Virginia Department of Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
bodlicensing@dhp.virginia.gov
https://www.dhp.virginia.gov/Boards/Dentistry/

APPLICATION INSTRUCTIONS FOR DENTAL HYGIENISTS

There are **two** pathways for licensure in Virginia, **licensure by examination** or **licensure by credentials**. Read through the application instructions carefully before deciding which pathway to pursue. A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia licensure. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

You may view the status of the checklist items for your application by visiting the Online Applications website, creating an online account, log on with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature will allow you to review which application items have been completed and which are still outstanding.

___ 1. **Application:** Please be sure that all information and questions are completed on the application.

___ 2. **Application Fee:** The fee for a **dental hygiene license by examination is $175.00** and the fee for a **dental hygiene license by credentials is $275.00**, which must be paid online using a VISA, MasterCard, American Express, or Discover. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-25-30(F), all fees are non-refundable. Your application will not be submitted to the Board of Dentistry for review until you have submitted payment.

___ 3. **Official Transcript:** Final **original** transcript bearing SEAL, date degree was received (conferred date), degree/certificate title and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable.

(Options: Mail to the Board (address listed above) or the school, e-scrip, or parchment services provider may directly email the transcript information to bodlicensing@dhp.virginia.gov.)

Note: An official transcript –must be on original official school paper (sealed) or an online version that Board staff must download from the school, e-scrip, or parchment services website. **Documentation from foreign countries non-accredited CODA/CDAC schools' programs is not required and will not be considered.**

___ 4. **Form C License Verification: Original** licensure status and certification from every jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a dentist or as another health care professional. Copies of permits are not accepted. Certifications cannot be older than 6 months from date prepared.

(Options: Mail to the Board (address listed on page 1) or have the issuing state official state representative email the verification directly to bodlicensing@dhp.virginia.gov. If the issuing state/jurisdiction (agency) does not provide an original document, then the applicant must provide/submit the issuing agency statement as to why the issuing agency does not provide verification and submit a copy of the electronic version from the issuing agency website to the Board using either option.)

Documentation from foreign countries is not required and will not be considered.

___ 5. **Clinical Scores:** An **original** (meaning 1 because score cards cannot be combined) detailed score card or report from a Board Approved testing agency documenting passage of a clinical competency examination; meaning a formal test of knowledge and competence in the evaluation, diagnosis, and treatment of dental conditions and the prevention of dental diseases which includes live patient and/or manikin based testing methods to demonstrate the skills needed to safely provide care and treatment of patients, is required.

Candidate's score cards are not acceptable. ***All score cards or reports must be requested by the applicant***. (Canadian exams are not accepted.) Certificates are not accepted. (Options: Mail to the Board (address listed on page 1) or have the testing agency official representative email the score report directly to bodlicensing@dhp.virginia.gov, or if applicable, you contact the testing agency and request your test results

be made available to the Virginia Board of Dentistry via their online access portal.)

See Guidance Document 60-26 Policy on Dental Hygiene Clinical Competency Examination Requirements for Licensure, for both application by examination and credentialing for complete details.

If applying by examination: Applicants who successfully completed a board-approved examination five or more years prior to the date of receipt of their applications for licensure by the board may be required to provide one of the three documentation options:

1. retake a board-approved examination (original copy of exam scores)
2. take board-approved clinical continuing education as evidence of continuing competence that meets the requirements of 18VAC60-25-190 (copy of completed coursework certificate or transcript)
3. submit documentation that you that you have maintained clinical, unrestricted, and active practice in a jurisdiction of the United States for 48 of the past 60 months immediately prior to submission of an application for licensure. *Active practice means clinical practice as a dental hygienist for at least 600 hours per year*. (May use our employment of verification form on page 7 to document employment.)

For example, the five-year period immediately preceding an application received on May 5, 2026, began on May 6, 2021. The five calendar years for this example application are:

First year:	May 6, 2021, to May 5, 2022
Second year:	May 6, 2022, to May 5, 2023
Third year:	May 6, 2023, to May 5, 2024
Fourth year:	May 6, 2024, to May 5, 2025, and
Fifth year:	May 6, 2025, to May 5, 2026.

Note: It is the applicant's responsibility to prove clinical competency (see guidance document 60-12).

Approval to take a regional examination: Will only be granted to an applicant who is otherwise eligible for an **unrestricted license** as documented in a **completed application.** Approval will not be granted to applicants who do not hold a diploma or certificate from a dental program accredited by CODA or CDAC, as required by §54.1-2709.B(ii) of the Code of Virginia and by 18VAC60-25-130 of the Regulations Governing the Practice of Dental Hygiene. The applicant would need to satisfy all the unrestricted licensure requirements other than having completed an acceptable clinical exam; therefore, the applicant would indicate email the Board with the name of the exam-testing agency they would like to be approved to sit/take the clinical exam.

