

MEETING OF THE VIRGINIA BOARD OF DENTISTRY EXAM COMMITTEE

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Meeting of the Virginia Board of Dentistry EXAM COMMITTEE

Perimeter Center, 9960 Mayland Drive, Henrico, VA 23233

TIME		PAGE
9:00 a.m.	Call to order - Dr. Bryant	
	Introductions	
	Public Comment – Dr. Bryant	
	Approval of Minutes –	
	• Exam Committee Meeting – January 31, 2020	1
	Discussion	
	 Exam Action Timeline and Exam Comparison- Jamie C. Sacksteder Exam Action Timeline Dental Exams Chart Dental Hygiene Exams Chart Inability to establish equivalency across 5 testing agencies ADA Exam Comparison Chart 	5 7 8 9
	 ADEX Exam – Jamie C. Sacksteder ADEX Acceptance Map Dentist ADEX Acceptance Map Dental Hygiene 	20 21
	 Proposed Definitions-Jamie C. Sacksteder Drafted Language 	22
	 Required clinical exam components for dental applicants- Jamie C. Sacksteder Drafted exam component and scoring requirements 	23
	 Required clinical exam components for dental hygiene applicants- Jamie C. Sacksteder Drafted exam component and scoring requirements 	24
	 Score Cards Example Score Cards – Jamie C. Sacksteder Drafted acceptable score cards 	25 30
Ref	erence Documents	
	 Current Dental Application Instructions and Regulations 	31
	 Current Dental Hygienist Application Instructions and Regulations 	40

TIME & PLACE:

The meeting of the Examination Committee ("Committee") was called to order at 9:05 a.m., on January 31, 2020, at the Department of Health Professions, 9960 Mayland Drive, Second Floor Conference Center, Board Room 3, Henrico, Virginia 23233.

PRESIDING:

James D. Watkins, D.D.S., Chair

COMMITTEE MEMBERS Nathaniel C. Bryant, D.D.S. Patricia B. Bonwell, RDH, PhD

PRESENT:

COMMITTEE

Jamiah Dawson, D.D.S.
Perry E. Jones, D.D.S.

MEMBERS ABSENT:

BOARD MEMBERS
PRESENT:

Augustus A. Petticolas, Jr., D.D.S., Board President

STAFF PRESENT:

Sandra K. Reen, Executive Director

Jamie C. Sacksteder, Deputy Executive Director

Kathryn Brooks, Executive Assistant

COUNSEL PRESENT:

James E. Rutkowski, Assistant Attorney General

ESTABLISHMENT OF A QUORUM:

With three members of the Committee present, a quorum was

established.

Ms. Sacksteder read the emergency evacuation procedures.

PUBLIC COMMENT:

Written comment received from Perry E Jones, DDS, recommended using the New Hampshire Board of Dentistry's definition of the term "clinical" in addressing acceptable clinical examinations.

APPROVAL OF MINUTES:

Dr. Watkins asked if there were corrections to the posted minutes. Hearing none, Dr. Bonwell moved to accept the minutes from November 22, 2020 as presented. The motion was seconded and passed.

COMPENSATORY SCORING:

Ms. Sacksteder began the discussion of acceptable clinical exams by reviewing her research findings on scoring practices. She read the respective definitions for compensatory scoring used by CRDTS and WREB. She then presented proposed regulatory language on

examination requirements which would deny acceptance of compensatory scoring, set the passing score at 80% and specify the components that must be tested and passed. She also recommended consideration of when the revised regulation should take effect and of including provisions for applicants who may have already taken an exam that doesn't meet the new requirements. Discussion followed on these topics:

- Requiring a minimum passing score of 80% or 75% as the standard for acceptance of clinical examinations. It was agreed by consensus to recommend to the Board setting 75% as the minimum standard.
- The respective scoring policies of CRDTS and WREB, which include compensatory scoring, were reviewed. Compensatory scoring, as used by these testing agencies, means the grade for parts of the exam are determined by reviewing the scores given by each examiner then manipulating the examiner scores to compensate for a low score to arrive at the final score for that part of the exam. The consensus was to recommend to the Board that it not accept examination results where the passing grade received was calculated using compensatory scoring for parts of the exam.

MEMBERSHIP IN TESTING AGENCIES: Ms. Reen explained that the Board was a founding member of SRTA and is currently a member. She said SRTA administered the dental and dental hygiene clinical exams at the VCU School of Dentistry until three years ago when CITA became the examining agency. In response to questions, Ms. Reen explained the Board was previously advised by Board Counsel it could be a member of one testing agency but not be a member of more testing agencies due to the potential for conflicts occurring as a result of the interests of competing testing agencies. She asked if the Board should consider being a member of CITA rather than SRTA. Discussion followed about whether the Board needed to be a member of any testing agency; SRTA being the first agency working to provide a non-patient examination; concern about the ability to verify the required parts were passed without the use of compensatory scoring; continuing membership in ADEX: the expectation for the graduating candidate to be competent in all areas tested, which ensures standards have been met; and accepting test

results based on compensatory scoring for applicants applying by credentials.

Dr. Watkins asked for discussion on being a member of a testing agency or opting out of membership to any testing agency. Forgoing membership in a testing agency was proposed. Then membership in CITA was proposed. The harm that might result if Virginia withdraws from SRTA was questioned. Ms. Reen explained that the Board does not provide any direct funding for SRTA; SRTA is funded by its examination fees; and, since SRTA has not examined at VCU for 2 or more years, it does not get very much money from Virginia exam candidates. Dr. Watkins proposed recommending that the Board not be a member of any agency. Ms. Reen explained that, if the Board is not a member of any testing agency, then members of the Board could be prevented from examining by state statutes. Dr. Watkins asked Mr. Rutkowski to research the implications for board members serving as examiners if the Board is not a member of a testing agency then he asked what action should be taken if the Board must maintain membership with an agency in order for the board members to examine. Dr. Bonwell moved to recommend becoming members of CITA, and ending membership with SRTA. The motion was seconded and passed.

PATIENT VS. NON-PATIENT REQUIREMENT FOR EXAMS BY STATE: Ms. Sacksteder reviewed a map published by ADEA showing the increasing number of states that have alternate pathways towards licensure. She also reviewed a chart showing states' provisions for patient based or non-patient based clinical examination requirements. She said she did not find any state that had provisions for accepting non-patient clinical examinations. She stated only a few states expressly require a live-patient portion and most states only address the exams they accept. She added there appears to be a general assumption that a clinical examination includes testing with a live patient. Ms. Reen said this information supports defining the term "clinical" in regulations to include both live-patient and patient-less exams as the Board addresses acceptance of patient-less exams.

Ms. Reen agreed to research information provided by Dr. Bryant about attesting to the validity of the ADEX exam.

CLINICAL DEFINITIONS:

Ms. Sacksteder reviewed the terms that include the word "clinical" in the Board's regulations; read two proposed definitions; and reviewed language used by a few other state boards and the definition in Mosby's Dental Dictionary. It was stated that the first proposed definition includes both live-patient and manikins. Mr. Rutkowski added that the definition submitted by Dr. Jones may be problematic. Ms. Reen suggested defining the terms "clinical" and "clinical examination." Dr. Bonwell moved to recommend adoption of the first proposed definition as written for "clinical examination" and to use the new Hampshire definition as the broader approach for the definition of "clinical". The motion was seconded. Following discussion, the motion passed.

LAWSUITS
REGARDING EXAM
REOUIREMENTS:

Ms. Sacksteder reported the only lawsuit she discovered in her research was with the Hawaii Board, which resulted in the state no longer administering their own exam. She added that now Hawaii only administers the ADEX examination.

EXAM CYCLES:

Ms. Sacksteder affirmed that all exam cycles were based on a calendar year.

NEXT MEETING:

The Committee will submit its recommendations and receive findings

from Board Counsel at the March 13, 2020 Board meeting.

ADJOURNMENT:

With all business concluded, the meeting was adjourned at 11:27 p.m.

James D. Watkins, D.D.S., Chair	Sandra K. Reen, Executive Director
Date	Date

Review of Discussion of Clinical Examination Acceptance

November 22, 2019

- The Examination Committee met on November 22, 2019 and decided to recommend to the Board to remove the patient clause from the clinical exam requirement.
 - o Staff were tasked with providing guidance on the patient-less exams.

December 13, 2019

The BOD Business meeting met on December 13, 2019 it was discussed that Board staff
were gathering information on clinical competency exam requirements and definitions on
the term "clinical".

January 31, 2020

- The Exam Committee met on January 31st 2020 and decided to recommend that he Board:
 - o Require a minimum passing score of 75% for acceptance
 - Not accept examination results where the passing grade was based upon compensatory scoring for parts of the examination. This action would affect the acceptance of CRDTS and WREB examinations.
 - Adopting the following definitions:
 - "Clinical" means having to do with the direct observation and treatment of patients.
 - "Clinical competency examination" means evaluation, diagnosis, and prevention through live patient or manikin based methods relating to the care and treatment of patients.
 - The ADEA Map was reviewed regarding Patient vs. Non-Patient Exams. It was reported that there were no provisions of states accepting non-patient exams. Also, only a few states stated specifically in their regulations that they require a live patient exam. Most states only state the exams that they do accept and there seemed to be a general assumption that most accepted patient exams only.

March 13, 2020

- The BOD Business meeting met on March 13, 2020 and accepted by consensus:
 - To only accept a minimum passing score of 75% for acceptance and compensatory scoring
 - o To accepted the following definitions:
 - "Clinical" means having to do with the direct observation and treatment of patients.
 - "Clinical competency examination" means evaluation, diagnosis, and prevention through live patient or manikin based methods relating to the care and treatment of patients.

May 8, 2020

 The BOD Emergency Business meeting met on May 8, 2020 and accepted the following by consensus:

- o In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental licensure applicants** a clinical dental examination which includes a simulated manikin exercise in restorative dentistry. The Board also decided to waive the scaling exercise with live patients in a 2020 clinical dental examination given by a testing agency accepted by the Board CITA, CDCA, SRTA, CRDTS and WREB.
- In addition to live patient clinical examinations, for 2020 only, the Board will accept from Dental hygiene licensure applicants a clinical dental hygiene examination which includes a manikin-based clinical scaling exercise given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

May 29, 2020

- The BOD Emergency Business meeting met on May 29, 2020 made changes to the Dental hygiene licensure applicants decision made on May 8, 2020 and accepted the following by:
 - In addition to live patient clinical examinations, for 2020 only, the Board will accept from Dental hygiene licensure applicants a clinical dental hygiene examination which includes the Computer Simulated Clinical Examination (CSCE) <u>OR</u> a manikinbased clinical scaling exercise given by a testing agency accepted by the Board -CITA, CDCA, SRTA, CRDTS and WREB.

October 23, 2020

- The BOD Emergency Business meeting met on May 8, 2020 and accepted the following by consensus:
 - The Board decided to accept passage of a manikin simulation restorative and periodontal exam taken in 2021 which is administered by testing agencies accepted by the Board (CITA, CDCA, SRTA, CRDTS and WREB) as addressed in Virginia's applications for licensure. The Board will continue to accept live patient exam results from the testing agencies addressed in Virginia's application information.
 - The Board decided to accept passage of a typodont clinical examination which includes scaling on a manikin which is administered by testing agencies accepted by the Board (CITA, CDCA, SRTA, CRDTS and WREB) as addressed in Virginia's applications for licensure. The Board will continue to accept live patient exam results from the testing agencies addressed in Virginia's application information.

December 11, 2020

- A proposed guidance document was presented to the Board, however it was determined that the details, however it was explained that it was impossible for board staff to determine equivalency. Therefore the draft document was rejected.
- By consensus, the Board requested that the Exam Committee discuss the testing agency
 exams in more detail, considering a timeframe to require passage of the ADEX exam, and
 report its findings to the Board.
- Ms. Reen requested approval by the Board to hire a VCU consultant to assist the Exam Committee. Motion was passed.

