



Louisiana State Board of Dentistry  
P.O. Box 5256  
Baton Rouge, Louisiana 70821-5256  
225.219.7330 Telephone ~ 225.219.0707 Fax  
www.lsbdo.org

## APPLICATION FOR DENTAL HYGIENE LICENSE BY EXAMINATION

**NON-REFUNDABLE APPLICATION FEE            \$250**

**DENTAL HEALTH CARE PRACTITIONER WELL BEING PROGRAM FEE            \$30**

### REQUIREMENTS FOR LICENSURE

Each applicant applying for a Louisiana dental hygiene license by examination must

1. Have graduated from a dental hygiene school that was accredited at the time of the applicant's graduation by the Commission on Dental Accreditation of the American Dental Association
2. Have successfully completed a Louisiana State Board of Dentistry approved clinical licensing examination within the 3 years immediately prior to applying for a dental hygiene license
3. Successfully complete the National Board Dental Hygiene Examination
4. Possess a current certificate in cardiopulmonary resuscitation basic life support for healthcare providers.
5. Be a United States citizen or permanent resident or be eligible under NAFTA
6. Successfully complete the Louisiana State Board of Dentistry jurisprudence examination
7. Submit to a fingerprint background check
8. Complete and submit the entire notarized dental hygiene license by examination application
9. Pay all applicable fees

### GENERAL INFORMATION

- Read all information and instructions prior to completing and submitting your application.
- The board is unable to "rush" applications. The standard processing time is approximately 30 days after receipt of your **completed application**. This includes all attachments and documents sent on your behalf by a third party.
- You should not make commitments on loans, practice start dates, home purchases, etc., until a license has been granted and you have it in your possession.
- The board will not verify receipt of third party documents prior to receipt of a completed application.
- Applicants should manage their own applications. The board will not communicate with any third party regarding the status of an application.

It is at the sole discretion of this board to grant licensure, and the filing of this application, along with the \$250 fee, in no way guarantees approval of licensure.

#### **\*\*\*NOTE\*\*\***

Please use the checklist on page 4 of these instructions to ensure that you have included all required items and documentation with your application.

Incomplete applications are maintained in the board office for one year from the date of initial receipt. After that time, applications are destroyed and the applicant must re-apply and pay all required fees.

## ACCEPTABLE CLINICAL LICENSURE EXAMINATIONS

The **only** accepted clinical examinations are the CITA and the ADEX examinations (regardless of testing agency). Currently, only CITA and CDCA (formerly NERB) administer the ADEX dental hygiene examination.

Your application, fee, and all attachments must be received in the board office within **3 years of your successful completion** of the ADEX or CITA examination.

The board staff will query your CITA or ADEX results upon receipt of your application. There is no need to request a certification of your CITA or ADEX results be sent to the board office.

***If you completed dental hygiene school more than 6 months before the date your application and all attachments are received in the board office***, you must have each of the regional testing agencies (CITA, CRDTS, CDCA [formerly NERB], SRTA, and WREB) provide a certification of your complete examination history with that agency regardless of whether you have attempted an examination with that agency. If you have not attempted an examination with an agency, the certification should contain your name and identifying information along with a statement indicating that you have never attempted an examination administered by that agency.

***If you did not complete the ADEX or CITA examination within 3 years of the date the board receives your license application and all attachments***, then you do **not** qualify for a Louisiana dental hygiene license by examination. You may, however, qualify for a license by credentials. Please contact the board office for additional information.

## PROOF OF U.S. CITIZENSHIP OR PERMANENT RESIDENCY STATUS OR ELIGIBILITY UNDER NAFTA

You must show documentation that you have current, valid authority to live and work in the United States. All documentation must be an original or certified true copy and mailed to the board office. **Documents you send to the Louisiana State Board of Dentistry will not be returned to you.**

**U.S. citizens** must submit an original or certified true copy of your

- U.S. birth certificate (available from the vital statistics office in the U.S. state in which you were born) or
- U.S. naturalization certificate.

