



Ohio State Dental Board

77 South High Street, 17th Floor
Columbus, Ohio 43215-6135

Phone #: 614/466-2580
Fax #: 614/752-8995

www.dental.ohio.gov

Limited Teaching License for Dental Hygienists

Ohio law provides that the Ohio State Dental Board (Board) may issue a limited teaching license to an applicant who meets the following conditions:

4715.27

“Upon payment of fifty-eight dollars and upon application endorsed by an accredited dental hygiene school in this state, the board may without examination issue a teacher’s certificate to a dental hygienist, authorized to practice in another state or country. A teacher’s certificate shall be subject to annual renewal in accordance with the standard renewal procedure of sections 4745.01 to 4745.03 of the Revised Code, and shall not be construed as authorizing anything other than teaching or demonstrating the skills of a dental hygienist in the educational programs of the accredited dental hygiene school which endorsed the application.”

Application fees are nonrefundable, even in the event that the application is subsequently denied or withdrawn.

4715-9-04

“An application for a dental hygiene teaching certificate must be certified by the administrator of the dental hygiene school or program where the person is authorized to teach. The application shall contain a statement signed by the applicant as to his knowledge of the dental laws of the state. The certificate granted under the provisions of section 4715.27, of the Revised Code, shall be displayed in a conspicuous place in the institution.

An FBI identification record is required (see enclosed information) or;
An attestation that a FBI identification record has been requested (enclosed).

If the applicant has not previously been examined on the Ohio State Dental Board Statutes and Regulations (a copy of which was included with the application), it will be necessary to call the Board office at (614) 466-2580, to make an appointment to come in and take this examination. The examination must be taken prior to the Board’s consideration of your application (No Exceptions). The examination is given Monday through Friday, except holidays, between the hours of 8:00 a.m. and 3:00 p.m., by appointment only.

The examination can also be taken at a dental or dental hygiene school in your area, or at the office of the state board where you are currently practicing. You must make arrangements for someone to proctor the examination, and notify us of the name and address of the person providing this service, so that we may forward the exam materials to them.

If you have any questions concerning these instructions, please do not hesitate to call the board office.

CRIMINAL RECORDS CHECKS REQUIRED FOR INITIAL LICENSURE

Section 4715.101 of the Ohio Revised Code requires all individuals applying for a license issued by the Ohio State Dental Board (board) to submit fingerprints for a criminal records check completed by the Bureau of Criminal Identification and Investigation (BCI&I) and the Federal Bureau of Investigation (FBI).

INSTRUCTIONS FOR OHIO RESIDENTS

Applicants residing in Ohio are required to utilize "WebCheck" to electronically submit their fingerprints to BCI&I. The Board will typically receive the results of a criminal records check submitted via "WebCheck" within 7 to 10 business days. In addition to the \$22 BCI&I fee and the \$24 FBI fee, the electronic fingerprinting location may charge its own fee to process the fingerprints. Since the law requires applications for licensure to submit a records check completed by both BCI&I and FBI, you **must** use the services of a "WebCheck" vendor that participates in the "National WebCheck." The Sheriff's offices in all 88 counties participate in the "National WebCheck." A list of other "WebCheck" vendors in Ohio, arranged by county, is available online at: <http://www.ag.state.oh.us/business/fingerprint/data/index.asp>. When locating an electronic fingerprinting site on this web page, please note that you **must** use the services of a vendor that has "BCI & FBI" listed after the vendor's name as only these entities participate in "National WebCheck." You need both the BCI&I and FBI records check for initial licensure. By law, the board cannot complete the processing of your application until it receives the background check reports from both these entities.

Instructions for "WebCheck"

1. Identify a "WebCheck" vendor that participates in the "National WebCheck" and contact that location for specific instructions.
2. Submit the required fee directly to the "WebCheck" vendor. **DO NOT SEND YOUR FINGERPRINTS OR FEE TO THE BOARD.**
3. Request that the criminal records check results from both BCI&I and FBI be sent directly to:
Ohio State Dental Board
77 S High St., 17th Floor
Columbus, OH 43215-3135
4. List the reason for fingerprinting as: "Required for licensure per ORC 4715.101"

INSTRUCTIONS FOR OUT-OF-STATE RESIDENTS

You must contact a local law enforcement agency to arrange for the required fingerprinting on two (2) fingerprint cards. This can only be accomplished by a law enforcement official who must sign and date the cards to verify the accuracy and authenticity of the prints. Any processing fees required for this service should be paid directly to the involved agency. Reminder: Fingerprints processed from out-of-state locations are processed much slower, up to 3 to 4 months, than electronic fingerprints taken within the State of Ohio. Additional delays can occur if the prints are unreadable or information is not complete. If time is extremely critical, you may want to consider submitting the prints electronically from an Ohio location. Should you choose to come to Ohio for your criminal records check, please see Instructions for Ohio Residents.

Instructions for completing the Fingerprint Card Process

1. Complete and send BOTH cards to BCI&I after you have been fingerprinted at a law enforcement agency.
2. Complete all the information above the solid blue lines in BLACK INK.
3. Write clearly, as unreadable cards will be rejected.
4. Do not alter the card or boxes.
5. For the FBI (applicant) card: **Race:** W (White); B (Black); A (Asian); I (American Indian/Alaskan Native American); U (Unknown.) **Eyes:** BLK (black); BLU (blue); BRO (brown); GRN (green); GRY (gray) or XXX (unknown.)
6. Make money order or cashier's check payable to Treasurer, State of Ohio. Submit \$22.00 for the Civilian Background Check and \$24.00 for the FBI Check for a total of \$46.00.

