

**APPLICATION FOR DENTAL HYGIENIST
NON-SURGICAL PERIODONTAL LASER THERAPY**

NAME:

ADDRESS:

LAST 4 OF SOCIAL SECURITY NUMBER:

PHONE NUMBER:

_____ Current WV License #

_____ Successful completion of WV Board of Dentistry sanctioned course in non-surgical periodontal laser therapy for hygienists. **(Must attach documentation unless previously provided and approved by the Board)**

OUT OF STATE HYGIENISTS WITH NON-SURGICAL LASER THERAPY CERTIFICATIONS - If the applicant was permitted or certified in non-surgical laser therapy in a different state, other than West Virginia, further course work is not required. In lieu of a course, verification of the applicant's non-surgical laser therapy certificate or permit in the other state is required.

This application must be submitted with the fee and a certificate received before non-surgical periodontal laser therapy privileges can be granted. These privileges by a dental hygienist must be delegated by the supervising dentist under direct supervision.

Completion of a board approved course does not authorize you to practice these privileges until your application is completed and a certificate is received from the Board office.

APPLICATION FEE \$45.00

Submit Application and Fee to:

**West Virginia Board of Dentistry
PO Box 1447
Crab Orchard, WV 25827**