If applying by credentials: See the additional requirements in numbers11 through 13 before selecting this pathway.

___ 6. **NPDB:** Copy of a current report, not older than 6 months from date prepared, must be obtained by Self Query from the National Practitioner Data Bank (NPDB), which may be requested through their website at www.npdb.hrsa.gov. There is a fee for the report. ***This report from NPDB is required from all applicants, without exception pursuant to Regulation 18VAC60-25-130A(3).*** (May be uploaded, email, faxed, or mail to the Board)

___ 7. **NBDHE:** An **original** grade card **indicating passage of all parts of the National Board Dental Hygiene Examination** issued by the Joint Commission on National Dental Examinations is required. Copies of grade cards are not accepted. (Must be mailed to the Board, emailed directly from testing agency to the Board, or you must contact the testing agency to request that your test results be made available to the Virginia Board of Dentistry via online access portal.)

___ 8. Please be aware that your electronic signature authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand, and will remain current with the laws and regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at http://www.dhp.virginia.gov/Boards/Dentistry/PractitionerResources/LawsRegulations/.

___ 9. **Legal/Name Change:** Documentation must be provided to show each name change if your name has ever been changed since graduation from a CODA or CDAC accredited program or were licensed in other jurisdictions **or other than what is listed on your application**. Photocopies of marriage licenses or court orders are accepted. (May be uploaded, email, faxed, or mail to the Board)

___ 10. **Address of Record and Publically Disclosable Address:** Consistent with Virginia law §54.1.2400.02 and the mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of Record is the publically disclosable address. If you do not want your Address of Record

to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

Additional requirements for licensure by credentials which is the pathway to licensure for an applicant who passed a clinical competency exam referenced for acceptance for licensure by examination in number 5 above, and who is currently licensed to practice dental hygiene in another jurisdiction of the United States and have active clinical practice for 24 of the past 48 months immediately preceding application for licensure. The applicant is **additionally** required to:

___ 11. **Form B Chronology:** List **ALL** activities, personal and professional, to include all time periods of employment and unemployment, since receiving degree. *(Resumes and curriculum vitae are not accepted as substitutes for completing the chronological listing Form B and will not be considered.) Active practice means clinical practice as a dental hygienist for at least 600 hours per year.* (The form may be uploaded, email, faxed, or mailed to the Board)

___ 12. Hold a **current active dental hygienist license** in another jurisdiction in the United States which was obtained by successfully passing a clinical competency examination comparable to the exam required by the Commonwealth of Virginia.

___ 13. Provide verification documentation that you have had "active clinical, ethical and legal practice for 24 months out of the previous 48 months immediately preceding application for licensure". A **notarized statement from each dentist and/or agency** that has employed you within the four years immediately preceding the date of your application **(*may use our employment verification form on page 7*)**. The statement must include the printed name and address of the employer, must include the information required on our employment verification form, and must state the months, days, and years of your employment. Only original, notarized statements are accepted. Active practice means clinical practice as a dental hygienist for at least 600 hours per year

For example, the four-year period immediately preceding an application received on May 5, 2026, began on May 6, 2022. The four calendar years for this example application are:

First year:	May 6, 2022, to May 5, 2023
Second year:	May 6, 2023, to May 5, 2024
Third year:	May 6, 2024, to May 5, 2025, and
Fourth year:	May 6, 2025, to May 5, 2026.

Notes:

- Completed applications cannot be accessed or edited once they have been submitted.
- If your Virginia License is not issued within 6 months of the date of the NPDB (National Practitioner Databank) Self Query Report and certification of state licensure, you will be asked to submit a current NPDB Self Query Report and current state licensure certification before your application can be reviewed for approval.
- To receive notice that your supporting documents have been delivered to the Board, it is suggested that the documents be mailed using Fed-Ex or UPS with "Delivery Confirmation". **Mail sent by USPS is sent to a separate state processing facility that is offsite; therefore, mail can be delayed. Note: if you send something certified by USPS it only verifies that it got to the processing facility and not the Board.**
- The Board does not have reciprocity with any other jurisdiction and cannot grant requests for exceptions to the policies, laws, or regulations nor predetermine acceptance of any documentation prior to the receipt of a complete application.
- Applicants will be notified of missing application items within approximately 15 business days from receipt of an application. Once your application is deemed complete, allow 30 business days processing time.

Related contact information:

Clinical Testing Agencies

CDCA (formerly NERB)
The Commission on Dental Competence Assessments (formerly North East Regional Board)

WREB*
Western Regional Examining Board

Is now CDCA-WREB-CITA

CITA
Council of Interstate Testing Agencies

1304 Concourse Dr, Suite 100
Linthicum, MD 21090
Phone: 301-563-3300 Fax: 301-563-3307
https://adextesting.org/

CRDTS*
SRTA has merged with CRDTS

1725 SW Gage Blvd
Topeka, KS 66604
Phone: 785-273-0380
Fax: 785-273-5015
www.crdts.org

*The Board does not accept exams that use compensatory scoring, it is the applicant's responsibility to check with their testing agency about compensatory scoring.