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Passing Score P	Type of Scoring C	Elective Exam Components P	Required Exam Components S S
Pass =75% or higher	Compensatory Scoring	Periodontal Treatment AND Prosthodontics n/a	• Comprehensive Treatment Planning (CTP)- • OSCE • Comprehensive Treatment Planning (CTP)- • Restorative (• Operative (Restorative Anterior/Posterior)- • Endodontics • Períodontal (
Pass =75% or higher	Comprehensive/Conjunctive Scoring	n/a	CDCA EXAM* OSCE Restorative (Anterior/Posterior) Endodontics Prosthodontics Periodontal Scaling
Pass =75% or higher	Comprehersive/Conjunctive Scoring Comprehensive/Conjunctive Scoring Compensatory Scoring ive Scoring	n/a	• OSCE • Restorative (Anterior/Posterior) • Endodontics • Prosthodontics • Periodontal Scaling • CRDTS • Restorative (Anterior/Posterior) • Endodontics • Prosthodontics • Periodontal Scaling
Pass =75% or higher	g Compensatory Scoring	n/a	• Restorative (Anterior/Posterior) • Endodontics • Prosthodontics • Periodontal Scaling
Pass =75% or higher Pass =75% or higher	Comprehensive/Conjunct ive Scoring	Periodontal	• Restorative (Anterior/Posterior) • Endodontics • Prosthodontics

*ADEX

Elective Exam Components Local Anesthesia and Restorative n/a n/a n/a n/a n/a n/a n/a n/a n/a Comprehensive/Conjunctive C	• Assessment and Detection • Removable Calculus • Removable Calculus • Accurate periodontal pocket depth measurements • Tissue management • Final case presentation • Presenting an eligible patient, diagnostic-quality radiographs • Acceptable case selection of teeth that meets all calculus requirements • Detection and removal of • Calculus • Accurate periodontal pocket depth measurements • Tissue management • Final case presentation • Presenting an eligible patient, diagnostic-quality radiographs • Acceptable case selection of teeth that meets all calculus requirements	DENTAL HYGIENE EXAMS WREB EXAM CDCA EXAM* CDCA EXAM* CITA* CRDTS SRTA Required Exam Components OSCE CSCE/OSCE C
n/a Comprehensive/Conjunctive Comprehensive/Conjunctive Scoring	ttal Probing calculus subgingival	CRDTS SRTA •Extra/Intra Oral Assessment • Detection and removal of

Arkansas State Board of Dental Examiners (ASBDE) met on April 20, 2020 and voted to accept the satisfactory completion of a clinical dental examination administered by SRTA, WREB, CDCA, CITA, or CRDTS that is conducted via live patient or manikin, and to waive the periodontal portion of the clinical examination, until December 31, 202.	Arkansas State Board of Dental Examiners (ASBDE) met on April 20, 2020 and voted to accept the satisfactory completion of a clinical dental examination administered by SRTA, WREB, CDCA, CITA, or CRDTS that is conducted via live patient or manikin, and to waive the patient or the first first of the clinical to the conducted via the patient or the clinical to the conducted via the patient or the clinical to the conducted via the patient or the clinical to the conducted via the	Arkansas State Board of Dental Examiners (ASBDE) met on April 20, 2020 and voted to accept the satisfactory completion of a clinical dental examination administered by SRTA WREB, CDCA CITA or	Arkansas State Board of Dental Examiners (ASBDE) met on April 20, 2020 and voted to accept the	Arkaneas State Board of Dental	Arkansas Licensure by Examination: The Arkan	requin	Augusta August	Find the in:	602-2	Arizona No specific guidance Arizon	education credits prior to the normal license renewal deadlines; the Board	health crisis with COVID-19 and concerns over obtaining continuing	License Renewal: Due to the current	f or		Alaska Administrative Code, Sec. Find the 28,940. Dental licensure by in: 28,940. Dental licensure by Roard examination to repeal the nations.	-	Alaska Licensure by Examination: The Board Board of Dental Examiners met on August 7, Exami		the Board's dental and dental hygiene Exami license applications web site.	0	accepts the clinical typodont manikin 205-93 exams of all of the approved testing		State COVID-19 Update Info
		Licensure by Examination	Find their requirements in: Arkansas Dental	501-682-2085	Arkansas State Board of Dental Examiners	requirements	32-1233. Applicants for licensure; examination	Find their requirements in:	602-242-1492	Arizona State Board of					Examiners of Alaska Licensing Application	Find their requirements in: Board of Dental	907-465-2550	Board of Dental		Examiners of Alabama Licensure Application	Find their requirements in:	205-985-7267	Board of Dental	Find State Dental Board Initial Licensure Info Examination Re
Dental Board of California CDCA	WREB	SRTA	CRDTS	СІТА	CDCA	WREB	SRTA	CRDTS	CITA	CDCA	WREB	SRTA	PGY-2	Objective Structured Clinical Examination (OS	DLOSCE	CRDTS	CITA	CDCA	WREB	SRTA	CRDTS	CITA	CDCA	Examination Requirem
Prosthodontic, and Restorative Examination	Effective variually 1, 2020, the Arkanisas state ovarion behalf examinations that consist of at least the following components: Restorative clinical examination section (anterio Must pass following sections of the ADEX examination: Diagnostic Skills, Periodonal Scaling Endodnation	Effective January 1, 2020, the Arkansas State Board of Dental Examiners will only accept clinical dental examinations that consist of at least the following components: Restorative clinical examination section (anterio	Effective January 1, 2020, the Arkansas State Board of Dental Examiners will only accept clinical dental examinations that consist of at least the following components: Restorative clinical examination section (anterio	Effective January 1, 2020, the Arkansas State Board of Dental Examiners will only accept clinical dental examinations that consist of at least the following components: Restorative clinical examination section (anterio,,	Effective January 1, 2020, the Arkansas State Board of Dental Examiners will only accept clinical dental examinations that consist of at least the following components: Restorative clinical examination section (anterio						Exam must include constructive response or objective structured clinical exam (OSCE) or DLOSCE testing that includes diagnosis and treatment planning; periodontics, restorative dentistry, oral pathology, medical considera.	Exam must include constructive response or objective structured clinical exam (OSCE) or DLOSCE testing that includes diagnosis and treatment planning; periodontics, restorative dentistry, oral pathology, medical considera	and 20 hours continuous clinical practice per week for previous 5 years immediately preceding application (clinical practice may include dental school)	and WREB or CDCA or CITA or CRDTS or SRTA	and WREB or CDCA or CITA or CRDTS or SRTA	Exam must include constructive response or objective structured clinical exam (OSCE) or DLOSCE testing that includes diagnosis and treatment planning; periodontics, restorative dentistry, oral pathology, medical considera.	Exam must include constructive response or objective structured clinical exam (OSCE) or DLOSCE testing that includes diagnosis and treatment planning; periodontics, restorative dentistry, oral pathology, medical considera.	Exam must include constructive response or objective structured clinical exam (OSCE) or DLOSCE testing that includes diagnosis and treatment planning; periodontics, restorative dentistry, oral pathology, medical considera.						Initial Licensure Examination Requirem Notes for Examination Requirements

California dentists, registered dental assistants, orthodontic assistants, dental	Dental Board of California	PGY-1	Notes for examination requirements
sedation assistants and registered dental assistants whose applications	Find their requirements	Portfolio Exam	From a California Dental Board approved dental school
March 31, 2020, and Nov. 30, 2020, an additional six months to complete	California Dental License Applicants	WREB	Must pass 3 required sections: Comprehensive Treatment Planning (CTP), a written, computer-based authentic simulated clinical examination (ASCE);
Colorado Temporary Licensure: Pursuant to	Colorado Dental Board	CDCA	All parts of a clinical examination are required to be successfully completed and no part of an examination is considered optional for purposes of Colorado licensure. Exam can be completed on manikins or patients.
Gov. Jared Polis, the Colorado Dental Board may issue a temporary license	Find their requirements	СІТА	All parts of a clinical examination are required to be successfully completed and no part of an examination is considered optional for purposes of Colorado licensure. Exam can be completed on manikins or patients.
to an applicant that is a new graduate of an approved dental program who	in: Colorado Dental Board	CRDTS	All parts of a clinical examination are required to be successfully completed and no part of an examination is considered optional for purposes of Colorado licensure. Exam can be completed on manikins or patients.
with the exception of successful	Policies	Delaware Practical Board Examination	All parts of a clinical examination are required to be successfully completed and no part of an examination is considered optional for purposes of Colorado licensure.
examination as set forth in section		DLOSCE	All parts of a clinical examination are required to be successfully completed and no part of an examination is
temporary license issued to a new		Objective Structured	All parts of a clinical examination are required to be successfully completed and no part of an examination is
2020, is effective from the date of		Clinical Examination (OS	considered optional for purposes of Colorado licensure.
issuance through March 31, 2021. An initial temporary license issued to a		PGY-1	PGY-1 submitted for consideration are required to be first licensed in the state/jurisdiction where the PGY-1 was completed, or in another jurisdiction where a state board has reviewed and accepted it towards
new graduate on or after December 28.		Portfolio Exam	Portfolio model submitted for consideration are required to be first licensed in the state/jurisdiction where the portfolio was completed, or in another jurisdiction where a state board has reviewed and accepted it towards
issuance through June 30, 2021.		SRTA	All parts of a clinical examination are required to be successfully completed and no part of an examination is considered optional for purposes of Colorado licensure. Exam can be completed on manikins or patients.
		WREB	Exam can be completed on manikins or patients; dentists are not required to complete the optional/elective prosthodontic portion of the examination. The WREB CTP exam, and if available the WREB manikin based port
Connecticut Temporary Licensure: Gov. Ned	Connecticut State Dental	CDCA	
on December 18, 2020, which or a granted a temporary suspension for a	860-509-7603	CITA	
period of six months to allow to allow Dentists and Dental Hygienists who	Find their requirements in:	CRDTS	and the diagnostics component of clinical test of CDCA or CITA
are appropriately licensed, certified or registered in another state or territory of the United States or the District of	Licensure Requirements Web Site	PGY-1	
Columbia, to render temporary assistance in Connecticut within the		SRTA	and the diagnostics component of clinical test of CDCA or CITA
scope of the profession for which the provider is licensed, certified or regis.		WREB	and the diagnostics component of clinical test of CDCA or CITA
Delaware No specific guidance	Delaware Board of	Delaware Practical Board	and completion of four or more years in a CODA-approved specialty residency
	Hygiene 302-744-4500	TAGE STATE OF THE PARTY OF THE	and PGY-1
	Find their requirements i.,		and practiced actively for three years in another jurisdiction (state, U.S. territory or District of Columbia).
District of Licensure by Examination: On Columbia September 18, 2020, the District of	District of Columbia Board of Dentistry	CDCA	
	Florida Board of Dentistry CDCA	CDCA	Scores from ADEX Dental Licensing examinations administered in Florida are valid for 365 days after the date the official examination results are published. Scores from ADEX Dental Licensing Examinations administered i
20-015 suspending the provisions of sections 466 006 and 466 007. Floring	Find their requirements i	СІТА	Scores from ADEX Dental Licensing examinations administered in Florida are valid for 365 days after the date the official examination results are published. Scores from ADEX Dental Licensing Examinations administered i

