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/

INSTRUCTIONS FOR REINSTATEMENT OF DENTAL HYGIENE LICENSE

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.

__ 1. **Reinstatement Application:** Please be sure that all information is completed on the application. Not answering all questions and supplying all information will result in a delay with your application. Also, if there are discrepancies in your application, then the Board may ask for additional clarification or may send your application to Enforcement for an investigation.

__ 2. **$200.00 Application Fee: Lapsed** Dental Hygiene License (*license has been expired for more than 1 year*). (**Previously Revoked or Suspended licensee must submit a paper application**).

The fee must be paid online using a VISA, MasterCard, American Express or Discover credit card and is valid for one year from the 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 your payment.

__ 3. **Form B Chronology:** List **ALL** activities after the expiration of your Virginia license. *Resumes and curriculum vitae are not accepted as substitutes for completing the chronological listing on Form B and will not be considered.*

__ 4. **Form C License Verification: Original** licensure status and verification from every jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a dental hygienist or as another health care professional. Copies are not accepted. Verifications cannot be older than 6 months from date prepared. Not disclosing all license/registration/certification ever held as a dental hygienist or as another health care professional, will result in your application being sent to Enforcement for an investigation.

(Options: Mail to the Board (address listed above) 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. **Continuing Education:** You submit evidence/documentation of having completed continuing education that meets the requirements of 18VAC60-25-190 and is equal to the requirement for the number of 15 years in which your license has not been active in Virginia, not to exceed a total of 45 hours. Of the required hours, at least 15 must be earned in the most recent 12 months and the remainder within the 36 months preceding your application for reinstatement. Original documents or copies are accepted.

For example, the three period immediately preceding an application received on October 5, 2026, began on October 6, 2023. The three calendar years for this example application are:

First year:	October 6, 2023 to October 5, 2024
Second year:	October 6, 2024 to October 5, 2025
Third year:	October 6, 2025 to October 5, 2026

Submitted CE documentation **must** include the following:

- Your name
- Name of course completed
- If the subject matter of the course is not evident in the title, you must submit the sponsor's course description.
- Date(s) on which you completed the course
- Name of the course sponsor; and
- The number of CE credit hours earned (if applicable including clinical hands-on training)

__ 6. **NPDB:** 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 this report. ***This report from NPDB is required from all applicants, without exception pursuant to Regulation 18VAC60-25-130A(3).***

__ 7. **Documentation of Continuing Competency:** To evaluate continuing clinical competence, the board **shall consider**: (i) documentation of active practice in another state or in federal service; (ii) recent passage of a clinical competency examination accepted by the board; or (iii) completion of a clinical hands-on refresher program offered by a program accredited by the Commission on Dental Accreditation of the American Dental Association. *Active practice means clinical practice as a dental hygienist for at least 600 hours per year.* (See guidance document 60-12 for additional information.) Our employment verification form on page 5 may be used to document active clinical practice.

__ 8. **Legal/Name Change:** Documentation must be provided to show each name change if your name has ever been changed since the issue date of your Virginia license or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

__ 9. Please be aware that your signed application affidavit 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/.

__ 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.

Notes:

- If your Virginia license is not reinstated within 6 months of the date of the NPDB (National Practitioner Databank) Self Query Report and verification of state licensure, then you will be asked to submit a current NPDB Self Query Report and current state licensure certification before your application can be reviewed for approved.

- 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. If sending documentation certified by USPS it only verifies that it got to the processing facility and not the Board**.

- Applicants will be notified via email of missing application items within approximately 15 business days of receipt of an application. Once your application is complete, allow 30 business days processing time.

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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 the expiration of your license, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vita 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 2022 - 2026.

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 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	[ ] Examination for Dental Hygiene License	[ ] Dental Restricted Volunteer License
[ ] Credentials for Dental License	[ ] Credentials for Dental Hygiene License	[ ] Dental Hygiene Restricted Volunteer License
[ ] Dental Faculty License	[ ] Dental Hygiene Faculty License	[ ] Dental Reinstatement
[ ] Dental Temporary Permit	[ ] Dental Hygiene Temporary Permit	[ ] 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 in the clinical, ethical, and legal
(Print Applicant/Employee Name)

practice of a _____ from _____/____/_____ to _____/____/_____.
(Print Job Title) **Month Day Year** **Month Day Year**

Number of Active Practice Hours: _____ (means clinical practice as a dental hygienist for at least 600 hours per 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