IMPORTANT: SEND BOTH CARDS AND FEES TO BCI7I, PO BOX 365, 1560 STATE ROUTE 56 SW, LONDON, OHIO 43140 (740-845-2375.) DO NOT SEND CARDS AND FEES TO THE BOARD OFFICE.

Certificate of Director or Dental Hygiene School Granting Diploma or Certificate

12. I hereby certify that _____ matriculated in _____
Name of Applicant
Dental College on _____, _____. He/She attended and successfully completed
a full course in dental hygiene comprised of _____ years of instruction, graduating as a dental hygienist on the _____
day of _____, _____. I further certify that I know of no reason why the applicant should not be
granted a limited teaching license in the State of Ohio.

SEAL Signature of Dean _____ Date _____

Jurisdictions in which Applicant is/was Licensed

13. I am licensed to practice dental hygiene in the following jurisdictions and no others:

Jurisdiction	How Licensed	License No.	Date of Issuance	Years of Practice

14. I have been refused dental licensure by the following jurisdictions and no others, for the following reasons:

Practice History

15. Provide the following certification and make a complete statement of all your practice since graduation to date. Include temporary or part-time work. State as to each employment or period of practice. (Use an extra sheet of paper, if necessary.)

A. The periods during which you were employed as a dentist/hygienist, with the dates.

B. The address of the offices or places at which you have been employed or engaged, and the names and addresses of all employers.

C. The nature of your practice. (If your present practice is limited to a specialty, list the specialty.)

D. The reason for the termination of each employment for dental hygienist.

Certificate of Secretary of Board of Dental Examiners of the State in which Applicant is Now Licensed (if other than Ohio)

16. If you are presently licensed in more than one state, provide the following certification from the last state in which you attained licensure, or the one in which you now practice. (Other states should provide letters of certification.)

I, _____ Secretary of _____
(Official Name of Board)

hereby certify that _____ was granted state certificate number _____
to practice dental hygiene in the State of _____ on the _____ day of _____,
to the basis of _____ examination or _____ Criteria Approval.

Acting on behalf of _____, I hereby certify to the reputability of the applicant as appears
(Official Name of Board)
on record in this office, and recommend him/her to the Ohio State Dental Board as a fit and proper person to receive a license. I further certify that I know of no reason why this applicant should not be licensed to practice dental hygiene in the state of Ohio.

Date _____ Signature of Board Secretary _____ **SEAL**

17. Have you been entitled to practice in each of the jurisdictions specified under question 6, continuously from the date you first became entitled until the present? If NO, why? Yes No

18. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dental hygienist or a member of any profession? If YES, state the dates, the facts, the disposition of the matter and the name and address of the authority in possession of the record thereof. (ATTACH STATEMENTS) Yes No

19. A. Have you been convicted of or plead guilty to any felony or misdemeanor? (Exclude all traffic violations other than those involving driving while under the influence of alcohol or other drugs.)? If YES, attach statements giving dates and disposition. Yes No

B. Do you have any criminal charges pending against you? If YES, attach statement giving details of the matter and the name and address of the authority in possession of the record thereof. Yes No

20. Have you ever been treated for mental illness on an outpatient basis, or been confined to any sanitarium, hospital or mental institution for the treatment of mental illness? If YES, attach statements, giving full explanation, including name and address of doctor and institution. Yes No

21. Are you now, or have you ever been addicted to, or have you received treatment for, the habitual use of narcotics or alcohol? If YES, attach statement giving full explanation, dates, places, etc. Yes No

22. Are you currently immune to, or have you received inoculation against the hepatitis B virus? If YES, attach documentary evidence of same. If NO, you are required to submit proof of immunity to or inoculation prior to commencing patient contact. Yes No

Medical Report

23. I, _____, a duly licensed physician in the state of _____, have this day examined _____, and my medical examination reveals that to the
Name of Applicant

best of my knowledge, the applicant is not dependent on narcotic drugs or alcohol. Moreover, I find that the applicant has no physical or mental DISABILITIES except: _____. The examination was made in _____, state of _____, on the _____ day of _____, _____.

Signature of physician _____

Affidavit

24. STATE OF _____)
COUNTY OF _____)

SS.

I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely, without mental reservation of any kind.

I fully understand that failure to make a full disclosure of any fact or information called for may result in the denial of my application.

I hereby authorize all educational institutions, governmental agencies and instrumentalities, my references, employers and business and professional associates (past and present), to release to the Ohio State Dental Board any information, files or records requested by the Board in connection with the processing of this application.

I hereby WAIVE all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he/she thereby acquired, and I hereby consent that he/she may disclose such knowledge or information to the Ohio State Dental Board.

I hereby certify that I have read carefully and understand the law and rules pertaining to the practice of dentistry.

Being duly sworn, _____ says that he/she is the person referred to in this application and that the foregoing statements are true in every respect, and that the attached photograph is a true likeness of himself/herself taken within the last six (6) months.

S E A L Signature of Applicant _____
Sworn to and subscribed before me this _____ day of _____, _____
Signature of Notary _____

Certificate of Appointment as a Teacher

25. This certifies that _____ has been appointed as a full-time FACULTY member in the _____ program of the _____, effective _____.

Name of Dean _____
(print or type)

Signature of Dean _____ Date _____

Signature of Chairman of Dental Services _____ Date _____

Institution Address _____

This space to be COMPLETED by the Ohio State Dental Board

Application	<input type="checkbox"/> Approved	License No.	Date
	<input type="checkbox"/> Disapproved		