

II. Education Information

Pre-Dental Hygiene & Dental Hygiene College, School or Dental Hygiene Department of a University

	Name of School	Location (City, State or Country)	From (Month/Year)	To (Month/Year)	Graduated Yes/No	Degree
Pre-Dental Hygiene						
Dental Hygiene						

***Please have an official dental hygiene school transcript sent directly to the Board office.**

III. Record of Licensure Information

List all states in which you have ever been licensed, whether currently active or not. Failure to disclose all licenses held may result in denial of your application.

State**	Date Issued	License No.	Expiration Date	Active or Inactive

****You must have a certified letter of good standing, bearing the State’s seal, sent directly to this office from each state listed.**

IV. Clinical & National Boards

Have you taken and passed the National Boards? _____
Dates

If not on file in the Board office, you must have National Board send your scores directly to the office.

Have you taken and passed a state or regional clinical board? If so, which one? _____

Location where you took the exam - _____

Dates - _____

If not on file in the Board office, you must have the testing agency forward your scores directly to the office.

V. Personal History Information

Please respond to all questions. If you answer "yes" to any question, you must attach a written explanation. In addition, if you answer "yes" to any question, you may be requested to appear before the Board to answer additional questions and/or provide additional information.

Circle One

- | | | | |
|----|---|-----|----|
| 1. | During any professional/dental hygiene education, were you ever dismissed, suspended, restricted, disciplined placed on probation, or otherwise acted against or did you take a leave of absence ? | Yes | No |
| 2. | During any professional/dental hygiene education, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training? | Yes | No |
| 3. | Have you ever had an application for a license/certificate in any health care profession refused or denied by any licensing board, regulatory agency, health care facility or other entity? | Yes | No |
| 4. | Have you ever had any written complaint, formal accusation, final order, disciplinary action, malpractice or consent order filed against you by any person, jurisdiction, licensing board or regulatory agency? | Yes | No |
| 5. | Have you ever been arrested, charged or convicted, pled guilty or pled <u>nolo contendere</u> for violation of any federal, state, or local law (other than a minor traffic violation)?
(DWI & DUIs are not minor traffic violations).
(Although a conviction may have been expunged from the records by order of the court, it nevertheless must be disclosed in your answer). <u>You must attach the court disposition.</u> | Yes | No |
| 6. | Are you currently under investigation or the subject of pending disciplinary action by any licensing board, regulatory agency, health care facility or other entity? | Yes | No |
| 7. | Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? | Yes | No |
| 8. | Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? | Yes | No |
| 9. | Currently or within the last five years, have you developed any disease or condition, physical, mental or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice? | Yes | No |

I belong to the following professional societies and organizations:

If I am licensed in West Virginia, I plan to : _____

Have you ever been known by any name(s) other than what is listed above? _____ Yes _____ No.

If yes, state in full every other name by which you have been known. If change was made by a Court Order, enclose copy.

VI. Attestation

In addition to the foregoing information, I add the following:

1. I will read the Dental Laws and Rules of West Virginia before appearing before the Board for a jurisprudence examination, and I intend to practice dentistry in keeping within the spirit and the letter of these laws.
2. I hereby give permission to the West Virginia Board of Dentistry to secure additional information concerning me or any of the statements in this application from any person or any source the Board may deem necessary. I release, discharge and exonerate the Board, or it's agents, and/or any person furnishing information about me from any and all liability of every nature and kind arising out of the furnishing of such information.
3. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements when necessary.
4. I shall present all credentials and documents required or requested by the Board.
5. I, the undersigned, do hereby affirm under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also attest that I am the lawful holder of the requisite diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I attest, under penalty of perjury, that all my answers and statements made by me on this application and any accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also attest under penalty of perjury that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary actions that may ever be taken against my license, if granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

Signature of Applicant

Date

**(PHOTOGRAPH)
ATTACH A RECENT
PHOTOGRAPH HERE**