State COVID-19 Update	odate	Info Examination Re	Examination Requirem	Notes for Examination Requirements
Georgia Temporary Lio	Temporary Licensure: On August 15, 2020. Governor Brian Kemp signed	Georgia Board of Dentistry	CDCA	Accepted beginning January 1, 2021
Executive Orde	Executive Order 08.15.20.01 giving the Georgia Board of Dentistry	404-651-8000	СІТА	Accepted beginning January 1, 2021
authority to iss to dental applic	enses ated i	Find their requirements in:	CRDTS	
Hawaii No specific guidance	idance	Hawaii State Board of	CDCA	Effective 2013, ADEX will consist of four required sections and one optional section. The four required sections consist of the following: 1) Computer-based Diagnostic Skills Examination ("DSE"), 2) Manikin-based Endodont.
		808-586-3000	СІТА	Effective 2013, ADEX will consist of four required sections and one optional section. The four required sections consist of the following: 1) Computer-based Diagnostic Skills Examination ("DSE"), 2) Manikin-based Endodont.
Idaho 2020/2021 Lice	2020/2021 Licensure by Examination:	Idaho State Board of	CDCA	Prior to 2018 the Idaho Board of Dentistry accepted the following examinations: Western Regional Examining Board (WREB), Central Regional Dental Testing (CRDTS), and Commission on Dental Competency Assessme
manikin-based	manikin-based exam in lieu of a patient-based operative exam, and	208-334-2369	СПА	Prior to 2018 the Idaho Board of Dentistry accepted the following examinations: Western Regional Examining Board (WREB), Central Regional Dental Testing (CRDTS), and Commission on Dental Competency Assessme
WREB's CTP exam in lieu patient-based periodontal	WREB's CTP exam in lieu of the patient-based periodontal	Find their requirements in:	CRDTS	Prior to 2018 the Idaho Board of Dentistry accepted the following examinations: Western Regional Examining Board (WREB), Central Regional Dental Testing (CRDTS), and Commission on Dental Competency Assessme
Exam Evaluati Board has disc	Exam Evaluation Plan for 2021: The Board has discussed how to procee	Licensure by Examination WREB	WREB	Prior to 2018 the Idaho Board of Dentistry accepted the following examinations: Western Regional Examining Board (WREB), Central Regional Dental Testing (CRDTS), and Commission on Dental Competency Assessme
Illinois Licensure by Examination: To Department of Financial and	Licensure by Examination: The Illinois Department of Financial and	Illinois Board of Dentistry 217-785-0800	CDCA	
Professional R Variance on A	Professional Regulation issued a Variance on April 28 2020, which	Find their requirements	СІТА	
suspends the roof the Periodor	suspends the requirement of passage of the Periodontal portion of the	in: Illinois Administrative	CRDTS	
completing exam	completing or graduating from dental colleges or schools in 2020 and	1220.120 Dental Examinations	SRTA	
taking licensing between April	taking licensing examinations between April 28, 2020 and Decemb		WREB	
Indiana Continuing Edi	Continuing Education: Gov. Eric	Indiana State Board of Dentistry	CDCA	
20-21 on April Sec 3. Continu	20-21 on April 15, 2020, which under Sec 3. Continuing Education	Indiana State Board of Dentistry	СІТА	
Requirements for Health Providers: To the extent i	Requirements for Health Care Providers: To the extent in-person or live continuing education	Indiana State Board of Dentistry	CRDTS	
requirements of social distancial	requirements cannot be met due to social distancing requirements	Indiana State Board of Dentistry	SRTA	
imposed unde emergency or	imposed under the public health emergency or to the cancellation or	Indiana State Board of Dentistry	WREB	
public health e	public health emergency, any credit	Indiana State Board of Dentistry	DLOSCE	
lowa Licensure by E	Licensure by Examination: The lowa Dental Board will accept the following	lowa Dental Board 515-281-5157	2014 California Portfolio Exam	
for licensure for dentists: Patient-Based Exams fro	for licensure for dentists: Patient-Based Exams from: CDCA,	Find their requirements	CDCA	Accepts patient or manikin-based examination
the Manikin-Ba	CITA, CRDTS, SRTA and WREB and the Manikin-Based Exams from:	in: lowa Administrative Code	CITA	
Licensees can apply for a ru for the JCNDE's DLOSCE in	Licensees can apply for a rule waiver for the JCNDE's DLOSCE in	11-4(17)	CRDTS	Accepts patient or manikin-based examination
of CRDTS or WREB	combination with the manikin portions of CRDTS or WREB; as well as the		SRTA	

Maryland Continui the panc hygienis complete License Departm of Healti issued a Renewa 2020. if						Agencie	Compets and the	of the Ar Examine	accept the alternative	Maine Licensur	January State of	Louisiana Gov. Joh					Kentucky No speci	patient-b clinical e	manikin- students	meeting 2020, the	(Patient- Clinical E	Kansas Licensun Students	limits for been lifts	lowa Continuir	State COVID-			
Jour monte and and an	Renewal Extension on December 21, 2020. if your license was due to	of Health Professions Licensure issued a COVID-19 Registration	License Renewal: The Massachusetts Department of Public Health, Bureau	hygienists are still required to complete 30 hours of continuing edu	Continuing Education & CPR: During the pandemic dentists and dental	Agencies (CITA). The Board will consider other examinations as they	Competency Assessments (CDCA) and the Council of Interstate Testing	of the American Board of Dental Examiners examination administered by the Commission on Dental	accept the CompeDont TM Tooth as an alternative to the Restorative Section	Licensure by Examination: The Board	January 15, 2021 which renewed State of Emergency COVID-19 Provi	Gov. John Bel Edwards issued Executive Order 7BJE2021 on					No specific guidance	patient-based or manikin-based clinical exams from all regional testin	manikin-based exams for dental students graduating in 2021. All	meeting on Friday, November 13, 2020, the Kansas Dental Board	(Patient-Based or Manikin-Based Clinical Exam). At its open public	Licensure by Examination: Dental Students Graduating in 2021	limits for continuing education have been lifted by the Board for the 2021	Continuing Education: Self-study	COVID-19 Update			
			Maryland State Board of Dental Examiners	Maryland State Board of Dental Examiners							1		Maine Board of Dental	225-219-7330	Louisiana State Board of Dentistry	Examination	Dentistry Initial Licensure - Licensure by	Find their requirements in:	502-429-7280	Kentucky Board of		rice only of realistance	in: Kansas Dentists Licensing by Examination	Find their requirements	Kansas Dental Board 785-296-6400	lowa Dental Board 515-281-5157	Iowa Administrative Code 650—11.2(147,153	Find State Dental Board Initial Licensure Info
		CDCA DSE	CDCA	CITA	CDCA	WREB	SRTA	CRDTS	CITA	CDCA	CITA	CDCA	WREB	SRTA	CRDTS	СПА	CDCA	WREB	SRTA	CRDTS	СІТА	CDCA	DLOSCE	WREB	Initial Licensure Examination Requirem.			
	and CRDTS if taken on or after July 1, 2009	and CITA if taken prior to Jan 1, 2014		Completion of all sections of ADEX Examinations required	Completion of all sections of ADEX Examinations required						You must have completed all portions of the ADEX examination (DSE, endodontics, prosthodontics), restorative and periodontics.	You must have completed all portions of the ADEX examination (DSE, endodontics, prosthodontics), restorative, and periodontics.						WREB Components Required by the Kansas Dental Board for 2018-present: 1. Comprehensive Treatment Planning (CTP)					Board approved a waiver at April 3, 2020 meeting for D4 students at the University of lowa for a modified clinical exam, including the manikin portion for current clinical exam plus an objective structured clinical exam.		irem Notes for Examination Requirements			

Massachusetts Licen	License Renewal: The Massachusetts Massachusetts Board of Department of Public Health, Bureau Registration in Dentistry	Massachusetts Board of Registration in Dentistry	CDCA DSE	and WREB the Board requires a passing score (a score of at least 3 out of a possible score of 5) on ALL sections of the WREB exam including the optional periodonities and prostitodonities sections and two restorative
of He issue	of Health Professions Licensure issued a COVID-19 Registration	800-414-0168 Eind their requirements	СІТА	if taken on or after January 1, 2014
2020 expir		in: Massachusetts	CRDTS	if taken prior to July 1, 2009
and y	and you have not yet renewed your license, your license will now expire	Application for a Dental License	SRTA	if taken between Jan. 1, 2013 and Aug. 9, 2015
00 70	on June 30, 2021.		WREB	The Board requires a passing score (a score of at least 3 out of a possible score of 5) on ALL sections of the WREB exam including the optional periodontics and prosthodontics sections and two restorative procedures in t.
Michigan No si	No specific guidance	Michigan Board of	CDCA	In addition to an accepted clinical examination, you must obtain passing scores on the CDCA/ADEX_DSE written examination. The Michigan Board of Dentistry requires passing scores on the Periodontal
		517-241-0199	CITA	In addition to an accepted clinical examination, you must obtain passing scores on the CDCA/ADEX_DSE written examination. The Michigan Board of Dentistry requires passing scores on the Periodontal
		Find their requirements in:	CRDTS	In addition to an accepted clinical examination, you must obtain passing scores on the CDCA/ADEX_DSE written examination. The Michigan Board of Dentistry requires passing scores on the Periodontal
		Michigan Acceptable Regional Clinical Examinations for	SRTA	In addition to an accepted clinical examination, you must obtain passing scores on the CDCA/ADEX_DSE written examination. The Michigan Board of Dentistry requires passing scores on the Periodontal
		Dentistry	WREB	In addition to an accepted clinical examination, you must obtain passing scores on the CDCA/ADEX_DSE written examination. The Michigan Board of Dentistry requires passing scores on the Periodontal
Minnesota Licer	Licensure by Examination: The	Minnesota Board of	CDCA	ADEXINERB
that f	that for the calendar year 2021, the following exams will be accepted for	612-617-2250	CITA	
DDS Trad	DDS Applicants: Traditional Clinical Dental Exam	Find their requirements in:	CRDTS	
CDC tradit	(CDCA/WREB/CRD IS/CITA) -OK- CDCA CompeDont, in lieu of the traditional CDCA patient-based	Dentistry Requirements for Professional Licensing	Objective Structured Clinical Examination (OS	if applicant is graduate of an Accredited Canadian. Dental School-OR- U of M dental graduate on or after 5/2010
resto Mani	restorative. (still includes Endodontic Manikin and Prosthodontic Manikin	- Dentist	PGY-1	completed after January 1, 2004
osc for U	OSCE -OR- Canadian OSCE (only for University of Minnesota		SRTA	
grad	graduates). The Board no longer requires the periodontal component		WREB	MN. requires both Anterior & Posterior operative restorations for this exam
Mississippi Cont	Continuing Education: The Mississippi Roard of Dental Examiners met on	Mississippi State Board of Dental Examiners	CDCA	ADEX/NERB
Janu	January 22, 2021 and voted to extend online CE hours and CPR through	601-944-9622	CITA	
Dece seda	5	Find their requirements in:	SRTA	
Missouri Limit	Limited Temporary Dental License: The Missouri State Dental Board filed	Missouri Dental Board 573-751-0040	CDCA	
Eme on A	Emergency Rule 20 CSR 2110-2.020 on April 23, 2020: The holder of a	Find their requirements	CITA	
limite	limited temporary dental license may practice dentistry under the direct	in: Missouri Dental Board	CRDTS	
dent	dentist. To qualify for a limited temporary dental license each	Licensure-Dentist	SRTA	
appli	applicant shall be a graduate of and hold a DDS or DMD from an accredit		WREB	

