



THE STATE

of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Dental Examiners

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: license@alaska.gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfDentalExaminers

Dental Hygiene License by Credentials

Except as provided in AS 08.32.095, a person may not practice, offer or attempt to practice, or advertise or announce as being prepared or qualified to practice dental hygiene without a license. Sec. 08.32.010

Applicants must meet the qualifications for licensure in accordance with AS 08.32.014.

Step I

The following must be submitted by the applicant:

1. A completed, notarized application 08-0075.
2. Fees made payable to "State of Alaska".

Nonrefundable application fee:	\$100.00
Credential review fee:	\$110.00
License Fee:	\$200.00
Wall Certificate (optional):	\$20.00
3. Authorization for Release of Records (use attached form 08-0075a).
4. Copies of certificates showing completion of 30 hours of continuing education during the three years immediately preceding the date of application as required by 12 AAC 28.410.

Step II

Apply for the PBIS Level II credentials review at:

PBIS Website: pbisonline.com

PBIS Email: applications@pbisonline.com

The following items must be obtained and reported by PBIS:

1. Transcripts from dental hygiene school;
2. Proof of current certification in cardiopulmonary resuscitation (CPR);
3. Copy of applicant's certificate of examination that meets the requirements of AS 08.32.014(a)(1)(B) & (C);
4. An affidavit from the applicant verifying dates and location of practice and verification that the applicant has been in active clinical practice documenting at least 2,500 hours for five years immediately preceding the date of application;
5. Affidavits from three licensed dentists or licensed dental hygienists stating the applicant has been in active clinical practice, documenting at least 2,500 clinical hours during the five years immediately preceding the date of application;
6. Verification of current status and disciplinary history from each federal agency where the applicant is or has been employed; and
7. Verification of licensure status including complete information regarding any disciplinary action or investigations taken or pending from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license.

Other Applicant Information

1. All applicants must complete the Board's jurisprudence questionnaire. The questionnaire is open-book consisting of 25 multiple-choice questions. Once an application is on file, the questionnaire will be mailed or emailed to the applicant for completion.
2. The Division will query the American Association of Dental Boards Clearinghouse and the National Practitioners Data Bank for disciplinary information that relates to criminal or fraudulent activity, and negligent dental hygiene care.
3. There are separate applications for a Local Agent Certification and Restorative Function Endorsement. If you need to apply for either of these certificates, you may download the applications from the website, *ProfessionalLicense.Alaska.Gov/BoardofDentalExaminers* or contact this office to request the application be mailed to you.

How Can You Help?

1. Average processing time to complete the file is from 6-8 weeks. Apply far enough in advance to allow this process to occur.
2. If you are concerned about your application being received in our office, mail it Certified-Return Receipt.
3. Ensure that the application is complete when you submit it and provide any necessary explanations with the application. Print legibly or type your application.
4. Provide complete explanations for any "Yes" responses; it saves time if we don't have to request such information. When in doubt, disclose all information or contact our office.
5. The PBIS report takes one to three months to process. Apply for the PBIS report simultaneously with this application.

Applications will be processed according to the date received. You will be notified in writing as soon as your application has been reviewed. Average processing time to complete the file is from six to eight weeks. Start the process far enough in advance to allow this process to occur. Applications are reviewed in order of receipt in our office.

The Alaska State Board of Dental Examiners conducts a thorough evaluation of education, training, employment or work history, malpractice history, and any criminal or disciplinary history. The board will not accelerate one application over others nor will it forego any elements of its screening process.

! General Information

LOCAL ANESTHETIC AGENTS PERMIT:

A separate application is required for this certification. Applications are available on the Board's website or contact the Division for an application. Please review 12 AAC 28.320 for requirements.

APPLICATION PROCESSING:

The average time to process a paper application is 6-8 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. When the application is complete and correct and all supporting documents have been received and all fees have been paid the license will be issued and sent to you with a cover letter about Alaska statutory requirements. If the application is not approved for licensure, a written explanation of the basis of that denial and information on how to appeal the decision will be provided. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

LICENSE TERM:

Licenses are issued for a two-year period and expire on February 28 of odd-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document".

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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Dental Hygiene License by Credentials Application

PART I Payment of Fees		
Required Fees	<input type="checkbox"/> Nonrefundable Application Fee	\$100
	<input type="checkbox"/> Credential Review Fee	\$110
	<input type="checkbox"/> Initial License Fee	\$200
Optional Fee	<input type="checkbox"/> Wall Certificate	\$20

PART II Applicant Information	
<p>It is the responsibility of the applicant to ensure that all information requested in this application is received. Each question must be answered fully, truthfully, and accurately. Any omissions or inaccuracies are grounds for disapproval and rejection. Section 08.36.315(1) of the Dental Practice Act provides that knowingly cooperating in deceit, fraud, or intentional misrepresentation to obtain a license is cause for suspension, revocation, or annulment of licensure. If the space of any answer is insufficient, the applicant may complete the answer on a separate sheet specifying the question number it applies to and signed by the applicant.</p>	
Full Legal Name:	
<p>Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>	

