

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR A WISCONSIN TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

Per Wis. Stat. § [447.02\(3\)\(a\)](#) the Dentistry Examining Board may issue a permit authorizing the practice of Dental Hygiene in this state, without compensation, to an applicant who is licensed to practice dentistry or dental hygiene in another state, if all of the following apply: (1) The examining board determines that the applicant's services will improve the welfare of Wisconsin residents; and, (2) The examining board determines that the applicant is qualified and satisfies the criteria specified under s. [447.04 \(1\) \(b\) 1. to 3.](#) (Under this provision, the state statute exam will is not required.)

A permit under Wis. Stat. § [447.02\(3\)](#) shall authorize the practice of dentistry or dental hygiene in a specified area of the state for a period of time not more than 10 days in a year and may be renewed by the examining board.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING HAVE BEEN RECEIVED:

1. **Application** Submit application online via LicenseE, <https://license.wi.gov/>. There is no credential fee.
2. **National Board Score(s)** Original score(s) must be submitted directly from National Board of Dental Hygiene Examiners. **Both passing and failing scores are required.** Copies, online verification, or faxes sent by the applicant are not acceptable. You may submit an online request by contacting the American Dental Association, ada.org. The testing service should provide your scores directly to the Department.
3. **Regional Examination Requirements** Original score reports must be submitted directly from the testing agency. **Both passing and failing scores are required.** Copies, online verifications, or faxes sent by the applicant are not acceptable. Please request that the testing agency to provide your scores directly to the Department.
4. **Verification of Licensure in Other State(s)** You are required to have each state/country board in which you have ever been licensed submit letters of verification directly to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
5. **Certificate of Professional Education (Form 1463)** Have your dental hygiene school complete this form and request that the school send it directly to the Department. (Please see form for instructions.)
6. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED** Submit a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
7. **Convictions and Pending Charges (Form 2252)**, if applicable.
8. **Malpractice Suits or Claims (Form 2829)** and copies of malpractice suit, court documents with allegations and settlement, if applicable.
9. **Is name on all credentials the same?** If not, submit certified copy of marriage certificate, divorce decree, etc.

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DENTISTRY EXAMINING BOARD

APPLICATION FOR A TEMPORARY PERMIT TO PRACTICE DENTAL HYGIENE WITHOUT COMPENSATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				☐ Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name 	First Name 	MI 	Former / Maiden Name(s) 	
Address (number/street)) 		((city)) 	((state)) 	((zip code))
Daytime Telephone Number 				
Mailing Address (if different) 				Date of Birth
Social Security Number 		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form 1051 . The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
ETHNICITY: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic ☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other				
GENDER: ☐ M ☐ F				
Have you ever been licensed in Wisconsin as a Dental Hygienist? ☐ Yes ☐ No If yes, list your credential number: 				
Email Address 				
School Name 		School Address (street, city, state) 		
Date Degree Conferred 		Degree 		

Please check applicable box.

- ☐ Exam Applicants (CRDTS, WREB, CDCA, NERB, SRTA, CITA, etc.)
- ☐ Endorsement of a State Board

For Receipting Use Only (16)

Wisconsin Department of Safety and Professional Services

Explain how your services will improve the welfare of Wisconsin residents. List the location(s) and date(s) of services not to exceed 10 days in one year:

Have you been tested by a Regional Dental Testing Service? ☐ Yes ☐ No

If yes, provide original score card(s) of certification/notification of passing/failing and date and please indicate which examination:

- ☐ The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB) or
American Board of Dental Examiners (ADEX)
Western Regional Examining Board (WREB) ☐ Southern Regional Testing Agency (SRTA)
Central Regional Dental Testing Score (CRDTS) ☐ Council of Interstate Testing Agency (CITA)
Other (Specify):

If no, please explain:

Have you taken and passed the National Boards? ☐ Yes ☐ No (If yes, submit original score(s) from National Boards.)

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive states.)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Dentistry Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

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ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.):

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	☐ Yes ☐ No	
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <table border="1"><tr><td></td></tr></table>		☐ Yes ☐ No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐ Yes ☐ No	
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐ Yes ☐ No	
5.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form (2252) and required documentation.	☐ Yes ☐ No	
6.	Are you incarcerated, on probation, or on parole for any conviction? If yes, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	☐ Yes ☐ No	
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit Malpractice Suits or Claims Form (2829).	☐ Yes ☐ No	
8.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <table border="1"><tr><td></td></tr></table>		☐ Yes ☐ No
9.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <table border="1"><tr><td></td></tr></table>		☐ Yes ☐ No

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For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dental hygiene" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dental hygiene judgments and to learn and keep abreast of dental hygiene developments; and
2. The ability to communicate those judgments and dental information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the past two years.

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

AFTER READING THE PARAGRAPH ABOVE, ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

10.	Do you have a medical condition, which in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety? If no, you may skip questions 11 and 12. If yes, please explain on an attached sheet.	☐ Yes ☐ No
11.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain on an attached sheet.	☐ Yes ☐ No
12.	If yes to question 10, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain on an attached sheet.	☐ Yes ☐ No
13.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dental hygiene with reasonable skill and safety? If yes, please explain on an attached sheet.	☐ Yes ☐ No
14.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain on an attached sheet.	☐ Yes ☐ No
15.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐ Yes ☐ No
16.	If yes to question 15, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain on an attached sheet.	☐ Yes ☐ No

CERTIFICATION OF LEGAL STATUS: I declare under penalty of law that I am (check one):

☐ A citizen or national of the United States, or

☐ A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____ Date: / /

(If unable to provide a digital signature print and sign form.)