceding application for licensure.**

- a. Have actively engaged in practicing dental hygiene for at least 150 hours during the 3 years preceding application for licensure.

**To apply for licensure, submit the Application for a Volunteer Dental Hygiene License and enclose the following with your application:**

### **Section I**

**All candidates must submit the following:**

- A photograph that meets the requirements contained in the Checklist with the following notarized statement:  
"The picture is a true photograph of me."
- *Original National Board score card.* You must contact the **National Board of Dental Examiners** at 211 E. Chicago Avenue, Suite 1846, Chicago, IL 60611 or **(312) 440-2678** or **(800) 621-8099** and request that an **Original Score Card** be forwarded to the Maryland State Board of Dental Examiners at the address below.
- *Certified proof of your dental hygiene education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the dental hygiene school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- *A certified letter from each state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that the applicant is not being investigated, does not have charges pending against the applicant's license, has not been disciplined, and has not been convicted or disciplined by a court of any state or country for an act that would be grounds for disciplinary action under Health Occupations Article, §4-315, Annotated Code of Maryland.*
- *Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, and possess current cardiopulmonary resuscitation certification from one of the following programs: (1) the American Heart Association's Basic Life Support for Healthcare Providers; or (2) the American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers; or (3) the American Health and Safety Institute*

**Notice Regarding Board – Approved Courses in 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture:** A licensee may earn a combined total of up to 4 continuing education hours for the following Board-approved courses: 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture.

For additional information please visit the Board's website at [health.maryland.gov/dental](http://health.maryland.gov/dental) and click on the link under the topic Continuing Education – Courses in Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and Courses in Military Culture.

- *A notarized Affidavit of Volunteer Dentistry or Dental Hygiene* stating that the dentist or dental hygienist will donate at least 100 hours of dental services without compensation.
- *An Affidavit of Malpractice Insurance*
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.
- *Maryland Jurisprudence Examination.* All applicants for licensure in Maryland must pass the Jurisprudence Examination on the Dental Laws and Regulations of this state with a score of at least 75%. It is an open book examination and is now available online at [www.dhnh.state.md.us/dental/](http://www.dhnh.state.md.us/dental/). If you choose to complete the online examination, please also complete the Affidavit form and return the examination and the affidavit to the Board's office. Applicants may also take the examination at the Board's offices Monday through Friday between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed.

**In addition to the requirements in Section I, Path 1 candidates must submit:**

- *Certified examination scores from one of the following Regional Boards:* Central Regional Testing Service (CRDTS), the North East Regional Board of Dental Examiners, Inc. (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB). Because all Regional Board scores (other than NERB) must,

under Maryland law, be converted to the equivalent score that would have been given using the internal weighting and scoring methods of NERB, candidates must submit a detailed score sheet that contains their score breakdown by each of the examination components and by penalty deductions. Candidates will have to contact the appropriate Regional Board and request this information. Please see the attached Conversion Chart, which you may share with your Regional Board.

**In addition to the requirements in Section I, Path 2 candidates must submit:**

- *A notarized statement attesting to the applicant's active practice history* of at least 150 hours during the 3 years preceding application in Maryland for licensure. The statement must include the dates of practice, hours practiced, and location of practice.

**Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.**

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

Maryland State Board of Dental Examiners  
Spring Grove Hospital Center  
Benjamin Rush Building  
55 Wade Avenue  
Catonsville, MD 21228  
ATTN: Licensing Unit

***Revised 4/9/19***

**Maryland State Board of Dental Examiners  
Application for Volunteer Dental or Dental Hygiene Licensure**

**Affidavit  
Volunteer Dentistry or Dental Hygiene**

I agree to donate, before June 30 of the second year following the effective date of this license, at least one hundred (100) hours of dental or dental hygiene services without compensation only in a dental office, dental clinic, ambulatory care facility, or hospital; and only for an entity providing medical care to the poor, elderly, or handicapped that is operated by the State or local government, or a bona fide charitable organization.

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

\_\_\_\_\_  
Date

**NOTARY**

**STATE OF** \_\_\_\_\_, **CITY/COUNTY OF** \_\_\_\_\_

**I HEREBY CERTIFY THAT** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me \_\_\_\_\_, and made oath in due form of law that signing the foregoing Affidavit of Volunteer Dentistry or Dental Hygiene was HIS\HER voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

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

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

**SEAL**

# Maryland State Board of Dental Examiners Application for Volunteer Dental or Dental Hygiene License

## Affidavit Malpractice Insurance

**A. Name of Malpractice Insurer:**

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**B. Name, Address, and telephone number of Malpractice Insurance Agent:**

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**C. If You Do Not Have an Agent, Provide the Address and Telephone Number of the Malpractice Insurer:**

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**D. Policy Number** \_\_\_\_\_

**E. Amount of Coverage** \_\_\_\_\_

**F. Expiration Date of Policy** \_\_\_\_\_

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I will advise the Board of any changes to the information provided above. I understand that I must maintain malpractice insurance as a condition of licensure as a retired volunteer dentist.

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

\_\_\_\_\_  
Date

### **NOTARY**

**STATE OF** \_\_\_\_\_, **CITY/COUNTY OF** \_\_\_\_\_

**I HEREBY CERTIFY THAT** on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me \_\_\_\_\_, and made oath in due form of law that signing the foregoing Affidavit of Malpractice Insurance was HIS\HER voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

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

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

**SEAL**