Mailing Address:	Address	City	State	ZIP Code
Contact Phone:	()	—		

Birthdate:		Gender:	
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EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:		<input type="checkbox"/> Send my Correspondence by Email <input type="checkbox"/> Send my Correspondence by US Mail
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<p>SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> </tr> </table>										

PART III Education**General Education**

High School		Year	
City and State			

College or University		Years Attended	
City and State			
Semester Hours		Degree	

School of Dental Hygiene

Name of School			
City and State			
Dates Attended		Exact Date of Diploma	

PART IV Practice History

List all states or jurisdictions in which you are currently or ever have been licensed as a dental hygienist:

State/Jurisdiction	Licensed By (exam, reciprocal, other)	License #	Original Issue Date	Dates of Practice

List all dentists you have worked for as a dental hygienist during the past five years:

Name of Dentist	Address	Phone	Dates of Employment

PART V Professional Fitness

The following questions must be answered. Applications submitted without the required attachments will be considered incomplete and will not be processed.

“Yes” answers may not automatically result in license denial; however you must explain the circumstances and dates under separate cover on a signed and dated statement. Send supporting documents, such as a copy of court records, including charging documents and judgments showing disposition of the charges, and/or all board orders pertaining to a licensing action.

If you select “Yes” to professional fitness questions #7 or #8, in addition to your personal statement, you must submit a statement from the appropriate health care provider indicating your ability to practice safely and competently.

WHEN IN DOUBT, DISCLOSE AND EXPLAIN

1. Have you ever practiced dental hygiene illegally?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you ever been the subject of a report from the National Practitioner Data Bank or the American Association of Dental Boards Clearinghouse for Board Actions that relates to criminal or fraudulent activity, or dental malpractice?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are you the subject of a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding within the five years immediately preceding application, or of an unresolved complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction or a dental society?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are you the subject of an unresolved decision or a decision based upon a complaint, investigation, review procedure, or other disciplinary proceeding, undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency that relates to criminal or fraudulent activity, dental malpractice, or negligent dental care and that reflects on your ability or competence to practice dental hygiene or on the safety or well-being of patients?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Within the five years immediately preceding the date of application for licensure, have you experienced or been treated for, bipolar disorder, schizophrenia, paranoia, depression (except for situational or reactive depression), psychotic disorder, or other mental or physical condition or disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form **only** to explain and document any Professional Fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying, but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Do not assume that the division has documentation that you have already provided. Submit all relevant documentation with this form.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any Professional Fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 License actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:			
Signature:		Date:	

PART VI Notarized Signature

Statement Of Ethical Standards:

I acknowledge and understand that a licensed dental hygienist in Alaska shall adhere to the ethical standards for dental hygienists established by the Alaska Board of Dental Examiners and that failure to adhere to the ethical standards may result in imposition of a sanction that is described in AS 08.32.160.

By signature below, I certify that if I am granted licensure in the State of Alaska as a dental hygienist, I will adhere to the "Code of Ethics for Dental Hygienists," as set out in the American Dental Hygienists' Association document titled Bylaws – Code of Ethics, dated June 23, 2014, adopted by reference as the ethical standards for dental hygienists and applies to all dental hygienists in the state (12 AAC 28.905(a)).

By my signature below, I CERTIFY that all information furnished in this application is true and correct. I understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

<div style="border: 1px dashed black; padding: 10px; width: fit-content; margin: auto;"> Notary Stamp </div>	Applicant's Signature:		Printed Name:	
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	

Before you mail this application, have you...

- ✓ Completed all questions in the form?
- ✓ Attached your check for fees payable to the State of Alaska or credit card payment form?
- ✓ Signed and dated the form?
- ✓ Attached explanations and supporting documents for any "Yes" responses?
- ✓ Obtained necessary signatures?
- ✓ Attached required documents?



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PART VII Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business and Professional Licensing and its investigators to examine my medical, dental, employment, educational records, and records pertaining to litigation, judgments, suits and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of all such records pertaining to me to the Alaska Division of Corporations, Business and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations which are considered appropriate by the division in connection with an official investigation and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, drug or alcohol evaluation, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatments. This release specifically includes information from federal service and peer review organizations.

I request that upon presentation of this release, or a certified true copy, that you provide copies of those records to the division and its investigators, and/or representatives of the office of the Attorney General of the State of Alaska.

This authorization is given expressly in connection with my application for Alaska Dental Hygiene Licensure. This authorization expires one year from the date of my signature.

I hereby release you, your organization, the Alaska Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, and its investigators, and all others directly or indirectly involved in this matter from any liability or damage which may result from furnishing the information requested.

Name			
Address			
Phone		Date of Birth	
Signature		Date	



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Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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