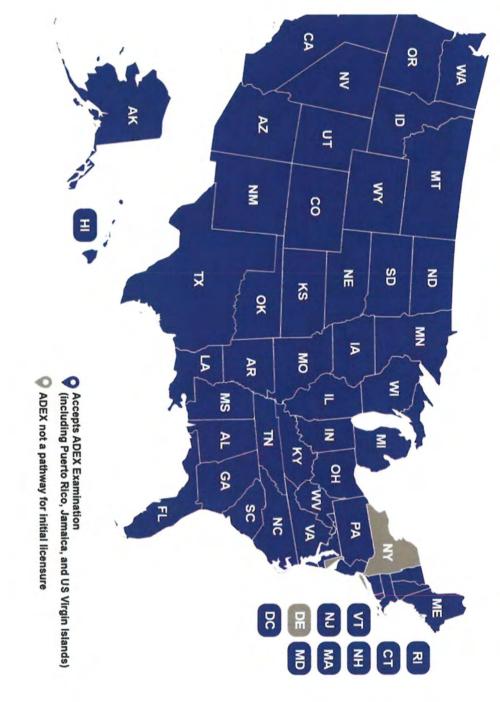
	2014	COCA	North Carolina State	The North	North Carolina
Beginning January 1, 2007, all applicants for initial licensure must complete an approved clinically-based dental residency program of at least one year's duration. A clinical (practical) examination such as NERB will not be ac.	Beginning Janua residency progra	PGY-1	New York State Board for Dentistry	Continuing Education: In response to the evolving situation with the Novel	New York
All portions of the exams, including any optional portions, are required for licensure in New Mexico. After August 1, 2019, all WREB examinees must prepare and restore two (2) restorations.	All portions of th 1, 2019, all WRE	WREB		graduating in 2020 or 2021. All other portions of the board-approved regio	
All portions of the exams, including any optional portions, are required for licensure in New Mexico	All portions of th	SRTA		graduates only. For 2021, a clinical periodontal exam is required, whether	
All portions of the exams, including any optional portions, are required for licensure in New Mexico	All portions of th	CRDTS	Find their requirements in: New Mexico Board of	dental graduates stating that the clinical periodontal portions of the exams will be waived in 2020 for 2020	
All portions of the exams, including any optional portions, are required for licensure in New Mexico	All portions of the	CITA	505-476-4622	issued an Emergency Rule on December 4, 2020 for 2020 and 2021	
All portions of the exams, including any optional portions, are required for licensure in New Mexico	All portions of the	CDCA	New Mexico Board of Dental Health Care	Licensure by Examination: The New Mexico Board of Dental Health Care	New Mexico
	ADEX exam	CDCA	New Jersey State Board of Dentistry	Licensure by Examination: The New Jersey State Board of Dentistry met	New Jersey
Must include a including a clinical periodontal/scaling component. The Board will not accept the 2018 WREB examination.	Must include a in examination.	SRTA	Dental Examiners Web Site	of: 90 days past the expiration or termination of the State of Emergenc	
Must include a including a clinical periodontal/scaling component. The Board will not accept the 2018 WREB examination.	Must include a in examination.	CRDTS	in: New Hampshire Board of	the lack of availability of the licensure examination; the temporary license shall expire automatically the earlier	
Must include a including a clinical periodontal/scaling component. The Board will not accept the 2018 WREB examination.	Must include a in examination.	CITA	603-271-2152	Licensure and Certification (OPLC) will allow temporary licensure due to	
Must include a including a clinical periodontal/scaling component. The Board will not accept the 2018 WREB examination.	Must include a in examination.	CDCA	New Hampshire Board of Dental Examiners	Temporary Licensure: The New Hampshire Office of Professional	New
Effective May 16, 2018 the Board requires completion of all sections (including Prosthodontics) of the exam. Effective July 1, 2015, applicant is no longer required to have successfully passed the WREB clinical examinati	Effective May 16 Effective July 1,	WREB	Find their requirements in:	at their September 15, 2020 meeting for the American Board of Dental Ex	
the Board accepts ADEX examinations after October 1, 2007	the Board accep	CITA	800-337-3926	voted to approve the temporary use of manikin-based clinical examination	
the Board accepts ADEX examinations after October 1, 2007	the Board accep	CDCA	Nevada State Board of Dental Examiners	Temporary Licensure: The Nevada State Board of Dental Examiners	Nevada
with either the CRDTS Prosthodontic Manikin Examination or the CDCA Prosthodontic Manikin Examination	with either the C	WREB		endodontics; 3) patient based re- periodontics, and 4) patient based re-	
with CRDTS Periodontal Examination	with CRDTS Per	SRTA		and each examination must include four components 1) prosthodontics, 2)	
with the Patient based Periodontal Examination	with the Patient t	CRDTS	Find their requirements in: Nebraska Board of	2020-2021 with a passing score of 75 from the following testing agencies: CDCA_CITA_CRDTS_SRTA_WREB.	
with the Patient based Periodontal Examination	with the Patient t	СПА	402-471-2118	October 9, 2020 and acceptable dental licensure examinations fro	Ī
with either the CDCA Patient based Periodontal Examination or the CRDTS Patient based Periodontal Examination	with either the Cl Examination	CDCA	Nebraska Board of Dentistry	Licensure by Examination: The Nebraska Board of Dentistry met on	Nebraska
Starting January 1, 2020, a dentist applicant shall verify successful passage of a board-approved clinical practical exam to include the following components:	Starting January practical exam to	WREB		authorized by 10-3-118 MCA, and Governor Steve Bullock's directive,	
Starting January 1, 2020, a dentist applicant shall verify successful passage of a board-approved clinical practical exam to include the following components:	Starting January practical exam to	SRTA		Interstate Licensure Registration: As	
Starting January 1, 2020, a dentist applicant shall verify successful passage of a board-approved clinical practical exam to include the following components	Starting January practical exam to	CRDTS	Find their requirements in:	dental candidates' ability to take a board approved manikin-based dental examination through the end of 2021.	
Starting January 1, 2020, a dentist applicant shall verify successful passage of a board-approved clinical practical exam to include the following components;	Starting January practical exam to	CITA	406-444-6880	December 4, 2020 and voted to amend ARM 24,138.504 to extend	Ī
Starting January 1, 2020, a dentist applicant shall verify successful passage of a board-approved clinical practical exam to include the following components	Starting January practical exam to	CDCA	Montana Board of Dentistry	Licensure by Examination: The Montana Board of Dentistry met on	Montana

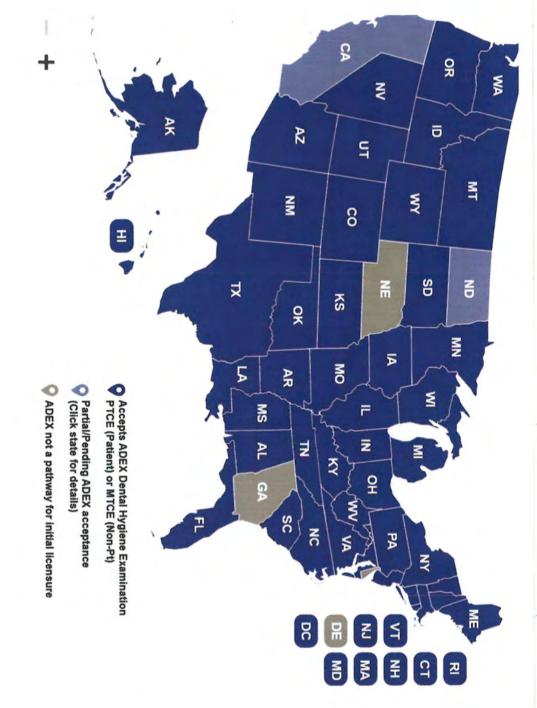
WREB Including the following components: Prosthodontics, Periodontics, Endodontics, CITA CITA Including the following components: Prosthodontics, Periodontics, Endodontics, S CRDTS CRDTS Including the following components: Prosthodontics, Periodontics, Endodontics, Including the following components: Prosthodontics, Periodontics, Endodontics, WREB Including the following components: Prosthodontics, Periodontics, Endodontics, CDCA ADEX exam ADEX exam	Oklahoma State Board of Dentistry 405-522-4844 Find their requirements in: Oklahoma State Board of Dentistry - Dentist Application by Exam Oregon Board of Dentistry - Oregon Board of Oregon Board Oregon Board of Oregon Board Oregon Board of Oregon Board O	up ding sline mit 0 to gen	
of CDCA CITA CRDTS of SRTA WREB	klahoma State Board centistry 05-522-4844 ind their requirements klahoma State Board centistry - Dentist pplication by Exam	d ending d online permit 2020 to nits ared mergen	
OF CDCA CITA CRDTS OF SRTA WREB	klahoma State Board of entistry 05-522-4844 ind their requirements iklahoma State Board of entistry - Dentist pplication by Exam	d ending d online permit 2020 to nts ared mergen	Oregon
of CDCA CITA CRDTS Of SRTA	klahoma State Board centistry 05-522-4844 ind their requirements klahoma State Board centistry - Dentist pplication by Exam	d ending d online permit 2020 to	
of CDCA CITA CRDTS	klahoma State Board centistry 05-522-4844 ind their requirements klahoma State Board c	tists up d ending d online permit	
of CDCA.	klahoma State Board c entistry 05-522-4844	tists up	
CDCA	klahoma State Board c		
WREB		Continuing Education: Resolution O R2020-3 issued by the Oklahoma D	Oklahoma
		on November 4, 2020 to extend acc	
SRTA		Examination Format Committee and in light of the continued COVID-19	
PGY-1	Dentist - Initial Dental Licensure Application	sure	
rid - CRDTS	in: Ohio State Dental Board -	administered by regional testing in agencies through December 31, O	
S CITA	Find their requirements	ions	
rd CDCA	Ohio State Dental Board 614-466-2580	Licensure by Examination: On June Of 10, 2020, the Ohio State Dental 6	Ohio
WREB Required components must include: a patient-based periodontal component, a patient based restorative component, an endodontic component.			
SRTA Required components must include: a patient-based periodontal component, a patient based restorative component, an endodontic component.	Application - Dentists - License by Examination		
CRDTS Required components must include: a patient-based periodontal component, a patient based restorative component, an endodontic component.	Find their requirements in: North Dakota Initial	examinations for applicants seeking in:	
CITA Required components must include: a patient-based periodontal component, a patient based restorative component, an endodontic component.	701-258-8600	3	
CDCA Required components must include: a patient-based periodontal component, a patient based restorative component, an endodontic component.	North Dakota Board of Dental Examiners	Licensure By Examination: Governor No Doug Burgum issued Executive Order Do	North Dakota
CITA ADEX exam	Examiners 919-678-8223	issued an amended order on January 21, 2021 which extended acceptanc	North Carolina

Tennessee	South Dakota	South Carolina	Rhode Island	Puerto Rico	State Pennsylvania
Licensure by Examination: Message from Tennessee Dental Board Commissioner Piercey: Dentists who are graduating in 2020 or 2021 will not be required to have completed a live human patient anterior and posterior restorative component during the clinical examination pursuant to Executive Order signed by Governor Lee which expires	Licensure by Examination: The South Dakota State Board of Dentistry met on January 8, 2021 and voted to approved the following regional exams from CDCA, CITA, CRDTS and WREB as patient-based or manikin. The following four components must be completed: periodontal, restorative, prosthodontic and endodontic.	Licensure by Examination: The South Carolina Board of Dentistry met on July 10, 2020 and the Board approved acceptance of the manikin-based clinical examinations from ADEX, CRDTS and SRTA for licensure for dentists through December 31, 2020. The Board met on June 5, 2020 and approved the a	Licensure by Examination: At their June 3, 2020 meeting, the Rhode Island Board of Examiners in Dentistry voted to accept the utilization of the newly developed mock tooth by the name of CompeDont and Mannequin based regional exams.	No specific guidance	covide-19 Update request that (1) the periodontal portion of the dental clinical exam be waived for a variety of reasons including, but not limited to, the fact that the periodontal exam involves a live patient, and (2) the live patient aspect of the restorative exam be temporarily waived and, in its place, a non-patient based restorative dentist.
Tennessee Board of Dentistry 615-532-5073 Find their requirements in: Tennessee Rules 0460-02-,05		South Carolina Board of Dentistry 803-896-4599 Find their requirements in: South Carolina Dentistry Application by Examination	Rhode Island Board of Examiners in Dentistry 401-222-2828 Find their requirements in: Rhode Island Regulations, 216-RICR-40-05-2.5 Examination for Licensure as a Dentist	Puerto Rico Board of Dental Examiners 787-765-2929	Find State Dental Board Initial Libensure Info Examination Requirem. Pennsylvania State Board CITA 717-783-7162 CRDTS Find their requirements in: Pennsylvania Licensing System - Application Checklist WREB
CDCA CITA CRDTS SRTA	CDCA CCITA CRDTS SRTA WREB	CDCA CITA CRDTS SRTA	CDCA CITA CRDTS SRTA WREB	CDCA	Examination Req CITA CRDTS SRTA WREB
		ADEX exam ADEX exam	ADEX exam, including the periodontal examination portion ADEX exam, including the periodontal examination portion ADEX exam, including the periodontal examination portion and successfully passed a comprehensive examination in applied clinical diagnosis and treatment planning (CDCA Dental Simulated Clinical Exercise (DSCE) written) with an earned score of seventy-five percent (75%) and successfully passed a comprehensive examination in applied clinical diagnosis and treatment planning (CDCA Dental Simulated Clinical Exercise (DSCE) written) with an earned score of seventy-five percent (75%) and successfully passed a comprehensive examination in applied clinical diagnosis and treatment planning (CDCA Dental Simulated Clinical Exercise (DSCE) written) with an earned score of seventy-five percent (75%)	ADEX exam	ADEX exam ADEX exam

