The Commonwealth of Massachusetts
Division of Health Professions Licensure
Board of Registration in Dentistry
239 Causeway Street, 5th Floor
Boston, MA 02114
(617)727-9928

BOARD USE ONLY
Board:_____
License#_____
Type:_____
Cash#_____
Cash Date

Attach passport sized photo

2 X 2

here

Application for Licensure of Dental Students as Dental Hygienists

1. Name (Print in Full)_____ Soc. Sec. #_____

2. Place and Date of Birth_____

3. Present Residence_____ Zip Code_____Tel. No._____

Status Code:_____ Issue Date:_____ Lic. Exp. Date_____

4. Permanent Address_____ Zip Code_____ Tel. No._____

5. Dental School Presently Attending_____ Yrs. Completed_____

6. Documentary Proof of National Board Certification (Part I)

   Circle One: is attached will be sent

7. Have You Ever Been Convicted of a Felony or Misdemeanor in the United States or Any Country or Foreign Jurisdiction, Other Than a traffic Violation for Which a Fine of Less Than $100.00 Was Assessed?

   Yes_____ No_____

8. I Hereby Certify that the Above Information is Accurate. A True Statement Made Under the Pains and Penalties of Perjury.

   _____
   Signature

9. Please Submit One Passport Sized (2X 2) Photograph With This Application.

10. Provide the Names of Two Dentists Who Are Personally Acquainted With You and Can Recommend that You are a Person of Good Moral Character and that You Have Fulfilled the Eligibility Requirement of the Board of Registration in Dentistry. One of These Two Dentists Must Be the Dean or Assistant Dean of the Dental School You are Now Attending.

Print Name_____Address_____

Signature_____

Print Name_____Address_____

Signature_____

FOR OFFICE USE ONLY

_____ Jurisprudence Exam

_____ National Boards

_____ Written

_____ Clinical

Name_____

Date App. Received_____

NERB App. Fee_____

Date of Written Exam_____

License Fee_____

Date of Clinical Exam_____

Effective Date_____

License No._____

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INFORMATION SHEET
APPLICATION FOR LICENSURE OF DENTAL STUDENTS AS DENTAL HYGIENISTS

1. Passport sized photograph must accompany application.

2. Copy of National Board Certification PART I.

3. Must have completed the Massachusetts ONLY Dental Hygiene Boards Exam through Northeast Regional Boards. Scores are sent to us from NERB.

4. Satisfactory completion of 4 full semesters in a dental college accredited by the Commission of dental accreditation of the ADA.

5. Completion of a JURISPRUDENCE EXAM which will be sent out from our office to take at home and then it should be returned with the application to our office. In order to take this exam contact the Statehouse Bookstore at (617) 727-2834 and request two booklets, DENTAL RULES AND REGULATIONS, and DENTAL LAWS. There is a small fee for these booklets. Before taking this exam please familiarize yourself with these booklets.

6. Provide the names of two dentist you are personally acquainted with and can recommend you, one of these two dentists must be the Dean or Assistant Dean of the school you presently attending.

7. A licensing fee of $40.00, check or money order made payable to the Commonwealth of Massachusetts, must accompany this application.