**U.S. permanent residents** must submit an original or certified true copy of your current U.S. permanent resident card.

**If you are NOT a U.S. citizen or permanent resident but are eligible under NAFTA (North American Free Trade Agreement)**, please call the board office directly to determine what documentation you should submit.

## FEES

The **non-refundable** application fee is \$250. There is an additional **mandatory** \$30 fee to fund the Dental Health Care Practitioner Well-Being Program. The board accepts only checks or money orders. Checks and money orders must be made payable to the Louisiana State Board of Dentistry.

## FINGERPRINT BACKGROUND CHECK

All applicants for a Louisiana dental hygiene license must submit to a fingerprint background check. You must contact the board office directly to request a set of forms and 2 fingerprint cards be mailed to you. Once you receive the cards and forms from the board office, you have two options for submitting your fingerprints for the background check:

1. You may take the cards and forms to a local law enforcement agency to have your fingerprints taken. You will then mail all forms and both fingerprint cards directly to the board office. The board will then in turn submit your fingerprints to the Louisiana State Police for review. *The \$250 application fee includes the board's costs for the background check; therefore, the board will **not** submit your prints to the LSP unless and until your application and fee have been received.* The LSP will contact the board directly with the results of your background check. It may take up to 16 weeks for a response from the LSP.
2. You may take your fingerprint cards and forms directly to the Louisiana State Police headquarters located at 7919 Independence Boulevard, Baton Rouge, Louisiana 70806. You will pay the LSP a separate fee for this service. The LSP then sends the results of the check directly to the board office. It generally takes 2 to 3 weeks for a response from the LSP.

## **JURISPRUDENCE EXAMINATION**

All applicants for a dental hygiene license must complete the jurisprudence examination. The test consists of 100 true/false and multiple choice questions. You must answer 75 correctly to pass the exam. The information you will be tested on may be found in the Louisiana Dental Practice Act. You may download and print a copy of the DPA from the board's website at [www.lsbdb.org](http://www.lsbdb.org).

The jurisprudence examination is given in the board office Tuesdays and Thursdays at 10:00 AM. Please contact the board office to schedule the jurisprudence exam. **You may not schedule your jurisprudence test unless and until your application and fee have been received in the board office.**

Jurisprudence test scores are valid for one year. If your license is to be issued more than one year after you completed the jurisprudence exam, you must retake it.

## **APPLICATION TIMELINE**

The board office will notify you of any deficiencies in your application. Repeatedly calling the board hinders the processing of your application.

The processing of licensure applications will take a minimum of 30 days after the board's receipt of your **completed** application. Plan your application time accordingly. Rush requests are not possible.

## **RELOCATION**

If your address changes after you submit your application and before you receive your license, you **must** notify the board of your new address. This notification must be in writing and either faxed or mailed to the board office. The board is not responsible for licenses sent to an incorrect address due to an applicant's failure to update his or her address with the board.

## DOCUMENTATION TO BE SUBMITTED WITH YOUR APPLICATION

Please use the following checklists to ensure your application is complete prior to your submitting it to the board office.

### **ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATION TO THE BOARD OFFICE:**

- 1. Recent, passport sized color photograph with name written and signed on the back
- 2. Original or certified true copy of U.S. birth or naturalization certificate. Certified true copies are obtained from the vital statistics office in the state in which you were born. **Any documents you send to the Louisiana State Board of Dentistry will not be returned.**
- 3. Copy of your current CPR card. The courses accepted are the American Heart Association's Healthcare Provider and the American Red Cross Professional Rescue course, or their equivalent. CPR courses which are completed entirely online are not acceptable.
- 4. Completed fingerprint cards and forms (unless you have taken the blank cards and forms directly to the Louisiana State Police)
- 5. Completed, notarized application
- 6. One check or money order made out to the Louisiana State Board of Dentistry for the \$250 application fee
- 7. One check or money order made out to the Louisiana State Board of Dentistry for the \$30 well-being program fee