State (COVID-19 Update	Info Examination Re	Examination Requirem.	rem. Notes for Examination Requirements
Texas	Continuing Education: The Texas State Board of Dental Examiners	Texas State Board of Dental Examiners	CDCA	
0 0	agreed at their June Board meeting to allow licensees to obtain their CE's	512-463-6400	CITA	
± + <	via online or live (interactive) webinar for the duration of 2020. The	Find their requirements in:	CRDTS	
3 = <	webinars/online CE courses (non interactive) will count towards the required 8 hours of self study. The	Code, Title 22, Part 5, Chap 101, Rule §101.2	SRTA	
# =	interactive webinars will count towards the required up to 16 hours		WREB	
U.S. Virgin	No specific guidance	Virgin Islands Board of	CDCA	ADEX exam
ocinco		340-774-7477	CITA	ADEX exam
Utah	Licensure by Examination: Due to the	Utah Dentist and Dental	CDCA	
00 DJ (and Dental Hygienist Licensing Board and the Utah Division of Occupational	801-530-6628	CITA	
	and Professional Licensing will accept non-patient examinations	Find their requirements in:	CRDTS	
m C. <	developed teeth. The manikin examinations offered by WREB and	Occupational and Professional Licensing	SRTA	
3.0	CDCA are approved by the Board and must include clinical demonstration o	-Dentistry Web Site	WREB	
Vermont T	The Vermont Board of Dental	Vermont Board of Dental	CDCA	ADEX exam
0 5 1	their September 9, 2020 meeting: the examinations recognized by	802-828-2390	CITA	ADEX exam
	Administrative Rule will continue to be recognized if the relevant examining	Find their requirements in:	CRDTS	
.	exam. The Board shall monitor non-patient exams at least annually to	Examiners - Dentist Licensing Application on	SRTA	
0.0	ensure that the integrity of those exams is preserved. The motion app	Web Site	WREB	
Virginia L	Licensure by Examination: 2021	Virginia Board of	CDCA	Clinical examinations taken after January 1, 2019 must include, passage of all the following sections: Endodontics; Prosthodontics; operative
0.7.	ACCEPTED FOR LICENSURE: On October 23, 2020 the Virginia Board	804-367-4538	СІТА	Clinical examinations taken after January 1, 2019 must include, passage of all the following sections: Endodontics; Prosthodontics; operative
170	of Dentistry decided to accept passage of a manikin simulation	Find their requirements in:	CRDTS	Clinical examinations taken after January 1, 2019 must include, passage of all the following sections: Endodontics; Prosthodontics; operative
A 4 7	taken in 2021 which is administered by testing agencies accepted by the	Dentistry - Dentist Application Instructions	SRTA	Clinical examinations taken after January 1, 2019 must include, passage of all the following sections: Endodontics; Prosthodontics; operative
A . III	Board (CITA, CDCA, SRTA, CRDTS and WREB) as addressed in Virginia	on Web Site	WREB	Clinical examinations taken after January 1, 2019 must include, passage of all the following sections: Endodontics; Prosthodontics; operative
Washington L	Licensure by Examination: The State of Washington Dental Quality	Dental Quality Assurance	CDCA	
	Assurance Commission met on April 17, 2020 and approved including the	360-236-4700	CITA	
Dental Licensure Obstructive Structured Clinical Examinati	Dental Licensure Obstructive Structured Clinical Examination	Find their requirements in:	CRDTS	

State COVID-19 Update Washington examination to WAC 246-817-120. An emergency rule (WSR 21-01-048)	Find State Dental Board Initial Licensure Info Examination Re Objective Structu 360-236-4700 Clinical Examinal	Initial Licensure Examination Requirem Objective Structured Clinical Examination (OS	Notes for Examination Requirements NDEB of Canada –if applicant is graduate of an Accredited Canadian Dental School
emergency rule (WSR 21-01-048) was filed to allow Washington State dentist applicants to take the	Find their requirements	PGY-1	PGY-1 in a setting that serves predominantly low-income patients in Washington State
DLOSCE as a method of licensure until April 7, 2021. Since an emergency rule is only valid for 120	in: Washington State Dentist Licensing Requirements	WREB	
days, the dental commission also agreed to pursue permanent rule-ma		DLOSCE	Board approved at April 17, 2020 meeting to include the Dental Licensure Obstructive Structured Clinical Examination (DLOSCE) as an acceptable examination to WAC 246-817-120. An emergency rule is currently be
West Virginia Gov. James Conley Justice II issued	-	CDCA	
grants the West Virginia Board of Dentistry discretion to award a	877-914-8266	CITA	
provisional license to an initial applicant for licensure as a dentist or		CRDTS	
graduate of a program approved by the Board and who meets all other	§5-1-6. Designation of testing bodies.	SRTA	
requirements. The provisional license will expire February 1, 2021, and will.	-	WREB	
Wisconsin Temporary Licensure: The Wisconsin	in Wisconsin Dentistry	CDCA	
Emergency Rule creating temporary licenses for dentists and dental	_	CITA	
hygienists. A temporary license may be granted to an applicant who meets	S	CRDTS	
except the clinical examination. A person who has taken the clinical	Information on Web Site	SRTA	
exam and failed is not eligible. A person holding a temporary license i		WREB	Parts I and III of ADEX are not required for WREB examinees for examinations taken on or after January 1, 2009
Wyoming No specific guidance	Wyoming Board of Dental	CDCA	Required components include: (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturatio.
	307-777-3507	CITA	Required components include: (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturatio.
	Find their requirements in:	CRDTS	Required components include: (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturatio.
	3, Section 5(b) Dental License by Examination	SRTA	Required components include: (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturatio.
		WREB	Required components include: (A) Endodontics, including access opening of a posterior tooth and access, canal instrumentation and obturatio.





Applied Definitions

- "Clinical Competency Exam" means evaluation, diagnosis, and prevention, through live patient or manikin based methods relating to the care and treatment of patients.
 - ED recommendation: "Clinical Competency Exam" means a formal test of knowledge and proficiency 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.
- "Compensatory Scoring" is a scoring methodology which allows for strong performance in one
 content area to compensate for poor performance in another content area as long as the overall score
 meets the performance standard.
- "Conjunctive Scoring" is a scoring methodology which requires that performance standards be met for
 each specified content area.
- "Substantially Equivalent" means any examination taken for another jurisdiction which is equivalent
 in content and degree of difficulty, respectively, to those requirements for licensure by examination.

Required Clinical Competency Exam Components for DENTAL applications by Examination

Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring with a minimum passing score of 75% for each of the following required components:

- Diagnostic Skills Examination (ADEX = CDCA and CITA) or Comprehensive Treatment Planning (WREB). SRTA and CRDTS do not have an exam component that is equivalent to the Diagnostic Skills Examination or the Comprehensive Treatment Planning.
- Endodontics, including access opening of a posterior tooth and access, canal instrumentation, and obturation of an anterior tooth:
- Fixed prosthodontics, including an anterior crown preparation and two posterior crown preparations involving a fixed partial denture factor;
- · Periodontics, including scaling and root planing;
- Restorative, including a class II amalgam or composite preparation and restoration, and a class III composite preparation and restoration.

Required Clinical Competency Exam Components for DENTAL Applications by Credentials

Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring with a minimum passing score of 75% for each of the following required components:

- Diagnostic Skills Examination (ADEX = CDCA and CITA) or Comprehensive Treatment Planning (WREB). SRTA and CRDTS do not have an exam component that is equivalent to the Diagnostic Skills Examination or the Comprehensive Treatment Planning.
- Endodontics, including access opening of a posterior tooth and access, canal instrumentation, and obturation of an anterior tooth;
- Fixed prosthodontics, including an anterior crown preparation and two posterior crown preparations involving a fixed partial denture factor;
- · Periodontics, including scaling and root planing;
- Restorative, including a class II amalgam or composite preparation and restoration, and a class III composite preparation and restoration.
- Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant

Required Clinical Competency Exam Components for DENTAL HYGIENE Applications by Examination

Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring and a minimum passing score of 75% for each of the following required components:

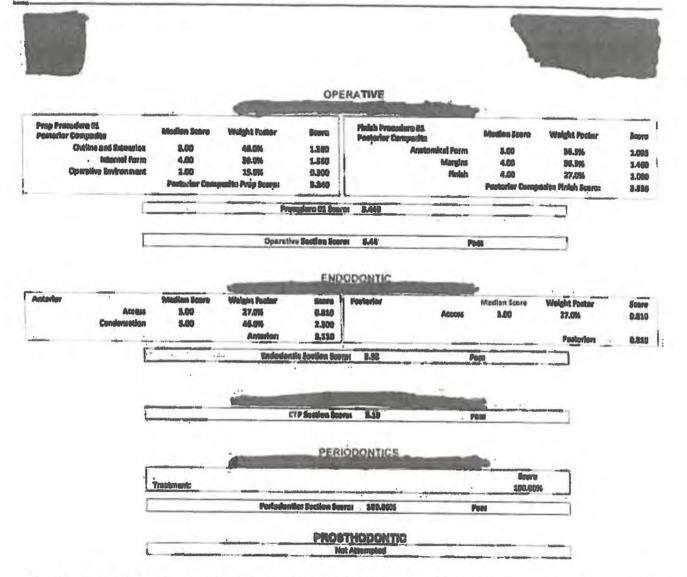
- Treatment Clinical Examination, including calculus detection and removal, periodontal pocket depth measurements, and tissue management.
- Computer Simulated Clinical Examination, including assessing various levels of diagnosis and treatment planning knowledge, skills, and abilities.

Required Clinical Competency Exam Components for DENTAL HYGIENE Applications by Credentials

Every candidate must pass each individual component with only conjunctive scoring and no compensatory scoring and a minimum passing score of 75% for each of the following required components:

- Treatment Clinical Examination, including calculus detection and removal, periodontal pocket depth measurements, and tissue management.
- Computer Simulated Clinical Examination, including assessing various levels of diagnosis and treatment planning knowledge, skills, and abilities.
- Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure.





A coore of 3.00 (or 70% or higher an Periodentics) reflects the standard for demanstrating competence. Completion of the core event requires passing the three sections, Operative, Endodentics and GTP, within twelve (12) menths. If any of the three sere sections is falled, the WREB care to falled until the falled neetions(s) laters not passed within twelve (12) menths, at three care contains must be taken again.

Many individual wine ficanding bodies also require pensing performance on the Periodential & Preshedentics sections, in addition to the WREB Core Sections (Operative, You should review the Dentel Candidate Guide for detailed couring information and requirements.

Additional details reparting performance one provided for your information. Please note that performance within soch section is thely to very more than everall clinical or written secres across subsequent examination performances. Candidates replaint, nections are encouraged to candidate all content categories in properation.