National Board

Joint Commission on National Board Dental Hygiene Examinations (NBDHE)
211 East Chicago Avenue
Chicago, IL 60611-2678
Phone: 1-800-232-1694
https://jcnde.ada.org/

Effective November 30, 2016, the National Board Dental Examination (NBDE) result reports will no longer be sent via mail.

General Information

National Practitioner Data Bank
P.O. P.O. Box 10832
Chantilly, VA 20153
1-800-767-6732
www.npdb.hrsa.gov

Where to Confirm Approved Programs
ADA (American Dental Association)
CODA (Commission on Dental Accreditation)
211 East Chicago Avenue
Chicago, IL 60611-2678
1-800-621-8099 or 312-440-4653
https://www.ada.org/en/coda

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FORM B
CHRONOLOGY

APPLICANT NAME:_____

Every applicant must provide a complete chronological, personal, and professional history of all activities you have engaged in since receiving your degree or certification, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vitae and resumes are not accepted as substitutes for completing the chronological listing and will not be considered.**

You must report the number of hours you were engaged in active clinical practice for each dental hygiene position you held within the required period prior to submitting this application. Report multiple year positions as hours per calendar year, i.e., 600 hours in 2026 or 1000 hours each year for 2021 - 2026.

Exam take over 5 years ago: 48 of the past 60 months **Credentialing:** 24 of the past 48 months

Form B may be photocopied if copies are needed.

FROM Month/Year	**TO** Month/Year	**POSITION/ACTIVITY**	**Employer/Contact Person for practice verification and the person's Complete Address, and Telephone #**	**Number of Active Clinical Practice Hours Per Year**

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FORM C
CERTIFICATION OF DENTAL HYGIENE BOARDS

Please forward one form to each state dental/dental hygiene board where you hold or have ever held a dental/dental hygiene license. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

I am making application for licensure in Virginia by:

[ ] Examination for Dental License
[ ] Credentials for Dental License
[ ] Dental Faculty License
[ ] Dental Temporary Permit
[ ] Examination for Dental Hygiene License
[ ] Credentials for Dental Hygiene License
[ ] Dental Hygiene Faculty License
[ ] Dental Hygiene Temporary Permit
[ ] Dental Restricted Volunteer License
[ ] Dental Hygiene Restricted Volunteer License
[ ] Dental Reinstatement
[ ] Dental Hygiene Reinstatement

I was granted License Number _____, on _____ by the State of
Month Date Year.
_____. The Virginia Board of Dentistry requires that I submit evidence of the status of my license. You are hereby authorized to release any information in your files, favorable or otherwise directly to the **Virginia Board of Dentistry** at **9960 Mayland Drive, Suite 300, Henrico, Virginia 23233** or bodlicensing@dhp.virginia.gov. Your early attention is appreciated.

_____ Applicant's Signature
_____ Applicant's Typed/Printed Name
_____ Applicant's Address
_____

Executive Officer of the Board: please send this form directly to the Virginia Board of Dentistry.

State of _____ Name of Licensee_____

Graduate of_____ License #_____Issued_____

By: [ ] Examination* [ ] Credentials [ ] Reciprocity with the State of _____ [ ] Endorsement with the State of _____

*If licensed by a state administered examination, please provide a score card or report which shows that testing included live patients.

License is: [ ] Current-Expires_____ [ ] Active [ ] Inactive [ ] Lapsed-Expired_____

Has applicant's license ever been disciplined, suspended, or revoked [ ] NO [ ] YES?

If "YES", give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders):_____

_____

_____

Comments, if any:_____

_____

SEAL

_____ Signature
_____ Title
_____ Date
_____ Print Name

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EMPLOYMENT VERIFICATION

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency:_____

Complete Mailing Address: _____

Telephone Number:_____ Fax Number:_____

Email Address_____

"I, _____ D.D.S./D.M.D./agency representative,
(Print name & Title of the Employing Dentist or Agency Representative)

certify that _____, was employed by me as a _____
(Print Applicant/Employee Name) **(Print Job Title)**

from _____/____/_____ to _____/____/_____, in the clinical, ethical, and legal practice of a _____
Month Day Year Month Day Year

_____.

_____ _____
Dentist's/Agency Representative Signature Date

State of _____

County/City of _____

Sworn and subscribed to, before me, this _____day of _____, _____
Day Month Year

My commission expires on _____.
Month Day Year

_____
Signature of Notary Public

SEAL/STAMP

_____
Print Name