### **IF YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE IN ANOTHER JURISDICTION, YOU MUST ALSO ATTACH THE FOLLOWING:**

- 1. A certification of your license from each board of dentistry where you hold or have ever held a license. You may use the form on page 8, or you may have each board send a certification letter as long as it contains the requested information. *Do not have certifications sent to the Louisiana State Board of Dentistry until **after** your application has been received in the board office. We cannot file certifications appropriately unless there is an application with which to associate them.*
- 2. National Practitioner Data Bank (NPDB) self-query. Please visit [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov) to request a self-query. *The results must remain in the original sealed envelope and be attached to your application to the board.*

### **ADDITIONAL ATTACHMENTS AS REQUIRED**

- 1. If you have tested seropositive for HIV, HBV, or HCV, you must include the self-reporting form (Page 7). **COMPLETE THIS FORM ONLY IF YOU HAVE TESTED SEROPOSITIVE FOR HIV, HBV, OR HCV.**
- 2. If you have served in the U.S. military and are separated, attach a copy of your DD-214.
- 3. Riders explaining details and circumstances for a specific question and any supporting documentation.

## DOCUMENTATION TO BE SENT ON YOUR BEHALF DIRECTLY TO THE LOUISIANA STATE BOARD OF DENTISTRY BY A THIRD PARTY

To expedite your application, please have these entities send your results **after** the receipt of your application in the board office.

- 1. An **official transcript** from your dental hygiene school. This transcript must be sent directly to the board office and contain the graduation date and the degree received.
- 2. National board results. Contact the ADA to have an original score card of your results sent directly to the board office. Do **not** send the candidate's copy.
- 3. If you completed dental hygiene school more than six months prior to your application for a Louisiana dental hygiene license, you must obtain a certification from each regional clinical testing agency indicating your exam history with that agency, regardless of your history with that agency. If you have not taken a clinical examination with the agency, this certification should contain a statement indicating that you have never attempted an examination with that agency.

# INSTRUCTIONS FOR THE APPLICANT

Print legibly or use a typewriter to complete the application.

Your application must be completed fully, truthfully, and accurately. If a particular question does not apply to you, mark "N/A" in the appropriate space. If you need more space to answer any question(s), complete your answer on an additional sheet of paper and attach it to your application.

You must include a recent, color, passport sized photograph with your application. Write and sign your name on the back of the photograph, then attach it to your application in the space provided on the first page.

## A. PERSONAL INFORMATION

Give the personal information requested.

Question 5: If you are **not** a U.S. citizen or permanent resident and you believe you qualify under NAFTA, please contact the board office to obtain further instructions for documenting your eligibility.

Question 6: Any board correspondence will be sent to your mailing address, **including your original license**.

## B. EDUCATION INFORMATION

Give the education information requested.

Question 20: If your dental hygiene education was interrupted or lasted longer than the standard number of years, you must provide all details in a rider.

## C. GENERAL HISTORY

Any "yes" responses in this section **must** be accompanied by a rider attached to your application. In the rider specify the question number and section to which you are responding. Give all relevant dates, circumstances, dispositions, outcomes, etc. Include copies of any documentation.

Failure to include a detailed explanation **will** result in a processing delay.

## D. PROFESSIONAL HISTORY

Any "yes" responses in this section **must** be accompanied by a rider attached to your application. In the rider specify the question number and section to which you are responding. Give all relevant dates, circumstances, dispositions, outcomes, etc. Include copies of any documentation.

Failure to include a detailed explanation **will** result in a processing delay.

## E. AFFIDAVIT

You must complete this section and sign it in front of a notary. Applications which are not notarized will be returned to the applicant.