Important Decument - Statintain for your reportes

Receiver! Board of Der .: :

Page 1 of 1

Exam Results



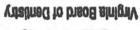
Information searched: (* = Scores are for your jurisdiction ONLY)
Type of Candidate: Dental

SSN	Candidate	Exam	ADEX	DSE	SIM	PROS	ENDO	RESTOR	ANT RESTOR	POST RESTOR	PERIO
			Yes		4.0		Pass: 75 or greater				
			Yes			Pass: 75 or greater					
	4-0000		Yes	Pess: 75 or greater							
			Yes					0			Pass: 75 or greater
		-	Yes							Pail: Less than 75 (Patient)	
			Yes						Pass: 75 or greater (Patient)		
			Yes							Pess: 75 or greater	

Previous Next

		xom Dute . Exem Results Graduation Date	5/12/2017	5/12/2017	5/12/2017	5/12/2017	5/12/2017	5/12/2017
		. Every Results	Pass	Passs	Pasts	Pres	Pess	Pers
Status:	(Sm	Exam Date						
Following Individual Has Achieved ADEX Status	(includes: CDCA Status and/or CITA Status)	Ennes Type	Anterior Restorative.	Diagnostic Skills Examination	Endodomile	Perfodontal	Posterior Restorative	Prosthodoritic
dual Ha	Status	Destipin				THE REAL PROPERTY.		100 mm
g Indivi	S: CDCA	NSS						
The Followin	(include:	Last Name	THE REAL PROPERTY.					
T		distalle Nome	THE STREET					
		-2						
		10 First Norme Ad	THE PERSON NAMED IN					







Candidate ID Numbers





Examination Parts	Score Earned
Endodoatio Procedures	100.00
Maulich Endedouties - Part II	100.00
Cast Gold Crown Preparation	92.50
Ceramic Crown Preparation	95.45
Porcelain-Fused-to-Metal Crown Preparat	lon 92.50
Manikh Prouthodontics - Part III	93.55
Perlo Final M	98.00
Manitim Periodontics - Part IV	90.00
Ant. Composite Preparation	100,00
Ant. Composite Restoration	98.44
Post. Composite Preparation 1	97.73
Post. Composite Preparation 2	100.00
Post. Composite Restoration 1	91.0
Post. Composite Restoration 2	82.14
Manikin Restarative - Part V	98.40

The score carned is determined as outlined in the enclosed builetin for each part of the exam. A score of 75 or better on each part is recommended to be eligible for licensure. All examination procedures are scored once by computer and failures are manually confirmed by a professional person. If you have a score of less than 75 on any part of the exam, a critique appears below. For Parts II, III, and V, the specific clinical criteria are listed with were rated as deficient by the exam; a reas of deficiency and number of errors are both listed.

Critique



Southern Regional Testing Agency, IncPHP

4898 Honeygrove Road, Suite 2 | Virginia Beach, VA 23455-5934 Tel. (757) 318-9082 |Fax (757) 318-9085 | www.srts.org

President: George C. Martin, DDR | President-Stat: Thomas G. Walter, DMD | Past-President: Guern M. 10ng, DMD | Secretary: Jeoqueline G. Pace, RDH | Treesurer: Rebert B. Hall Jr, DDS | Executive Director Jessice L. Bul

VIRGINIA BOARD OF DENTISTRY 9960 MAYLAND DRIVE, SUITE 300 HENRICO, VA 23233-1463

July 29, 2020

To Whom it May Concern:

This is to certify that the following candidate listed below HAS satisfactorily completed the SRTA Full Maniida Dental Examination that was administered by the Southern Regional Testing Agency, Inc.

ST NAME, FIRST NAM		LAST 4 SSN	CAND. 9 EXAM OF	TE EXAM DAT
EXAMITYPE SE	ITA FULL MANIKIN DENTAL	j	-	
ANTE REST PASS ado Scole: Pass à 75, Fall <	PASS 78	PASS	PASS	PERIO (LIVE PASSENT) PASS
			TOTAL	PASS 2
	(FID)			-





Acceptable Score Cards and Reports

An original and detailed score card or report from the testing agency documenting passage of a clinical competency examination. 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. (Must be mailed to the Board or if applicable, 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.) For WREB (Western Regional Examining Board) you must request an IPR detailed report.

Score cards must show conjunctive scoring of the required clinical competency exam components. The score cards must show a pass (equivalent to at least 75%) or a fail.

If an applicant has not passed the clinical competency exam a score card is still required to be submitted. The applicant must notify the Board of all previously failed attempts of the clinical competency exam. Applicants must submit score cards for each attempt of the clinical competency exam.

Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

<u>Note:</u> Scoring methodology is not evident on a score cards provided. It is impossible for Board Staff to determine if a score card is conjunctive or compensatory scoring. Also, information from the testing agencies are proprietary and they are not required to give us the information. For a Board Staff to also try to make the determination based upon the year they took the test and compare the information, would be impossible.



9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 (804) 367-4538 (Tel) (804) 698-4266 (eFax) denbd@dhp.virginia.gov www.dhp.virginia.gov/dentistry

APPLICATION INSTRUCTIONS FOR A DENTAL LICENSE

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. If you need to receive approval to sit for a clinical exam, then you would need to use the pathway for licensure by examination application and select a testing agency in order to be approved.

You may view the status of the checklist items for your application by visiting the Online Applications website, creating an online account log in with your Upor ID and Password and clicking on the "View Chacklist" link in the Pending Licenses

	1	Application: Please be sure that all information and questions are completed on the application.
_		Application. Thease be sure that all information and questions are completed on the application.
	2.	Application Fee: The fee for a dental license by examination is \$400 and the fee for a dental license by credentials is \$500, which must be paid online using a VISA, MasterCard or Discover. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), 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 A Certification of Graduation: Original certification of graduation by each dental school which granted you a dental degree or certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or the Commission on Dental Accreditation of Canada (CDAC), which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program of at least 24 months that includes a clinical component. Faxed copies are not acceptable. Applicants must submit a Form A for each degree and/or certificate earned from a dental program accredited by CODA or CDAC. The school may use this form or its own form to meet this requirement. The certification form must bear the school's seal or be on letterhead bearing the school's seal and must include the program's CODA/CDAC accreditation status at the time you completed the program. This information is only accepted from programs accredited by CODA or CDAC. Documentation from foreign schools is not required and will not be considered. (May be mailed to the Board or emailed to the Board directly from the school/agency official representative.)
	4.	Official Transcript: Final original transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. If you completed a post-doctoral program at a hospital which does not maintain transcripts, a letter that addresses the coursework and clinical training that you completed, signed by the Program Director, is required. (May be mailed/emailed to the Board. An official transcript—must be on original official school paper (sealed) or an online version that Board staff must download from the college, e-scrip or university website.)
	5.	Form B Chronology complete online or print form): List ALL personal and professional activities, to include all time periods of employment and unemployment, since receiving your doctoral degree or post-doctoral advanced certification. (Resumes and curriculum vitae are not accepted as substitutes for completing the chronological listing on Form B and will not be considered.) (Form B may be emailed/faxed/mailed to the Board
	6.	Form C License Verification (must print form): 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. (May be mailed to the Board or emailed to the Board directly from

the issuing state official representative.)

7. Clinical Scores: An original and detailed score card or report from the testing agency documenting passage of a clinical examination involving live patients is required. <u>Candidate's score cards are not acceptable</u>. All score cards or reports must be requested by the applicant. (Canadian exams are not accepted.) Certificates are not accepted. (<u>Must be mailed to the Board or if applicable</u>, 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.)

If applying by examination, the examination results accepted are: SRTA (Southern Regional Testing Agency) from any year; CRDTS (Central Regional Dental Testing Service), WREB (Western Regional Examining Board - request an IPR detailed report) or NERB/CDCA (North East Regional Board of Dental Examiners/Commission on Dental Competency Assessments) if taken after January 1, 2005, and CITA (Council of Interstate Testing Agencies, Inc.) if taken after September 1, 2007.

Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

Approval to take a regional examination will only be granted to applicants who are otherwise eligible for licensure 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 18VAC60-21-200 of the Regulations Governing the Practice of Dentistry. You would need to satisfy all of the licensure requirements other than having completed an acceptable clinical exam therefore you would indicate on the application the exam-testing agency where you would like to be approve to take the clinical exam.)

2020 CLINICAL EXAMINATIONS ACCEPTED FOR LICENSURE

During emergency telephonic meetings on May 8, 2020 and May 29, 2020, the Virginia Board of Dentistry voted to modify its clinical examination requirements for licensure of dentists and dental hygienists due to the COVID-19 pandemic for 2020 examination candidates. The Board will continue to accept passage of a clinical examination involving live patients given by one of the five testing agencies accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental licensure applicants** a clinical dental examination which includes a simulated manikin exercise in restorative dentistry. The Board also decided to waive the scaling exercise with live patients in a 2020 clinical dental examination given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

2021 CLINICAL EXAMINATIONS ACCEPTED FOR LICENSURE

On October 23, 2020 the Board decided to accept passage of a manikin simulation restorative and periodontal exam taken in 2021 which is administered by testing agencies accepted by the Board as addressed in Virginia's applications for licensure.

The Board will continue to accept live patient exam results from the testing agencies addressed in Virginia's application information.

If applying by credentials, the examinations results accepted are CRDTS, WREB, NERB/CDCA, CITA, SRTA from any year and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients. See the additional requirements in numbers13 and 14 before selecting this pathway.

- 8. NBDE: An original grade card indicating passage of all parts of the National Board Dental Examination issued by the Joint Commission on National Dental Examinations is required. Copies of grade cards are not accepted. (You must contact the testing agency to request that your test results be made available to the Virginia Board of Dentistry via their online access portal.)
- NPDB: An original 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 (Regulation 18VAC60-21-190.3). (Must be mailed & received at the Board in its original sealed envelope.)

10. 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 www.dhp.virginia.gov/dentistry. 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 mailed, faxed or emailed to the Board.) 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 holds a license in another state, who passed a state administered clinical exam or one of the regional clinical exams before the dates specified for acceptance for licensure by examination in number 7 above, and who has recently practiced dentistry for at least 5 years. The applicant is additionally required to: Hold a current, unrestricted license to practice dentistry 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 and are certified to be in good standing by each jurisdiction in which you currently hold or have held a license. Provide the Number of Hours of clinical practice for each dental position held within the six-year period prior

For example, the six year period immediately preceding an application received on October 15, 2019 began on October 16, 2013. The six calendar years for this example application are:

to submitting an application. Hours must be reported per calendar year. To qualify for licensure by credentials the applicant must have practiced a minimum of 600 hours in each of five calendar years during the six years immediately preceding your application. The Board counts back six years from the date of receipt of an

First year: October 16, 2013 to October 15, 2014;
Second year: October 16, 2014 to October 15, 2015;
Third year: October 16, 2015 to October 15, 2016;
October 16, 2016 to October 15, 2017;
Fifth year: October 16, 2017 to October 15, 2018, and October 16, 2018 to October 15, 2019.

Additional requirements for Oral and Maxillofacial Surgeons (Code §54.2709.1 and 2)

Prior to practicing as an oral and maxillofacial surgeon, you are required to register with the Board of Dentistry (see Regulation 18VAC60-21-310). You are also required to obtain certification before performing certain cosmetic procedures (see Regulation 18VAC60-21-350). The applications for registration and certification are available at www.dhp.virginia.gov/dentistry or you may request the forms by calling the Board office at (804) 367-4538. Once you are registered with the Board, you will receive instructions for completing a profile of information about your practice for the public.

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.
- ▶ DEA Registration: Applicants must have a dental license prior to applying for a DEA License. Requests for an application in Virginia should be made to the following: Drug Enforcement Administration, Attn: Registration Section/ODR, P.O. Box 2639, Springfield, VA 22152-2639; 1-800-882-9539; www.deadiversion.usdoj.gov

application.

- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by Fed-Ex or UPS with "Delivery Confirmation".
- Applicants will be notified 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.

Related contact information:

SRTA

4698 Honeygrove Road, Suite 2 Virginia Beach, VA 23455 757-318-9082 757-318-9085 FAX www.srta.org

WREB

23460 N. 19th Ave, Suite 210 Phoenix, AZ 85027 623-209-5400 602-371-8131 FAX www.wreb.org

National Practitioner Data Bank

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

CITA

1518 Elm Street, Suite A Sanford, NC 27330 919-460-7750 919-460-7715 FAX www.citaexam.com

NERB/CDCA

1304 Concourse Dr. Suite 100 Linthicum, MD 21090 301-563-3300 301-563-3307 FAX www.cdcaexams.org

CRDTS

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

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

National Board Scores

Joint Commission on National Dental Examinations 211 East Chicago Avenue

Chicago, IL 60611-2678 1-800-232-1694

www.ada.org/jcnde/examinations

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



FORM A CERTIFICATION OF DENTAL SCHOOL

Applicant: Enter School or Progra	only your name and graduation date below which granted you a degree or certification.	ow, then send te.	this form to the	Dean or Direct	or of each Dental	
APPLICANT		GRADUATION DATE:				
degree or certificommission on (CDAC) at the ti	M DIRECTOR: Please provide certific ficate from your program and certificate from your program and certificate Dental Accreditation of the ADA (COI me the applicant completed the prograding a letter with all the information	ation that the DA) or the Con am. The certi	program com nmission on D fication may b	ipleted was a Dental Accredit De provided by	ccredited by the tation of Canada completing this	
Certifications m	ade prior to the applicant's graduation	cannot be acc	epted.			
NAME OF SCHOO	L:					
NAME OF PROC	GRAM:					
PROGRAM'S CO	ODA/CDAC ACCREDITATION STATUS	ON THE DA	TE THE DEGR	REE OR CERT	IFICATION WAS	
A1: A2: IA: DIS: WDRN: X: T: NE:	Intent to withdraw accreditation Program is in Teach-Out by institution					
DEGREE or CE	RTIFICATION GRANTED:					
DATE DEGREE	or CERTIFICATION GRANTED:	Month	/	// Day	Year	
By affixing my s certificate from a	ignature below, I certify that the applicant CODA/CDAC accredited dental program.	it named above	e is a graduate	and a holder	of a diploma or a	
	-	Sig	gnature			
SEAL		Print Name				
	-		Title	_		
			Date			
DEAN/REGISTRA or certificate receiv college seal affixed	R: Please provide the applicant an original fin red, and date the degree or certificate was con	al transcript of th ferred, which bea	is alumni record, ars the certified si	to include course ignature of the re	es, grades, degree gistrar and has the	



APPLICANT NAME:

9960 Mayland Drive, Suite 300 Henrico, Virginia 23233 (804) 367-4538 (Tel) (804) 698-4266 (eFax) denbd@dhp.virginia.gov www.dhp.virginia.gov/dentistry

FORM B CHRONOLOGY

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

must perio or 10	report the numbed prior to submitt	er of hours you were enga	tials are required to provide the Number of Hours of iged in clinical practice for each dental position you h irt multiple year positions as hours per calendar year d.	eld within the six year
FROM Month/Year	TO Month/Year	POSITION/ACTIVITY	Employer/Contact Person for practice verification and the person's Complete Address, and Telephone #	Number of Clinical Practice Hours Per Year



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.

board(b). Torm o may be priotecopie		N. KOLINGE OF STREET	
<u>l :</u>	am making application for licensu	re in Virginia by:	
Examination for Dental License Credentials for Dental License Dental Faculty License Dental Temporary Permit	 Examination for Dental Hygiene Licens Credentials for Dental Hygiene Licens Dental Hygiene Faculty License Dental Hygiene Temporary Permit 	e [] Dental Hygiene I	Restricted Volunteer License
I, was granted License Type/Num	nber,	Month Date	by the State of Year
license. You are hereby authorize	The Virginia Board of Dentistry requived to release any information in your five and Drive, Suite 300, Henrico, Virgini	les, favorable or otherv	ise directly to the Virginia
Applicant's Signature	Applicant's Typed/Printed Name	Appli	cant's Address
Executive Officer of t	he Board: please send this form dire	ctly to the Virginia Bo	ard of Dentistry.
	Name of Licensee		
Graduate of	License Type	Iss	ued
By: [] Examination* [] Crede	entials [] Reciprocity with the State of	[] Endorsemen	nt with the State of
*If licensed by a state administer live patients.	red examination, please provide a score	e card or report which	shows that testing include
License is: [] Current-Expires_	[] Active [] li	nactive [] Lapsed-Ex	pired
Has applicant's license ever beer	disciplined, suspended or revoked [] NO [] YES	
If "YES", give details and attach s	supporting documentation (Finding of Fa	ct, Conclusions of Law,	Orders):
Comments, if any:			
SEAL	Signature	Title	Date
-	Print Name		

Part V. Entry, Licensure, and Registration Requirements.

18VAC60-21-190. General application provisions.

- A. Applications for any dental license, registration, or permit issued by the board, other than for a volunteer exemption or for a restricted volunteer license, shall include:
 - 1. A final certified transcript of the grades from the college from which the applicant received the dental degree or post-doctoral degree or certificate as specified in 18VAC60-21-200;
 - 2. An original grade card documenting passage of all parts of the Joint Commission on National Dental Examinations: and
 - A current report from the U.S. Department of Health and Human Services National Practitioner Data Bank (NPDB).
- B. All applicants for licensure, other than for a volunteer exemption or for a restricted volunteer license, shall be required to attest that they have read and understand and will remain current with the laws and regulations governing the practice of dentistry, dental hygiene, and dental assisting in Virginia.
- C. If a transcript or other documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.
- D. Any application for a dental license, registration, or permit may be denied for any cause specified in § 54.1-111 or 54.1-2706 of the Code.
- E. An application must include payment of the appropriate fee as specified in 18VAC60-21-40.

18VAC60-21-200, Education.

An applicant for unrestricted dental licensure shall be a graduate of and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association or the Commission on Dental Accreditation of Canada, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental program of at least 24 months in any other specialty that includes a clinical component.

18VAC60-21-210. Qualifications for an unrestricted license.

- A. Dental licensure by examination.
 - 1. All applicants for licensure by examination shall have:
 - Successfully completed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations; and
 - b. Passed a dental clinical competency examination that is accepted by the board.
 - 2. If a candidate has failed any section of a clinical competency examination three times, the candidate shall complete a minimum of 14 hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.
 - Applicants who successfully completed a clinical competency examination five or more years prior to the
 date of receipt of their applications for licensure by this board may be required to retake an examination
 or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate

that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure.

- B. Dental licensure by credentials. All applicants for licensure by credentials shall:
 - Have passed all parts of the National Board Dental Examination given by the Joint Commission on National Dental Examinations;
 - 2. Have successfully completed a clinical competency examination acceptable to the board;
 - Hold a current, unrestricted license to practice dentistry in another jurisdiction of the United States and be certified to be in good standing by each jurisdiction in which a license is currently held or has been held; and
 - 4. Have been in continuous clinical practice in another jurisdiction of the United States or in federal civil or military service for five out of the six years immediately preceding application for licensure pursuant to this section. Active patient care in another jurisdiction of the United States (i) as a volunteer in a public health clinic, (ii) as an intern, or (iii) in a residency program may be accepted by the board to satisfy this requirement. One year of clinical practice shall consist of a minimum of 600 hours of practice in a calendar year as attested by the applicant.



APPLICATION INSTRUCTIONS FOR DENTAL HYGIENISTS

There are **two** pathways for licensure in Virginia, <u>licensure by examination</u> or <u>licensure by credentials</u>. Read through the application instructions carefully before deciding which pathway to pursue. A <u>completed</u> 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 in 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, and the fee for a dental hygiene license by credentials is \$275, which must be paid online using a VISA, MasterCard 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.	Form A Certification of Graduation (must print form): Original certification of graduation by each dental hygiene school which granted you a degree or certificate. Faxed copies are not acceptable. Applicants must submit a Form A for each degree and/or certificate earned from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA) or the Commission on Dental Accreditation of Canada (CDAC). The school may use this form or its own form to meet this requirement. The school/program certification form must bear the school's/program seal or be on letterhead that bear school's/program seal and must include the program's CODA/CDAC accreditation status at the time you completed the program. This information is only accepted from programs accredited by the CODA or CDAC. Documentation from foreign schools is not required and will not be considered. (May be mailed to the Board directly from the school/agency official representative.)
	4.	Official Transcript: Final original transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. (May be mail directly to the Virginia Board of Dentistry, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or emailed to denbd@dhp.virginia.gov directly from the school, e-scrip, or parchment services provider. 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.)
_	5.	Form B Chronology complete online or print form): List <u>ALL</u> 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.) (Form B may be emailed/faxed/mailed to the Board)
-	6.	Form C License Verification (must print from): 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 dental hygienist or as another health care professional. Copies of permits are not accepted. Certifications cannot be older than 6 months from date prepared. (May be mailed to the Board or emailed to the Board directly from the issuing state official representative.)
	7	Clinical Scores: An original and detailed score card or report from the testing agency documenting passage

of a clinical examination involving live 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. (Must be mailed to the Board or if applicable, 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.)

If applying by examination: the examinations accepted are SRTA from any year and CRDTS, WREB or NERB/CDCA results for examinations completed after January 1, 2005, CITA scores are accepted if the examination is taken after September 1, 2007. ADEX scores are accepted if the examination is taken after January 1, 2012.

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 retake a board-approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they demonstrate that they 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.

2020 CLINICAL EXAMINATIONS ACCEPTED FOR LICENSURE

During emergency telephonic meetings on May 8, 2020 and May 29, 2020, the Virginia Board of Dentistry voted to modify its clinical examination requirements for licensure of dentists and dental hygienists due to the COVID-19 pandemic for 2020 examination candidates. The Board will continue to accept passage of a clinical examination involving live patients given by one of the five testing agencies accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

In addition to live patient clinical examinations, for 2020 only, the Board will accept from **Dental hygiene licensure applicants** a clinical dental hygiene examination which includes the **Computer Simulated Clinical Examination (CSCE) OR** a manikin-based clinical scaling exercise given by a testing agency accepted by the Board - CITA, CDCA, SRTA, CRDTS and WREB.

2021 CLINICAL EXAMINATIONS ACCEPTED FOR LICENSURE

On October 23, 2020 the Board decided to accept passage of a typodont clinical examination which includes scaling on a manikin which is administered by testing agencies accepted by the Board as addressed in Virginia's applications for licensure.

The Board will continue to accept live patient exam results from the testing agencies addressed in Virginia's application information.

If applying by credentials: the examination results accepted are CRDTS, WREB, NERB/CDCA, CITA and ADEX from any year and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients. See the additional requirements in numbers13 and 14 before selecting this pathway.

- 8. NPDB: Original 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). (Must be mailed & received at the Board in its original sealed envelope.)
 - 9. 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 or if applicable, 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.)
 - 10. 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 the regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at www.dhp.virginia.gov/dentistry.
 - 11. 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 mailed, faxed or emailed to the Board.)

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 <u>licensure by credentials</u> which is the pathway to licensure for an applicant who holds a license in another state, who passed a state administered clinical exam or one of the regional clinical exams before the dates specified for acceptance for licensure by examination in number 7 above, and who has recently practiced dentistry for at least 5 years. The applicant is additionally required to:

- 13. 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. Submission of an original scorecard from the comparable exam or a letter from the testing agency, reflecting successful completion of the exam, is required.
 - 14. Provide verification that they have had "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 the optional employment verification form on page 8*). The statement must include the printed name and address of the employer, must include the information noted on the optional employment verification form (see page 8), and must state the months, days and years of your employment. Only original, notarized statements are accepted.

For example, the four year period immediately preceding an application received on October 15, 2018 began on October 16, 2014. The four calendar years for this example application are:

First year: October 16, 2014 to October 15, 2015;
Second year: October 16, 2015 to October 15, 2016;
Third year: October 16, 2016 to October 15, 2017; and October 16, 2017 to October 15, 2018;

Notes:

- > Completed applications cannot be accessed or edited once they have been submitted.
- If your Virginia License is not issued within six 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.
- > To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by Fed-Ex or UPS with "Delivery Confirmation".
- Applicants will be notified 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.