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<u>PHOTOGRAPH OF APPLICANT</u>	<u>FOR OFFICE USE ONLY</u>	
<p>An unmounted color passport type bust photograph, 2 1/2"x 2 1/2", taken not more than six months before date of application, must be securely attached to this space and must not be larger than space provided. (No hats or caps, please.)</p>	<p>Application fee _____</p> <p>PHF fee _____</p> <p>National board scores _____</p> <p>CPR _____</p> <p>Photograph _____</p> <p>Proof of citizenship _____</p> <p>Fingerprints _____</p>	<p>Jurisprudence _____</p> <p>Transcript _____</p> <p>Regional exam _____</p> <p>Other state certifications _____</p> <p>NPDB-HIPDB _____</p> <p>License number issued _____</p> <p>Date Issued _____</p>

**A. PERSONAL INFORMATION**

1. Name: \_\_\_\_\_  

First
Middle
Last
2. Name as you wish it to appear on your board license:  
 \_\_\_\_\_
3. List all previous names and reason(s) for change. If by court order, enclose a copy of such order.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Social security number: \_\_\_\_\_
5. Citizen or permanent resident of the U.S.?  Yes  No
6. Mailing address:  
 \_\_\_\_\_  

Number and street
City
State
ZIP
7. Home address:  
 \_\_\_\_\_  

Number and street
City
State
ZIP
8. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
9. Email address: \_\_\_\_\_ Use this email address for board correspondence?  Yes  No
10. Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
11. Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_
12. Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_
13. Identifying marks: \_\_\_\_\_
14. Clinical licensing examination: \_\_\_\_\_ Date completed: \_\_\_\_\_
15. Marital status:  Single  Married  Divorced  Widowed
16. Spouse's full name (include original last name):  
 \_\_\_\_\_
17. Father's full name and current address:  
 \_\_\_\_\_  

Full name
Number and street
City, state ZIP
18. Mother's full name and current address:  
 \_\_\_\_\_  

Full name
Number and street
City, state ZIP

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**B. EDUCATION INFORMATION**

19. **UNDERGRADUATE EDUCATION (AS SEPARATE FROM DENTAL HYGIENE EDUCATION)**

College/university attended	Location	From month/year	To month/year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Degree received: \_\_\_\_\_ Date degree received: \_\_\_\_\_

20. **DENTAL HYGIENE EDUCATION**

Dental hygiene school attended	Location	Number of years	From month/year	To month/year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Degree received: \_\_\_\_\_ Date degree received: \_\_\_\_\_

Was your hygiene education interrupted (other than for the usual vacation periods) or extended beyond the standard number of years for your program? If so, explain the circumstances in a rider.  Yes  No

21. **ADDITIONAL DENTAL HYGIENE EDUCATION**

Dental hygiene school attended	Location	Number of years	From month/year	To month/year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certificate received: \_\_\_\_\_ Date certificate received: \_\_\_\_\_

22. Do you possess a current certificate in the Cardiopulmonary Resuscitation Course "C" Basic Life Support for Healthcare Providers as defined by the American Heart Association, the American Red Cross Professional Rescue Course, or an equivalent? (Attach copy of CPR card.)  Yes  No

23. Have you successfully completed the National Board Dental Hygiene Examination? (Results must be sent directly to the board office from the ADA.)  Yes  No

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**C. GENERAL HISTORY**

ANY "YES" ANSWERS IN THE FOLLOWING SECTION **MUST** BE EXPLAINED IN DETAIL IN A RIDER ATTACHED TO YOUR APPLICATION.

24. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled nolo contendere to a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations—*DUI and DWI are not minor traffic violations*), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter?  Yes  No

**Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question. If you entered and completed a pretrial intervention program or diversion program, all details must be disclosed.**

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

25. Have you ever been convicted or found guilty—regardless of adjudication—of a crime in any jurisdiction? (do not include parking or speeding violations.)  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

26. Branch of armed forces served in: \_\_\_\_\_ Date separated\*: \_\_\_\_\_  
\*If separated, attached a copy of discharge

Have you ever been a defendant in a military court martial or received any discharge other than honorable?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

27. Have you ever been dropped, suspended, or been the subject of any disciplinary action by any school or college for any cause whatsoever?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

**Questions 28 through 31 pertain to certain mental or physical conditions with which you may have been diagnosed. No mental or physical diagnosis in and of itself is an impediment to licensure. The Louisiana State Board of Dentistry focuses on the applicant's conduct and abilities to determine whether or not an applicant can practice safely. If you respond "yes" to any of the following 4 questions, you must attach an explanation in a rider. Depending on the explanation, the board may request your medical records.**

28. Have you ever been declared legally incompetent?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

29. Have you, in the last 5 years, engaged in any conduct deleterious to others which caused or required you to seek treatment for amnesia, emotional disturbances, or a mental disorder?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

30. Have you been addicted to or received treatment for the use of drugs, narcotics, or intoxicating liquors within the past 5 years?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

31. Do you have any physical or mental condition which currently affects or limits your ability to practice a full range of dental hygiene in other than a competent manner?  Yes  No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.



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**D. PROFESSIONAL HISTORY**

ANY "YES" ANSWERS IN THE FOLLOWING SECTION **MUST** BE EXPLAINED IN DETAIL IN A RIDER ATTACHED TO YOUR APPLICATION.

32. Have you ever been denied the right to take a clinical examination in any state?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
33. Have you ever been refused a license to practice dental hygiene or any other license—or the renewal thereof—in any state?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
34. Have you ever had a license or certificate of registration to practice dental hygiene or any other licensed profession revoked, suspended, or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any jurisdiction?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
35. Is there currently pending against you, in any jurisdiction, a complaint against your professional conduct or competence as a dental hygienist?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
36. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was negligence, malpractice, or lack of professional competence?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
37. Have you ever failed any clinical licensing examination?  Yes  No  
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

38. List below **all** dental hygiene clinical licensing examinations you have taken and indicate your results. **Each attempt should be indicated as a separate entry.** If you need additional space, attach a rider. If you failed any portion of any dental hygiene examination, provide all relevant details in a rider.

<i>Name of exam</i>	<i>Date taken</i>	<i>Pass/fail</i>	<i>Portion(s) failed</i>

**\*IF YOU COMPLETED DENTAL HYGIENE SCHOOL MORE THAN 6 MONTHS PRIOR TO THE DATE YOUR APPLICATION AND ALL ATTACHMENTS ARE RECEIVED IN THE BOARD OFFICE, YOU MUST HAVE EVERY REGIONAL TESTING AGENCY SEND A CERTIFICATION OF YOUR EXAM HISTORY TO THE BOARD OFFICE. THIS MUST BE SENT EVEN IF YOU HAVE NEVER ATTEMPTED AN EXAMINATION WITH THE AGENCY.**

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39. Indicate below any jurisdiction in which you currently hold or have ever held a dental hygiene license. Have each board where you currently hold or have ever held a dental hygiene license send a certification of your license directly to the Louisiana State Board of Dentistry.

Jurisdiction	Licensed by (examination, credentials, etc.)	License no. and date issued	Years of practice	Type of practice

40. If you have been admitted to practice in any jurisdiction, provide the following information. Make a complete statement of all of your practices from dental hygiene school graduation to date. Include temporary or part-time work.

From month/year	To month/year	Address of practice	Reason for leaving

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**AFFIDAVIT**

In addition to the foregoing, I add the following:

(a) I have read the Louisiana Dental Practice Act. I solemnly declare upon my honor that if granted a license to practice dental hygiene in Louisiana, I will respectively comply with any law governing the practice of dental hygiene in this state and will do my best to uphold and maintain the ethics of the profession.

(b) I hereby give permission to the Louisiana State Board of Dentistry to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any member thereof and to substantiate my statements if desired by the Board.

(c) I have attached a check or money order in the amount of \$ 250.00 made payable to the Louisiana State Board of Dentistry to cover the cost of the license. I understand that this fee is non-refundable.