Related contact information:

SRTA

4698 Honeygrove Road, Suite 2 Virginia Beach, VA 23455 757-318-9082 757-318-9085 FAX www.srta.org

WREB

23460 N. 19th Ave, Suite 210 Phoenix, AZ 85027 623-209-5400 602-371-8131 FAX www.wreb.org

CITA

1518 Elm Street, Suite A Sanford, NC 27330 919-460-7750 919-460-7715 FAX www.citaexam.com

NERB/CDCA

1304 Concourse Dr, Suite 100 Linthicum, MD 21090 301-563-3300 301-563-3307 FAX www.cdcaexams.org

CRDTS

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

National Board Scores (National Board Dental Hygiene Examination)
Joint Commission on National Dental Examinations

211 East Chicago Avenue Chicago, IL 60611-2678 1-800-232-1694 www.ada.org/icnde/examinations

National Practitioner Data Bank

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

Approved Dental 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



FORM A CERTIFICATION OF DENTAL HYGIENE SCHOOL

DEAN/PROGRAM DIRECTOR: Please provide certification that the applicant named above received dental/dental hygiene degree or certificate from your program and certification that the program completed we accredited by the Commission on Dental Accreditation of the ADA (CODA) or the Commission on Dental Accreditation of the ADA (CODA) or the Commission on Dental Accreditation may be provided by completing this form or by providing letter with all the information requested on this form. Either document must bear the school's seal. To certification may be returned to the applicant. Certifications made prior to the applicant's graduation cannot be accepted. NAME OF SCHOOL: NAME OF PROGRAM: PROGRAM'S CODA/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAGRANTED: A1: Approval (without reporting requirements) [] A2: Approval (with reporting requirements) [] A2: Approval (with reporting requirements) [] B1: Initial accreditation [] B1: Initial accreditation [] B2: Accreditation voluntarily discontinued [] WDRN: Accreditation withdrawn accreditation [] B2: Intent to withdraw accreditation [] B3: Required period of non-enrollment [] B4: Required period of non-enrollment [] B5: Required period of non-enrollment [] B7: Month Day Year B9 affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature SEAL Print Name Title		nly your name and graduation da ed you a degree or certificate.	ate below then se	ena this forn	n to the Dean or Director	or each Dental/Dental Hygiene	
dental/dental hygiene degree or certificate from your program and certification that the program completed wa accredited by the Commission on Dental Accreditation of the ADA (CODA) or the Commission on Dental Accreditation of Canada (CDAC). These certifications may be provided by completing this form or by providing letter with all the information requested on this form. Either document must bear the school's seal. The certification may be returned to the applicant. Certifications made prior to the applicant's graduation cannot be accepted. NAME OF SCHOOL: NAME OF SCHOOL: NAME OF PROGRAM: PROGRAM'S CODA/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED: A1: Approval (without reporting requirements) [] A2: Approval (with reporting requirements) [] A2: Approval (with reporting requirements) [] DIS: Accreditation voluntarily discontinued [] WDRN: Accreditation voluntarily discontinued [] X: Intent to withdraw accreditation [] X: Intent to withdraw accreditation [] T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature SEAL Print Name Title	APPLICANT			GRADUATION DATE:			
NAME OF PROGRAM: PROGRAM'S CODA/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED: A1: Approval (without reporting requirements) [] A2: Approval (with reporting requirements) [] IA: Initial accreditation [] DIS: Accreditation voluntarily discontinued [] WDRN: Accreditation withdrawn [] X: Intent to withdraw accreditation [] T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. SEAL Print Name Title	dental/dental hy accredited by t Accreditation of letter with all t certification ma	giene degree or certificate he Commission on Denta Canada (CDAC). These ce he information requested	from your pro al Accreditation rtifications ma on this form	ogram <u>and</u> on of the by be prov	<u>I</u> certification that the ADA (CODA) or the ided by completing to document must bear	e program completed was e Commission on Dental his form or by providing a ir the school's seal. The	
PROGRAM'S CODA/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED: A1: Approval (without reporting requirements) [] A2: Approval (with reporting requirements) [] IA: Initial accreditation [] DIS: Accreditation voluntarily discontinued [] WDRN: Accreditation withdrawn [] X: Intent to withdraw accreditation [] T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: / / / / / / / / / / / / / / / / / / /	NAME OF SCHOO	L:					
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A2: Approval (with reporting requirements) [] IA: Initial accreditation [] DIS: Accreditation voluntarily discontinued [] WDRN: Accreditation withdrawn [] X: Intent to withdraw accreditation [] T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: / / / / / / / / Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature Print Name Title		DDA/CDAC ACCREDITATION	ON STATUS C	N THE D	ATE THE DEGREE	OR CERTIFICATION WAS	
IA: Initial accreditation	A1:	Approval (without reporting	requirements)	[]			
DIS: Accreditation voluntarily discontinued WDRN: Accreditation withdrawn X: Intent to withdraw accreditation T: Program is in Teach-Out by institution NE: Required period of non-enrollment DEGREE or CERTIFICATION GRANTED: Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. SEAL Print Name Title	A2:	Approval (with reporting red	quirements)	[1]			
WDRN: Accreditation withdrawn X: Intent to withdraw accreditation T: Program is in Teach-Out by institution NE: Required period of non-enrollment DEGREE or CERTIFICATION GRANTED: Month	IA:	Initial accreditation		[]			
X: Intent to withdraw accreditation [] T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED:	DIS:	Accreditation voluntarily dis	continued	[]			
T: Program is in Teach-Out by institution [] NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: / / / Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature Print Name Title	WDRN:	Accreditation withdrawn		[]			
NE: Required period of non-enrollment [] DEGREE or CERTIFICATION GRANTED: DATE GRANTED: Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature Print Name Title	X:	Intent to withdraw accredita	ation	[]			
DEGREE or CERTIFICATION GRANTED: DATE GRANTED:	T:	Program is in Teach-Out by	y institution	[1]			
DATE GRANTED: Month Day Year	NE:	Required period of non-enr	ollment	[]			
Month Day Year By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature Print Name Title	DEGREE or CER	RTIFICATION GRANTED:					
By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or certificate from a CODA/CDAC accredited dental program. Signature	DATE GRANTEI		1	1			
SEAL Signature Print Name Title		Month	Da	У	Year		
SEAL Print Name Title	By affixing my si certificate from a	gnature below, I certify that CODA/CDAC accredited der	the applicant r	named abo	ove is a graduate and	a holder of a diploma or a	
Title			_		Signature	-	
	SEAL		-	1	Print Name		
			-		Title	_	
Date			·-		Date		

DEAN/REGISTRAR: Please provide the applicant an original, final transcript of this alumni record, to include courses, grades, degree or certificate received, and date the degree or certificate was conferred, which bears the certified signature of the registrar and has the college seal affixed.



FORM B CHRONOLOGY

APPLICANT NAME:			
receiving your degree of and all periods of unem listing and will not be	or certification, including ployment. Curriculum veconsidered.	nological, personal and professional history of all activ teaching positions, all periods of non-professional activit vitae and resumes are not accepted as substitutes fo	v or employment, volunteer work
Form B may be phot	ocopied if copies are	needed.	
FROM Month/Year	TO Month/Year	Employer/Location of Private Practice, Complete Address, Contact Person & Telephone #	Position Held



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.

board(s). Form C may be photocop	led if copies are nee	eded.		
1	am making ap	olication for licensure	<u>in Virginia by:</u>	
Examination for Dental License Credentials for Dental License Dental Faculty License Dental Temporary Permit	[] Credentials f	for Dental Hygiene License for Dental Hygiene License ene Faculty License ene Temporary Permit	[] Dental Restricted [] Dental Hygiene F [] Dental Reinstate [] Dental Hygiene F	Restricted Volunteer License ment
I was granted License Number _		, on	Date Year	by the State of
	he Virginia Board	of Dentistry requires that	t I submit evidence o e or otherwise directl	f the status of my license y to the Virginia Board o
Applicant's Signature	Applicant	's Typed/Printed Name	Applicant's Addr	ress
		se send this form directly		
State of				
Graduate of		License #	Issued_	
By: [] Examination* [] Cred	entials [] Recip	rocity with the State of	[] Endorsemen	t with the State of
*If licensed by a state administer patients.	ed examination, p	lease provide a score card	d or report which show	ws that testing included live
License is: [] Current-Expires		[] Active [] Inac	ctive [] Lapsed-Exp	pired
Has applicant's license ever bee	n disciplined, sus	pended or revoked []	NO []YES	
If "YES", give details and attach				Orders):
Comments, if any:				
SEAL	Signature		Title	Date
SEAL	Olg. Id. di		A-27.5	
-	Print Name			



EMPLOYMENT VERIFICATION

(Optional Form)

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency:_					_
Complete Mailing Address:					
Telephone Number:		Fa	ax Number:		
Email Address					
"I,(Print name & Title of the Employing Dentis	t or Agency	Representative	D.D.S./D.N	/I.D./agency representati	ve,
certify that		, was emp	loved by me as	a	
certify that(Print Applicant/Employee I	Name)			(Print Job Title)
from / / to / Month Day Year Month Day	Year	in the clinical	, ethical and lega	al practice of a	
Dentist's/Agency Representative Signature)	1	Date		
State of	_				
County/City of					
Sworn and subscribed to, before me, this _		day of			
	Day		Month	Year	
My commission expires onMonth					
Month	Day	Year			
SEAL/STAMP		S	ignature of Nota	ry Public	
			Print Nam	e	

Dental Hygienist

Part IV. Requirements for Licensure.

18VAC60-25-130. General application requirements.

- A. All applications for licensure by examination or credentials, temporary permits, or faculty licenses shall include:
 - 1. Verification of completion of a dental hygiene degree or certificate from a CODA or CDAC accredited program;
 - 2. An original grade card from the National Board Dental Hygiene Examination issued by the Joint Commission on National Dental Examinations;
 - 3. A current report from the U. S. Department of Health and Human Services National Practitioner Data Bank (NPDB); and
 - 4. Attestation of having read and understood the laws and the regulations governing the practice of dentistry and dental hygiene in Virginia and of the applicant's intent to remain current with such laws and regulations.
- B. If documentation required for licensure cannot be produced by the entity from which it is required, the board, in its discretion, may accept other evidence of qualification for licensure.

18VAC60-25-140. Licensure by examination.

- A. An applicant for licensure by examination shall have:
 - Graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;
 - 2. Successfully completed the National Board Dental Hygiene Examination given by the Joint Commission on National Dental Examinations; and
 - 3. Successfully completed a board-approved clinical competency examination in dental hygiene.
- B. If the candidate has failed any section of a board-approved examination three times, the candidate shall complete a minimum of seven hours of additional clinical training in each section of the examination to be retested in order to be approved by the board to sit for the examination a fourth time.
- C. 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 retake a board-approved examination or take board-approved continuing education that meets the requirements of 18VAC60-25-190, unless they demonstrate that they 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.

18VAC60-25-150. Licensure by credentials.

An applicant for dental hygiene licensure by credentials shall:

 Have graduated from or have been issued a certificate by a CODA or CDAC accredited program of dental hygiene;

- 2. Be currently licensed to practice dental hygiene in another jurisdiction of the United States and have clinical, ethical, and active practice for 24 of the past 48 months immediately preceding application for licensure;
- 3. Be certified to be in good standing from each state in which he is currently licensed or has ever held a license;
- 4. Have successfully completed a clinical competency examination substantially equivalent to that required for licensure by examination;
- 5. Not have committed any act that would constitute a violation of § 54.1-2706 of the Code; and
- 6. Have successfully completed the dental hygiene examination of the Joint Commission on National Dental Examinations prior to making application to the board.