(d) I hereby affirm that I have received a self-reporting form from the Louisiana State Board of Dentistry relative to the reporting of my serostatus of the human immunodeficiency virus, the hepatitis B virus, and the hepatitis C virus as required by Louisiana Administrative Code—Title 46 (Professional and Occupational Standards—Dental Health Professions) Chapter 12 “Transmission prevention of HIV/HBV/HCV.”

(e) I, \_\_\_\_\_, the applicant herein, state and depose that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information which might be of value to this board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Louisiana dental hygiene license even if it is not discovered until after issuance.

\_\_\_\_\_  
*Applicant's Signature*

State of \_\_\_\_\_

Parish/County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, who, after being duly sworn by me on his/her oath, certifies that all facts, statements, and answers contained in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

\_\_\_\_\_  
*Applicant-Affiant*

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which witness my hand and official seal of office.

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

SEAL

Parish/County of \_\_\_\_\_ State of \_\_\_\_\_  
or State of \_\_\_\_\_ at Large.

MAKE ALL FEES PAYABLE TO THE LOUISIANA STATE BOARD OF DENTISTRY

# AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

## COMPLETE THIS FORM ONLY IF YOU HAVE TESTED POSITIVE FOR HIV, HBV, OR HCV

PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

I authorize \_\_\_\_\_ and the physicians  
Name of hospital/physician/facility  
who treated \_\_\_\_\_ to release to  
Name of patient

Louisiana State Board of Dentistry  
P.O. Box 5256  
1201 North Third Street  
Suite G-136  
Baton Rouge, Louisiana 70821-5256  
(225) 219-7330

my medical record or specific information relative to:

TEST RESULTS FOR HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS OR HEPATITIS C VIRUS

I understand that the Louisiana State Board of Dentistry is mandated by R.S. 37:1747 to establish procedures for reporting a licensee's status as a carrier of HIV, HBV, or HCV, and that pursuant to Louisiana Administrative Code 46:XXXIII.1207, I am required by law to report my seropositive status or be subjected to those sanctions associated with violations of R.S. 37:776.

I further understand that the release of reports called for herein shall be maintained in confidence as required by Louisiana Administrative Code 46:XXXIII.1208.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Patient's social security number

In patient \_\_\_\_\_  
Date(s)

Emergency room \_\_\_\_\_  
Date

Outpatient \_\_\_\_\_  
Date(s)/Type of service

# CERTIFICATION OF DENTAL HYGIENE LICENSURE

Louisiana State Board of Dentistry  
P.O. Box 5256 ♦ Baton Rouge, Louisiana 70821-5256  
(225) 219-7330

This form must be completed by each state where you currently hold or have ever held a dental hygiene license. This form should be mailed directly from the board by which you are licensed or may accompany your application in a sealed envelope from that board office.

**Applicant:** Complete the top portion and then forward this form to the jurisdiction where you are requesting certification of licensure. Some jurisdictions charge a fee, so please call to confirm the procedure for submitting this form.

**Licensing board:** Please complete the requested information and then return this form directly to the Louisiana State Board of Dentistry or to the applicant in a sealed envelope. ***The Louisiana State Board of Dentistry will accept other forms of certification if all information requested in this form is included.***

## TO BE COMPLETED BY APPLICANT

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY LICENSING BOARD REPRESENTATIVE

I, \_\_\_\_\_, Representative of the \_\_\_\_\_  
hereby certify that \_\_\_\_\_ was granted certificate/license number \_\_\_\_\_ to practice  
dental hygiene in the state of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,  
Said license was granted on the basis of \_\_\_\_\_.

Has this licensee ever been the subject of any disciplinary action?  Yes  No  
If yes, please attach a copy of documentation.

Is there any disciplinary action currently pending?  Yes  No  
If yes, please attach a copy of documentation.

Is license current?  Yes  No

Expiration date \_\_\_\_\_

\_\_\_\_\_  
Board representative signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Board seal