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GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HEALTH - HEALTH Regulation LICENSING ADMINISTRATION

NEW LICENSE APPLICATION

Board of Dentistry

Dental Hygiene & Administration of Local Anesthesia & Nitrous Oxide

Please read instructions before completing this form. If you have any questions, call HPLA's toll-free Customer Service line at **1-877-258-9217** Monday through Friday, 8AM to 4:45PM EST. **A charge of \$65.00 will be imposed for dishonored checks (public Law 89-208).**

SECTION 1. REQUESTED LICENSE TYPE/FEES (inc	cludes non-re	efundable application fee - see	e instructions)			
DEN HYG - Dental Hygienist by Exam	\$245.00	i i	indusio application 100 000 monactions)			
Local Anesthesia and Nitrous Oxide by Exam	\$25.00	Make check or money ord	Make check or money order payable to D.C. Treasurer			
Local Anesthesia	\$25.00	MAIL TO:				
Nitrous Oxide	\$25.00	Department of Health				
		Health Regulation Licensii	ng Administration			
DEN HYG- Dental Hygienist by Endorsement	\$245.00	Board of Dentistry				
Local Anesthesia and Nitrous Oxide by Endorsement	\$25.00					
Local Anesthesia	\$25.00	P.O. Box 37801				
Nitrous Oxide	\$25.00	Washington, DC 20013				
			HPLA ONLY			
Duplicate Licenses (limit 5) X \$34.00 =	\$00	Check \$	Check #	Staff		
		\$00				
Total Enclosed	\$00					
SECTION 2. APPLICANT NAME/DEMOGRAPHIC INF	ORMATION					
Enter your name exactly as it should appear on the license. If your name	-					
complete Section 4 on page 2. You must also provide a copy of a legal non- individuals are marriage certificates, divorce decrees, or court orders.	ame change do	cument for EACH time that it has cha	inged. Acceptable docume	ents for		
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SOCIAL SECURITY NUMBER			J LLLL DF BIRTH			
If applicant does not provide a social security number, a sworn affidavit is require	ed.	DATE	DIKITI			
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	_ -	Male	☐ Female			
PLACE OF BIRTH	_	☐ Male	Female			
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NEW LICENSE APPLICATION

Section 4. PREVIOUS NAMES
If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate
Image: control of the properties o
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.) FIRST NAME MI LAST NAME SUFFIX
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.)
Changed to current name by: Marriage Divorce Court Order Spouse Death Certificate ("Jr", "Sr", not "DDS", etc.) FIRST NAME MI LAST NAME SUFFIX ("Jr", "Sr", not "DDS", etc.)
Section 5A. HOME ADDRESS
Even if you have a PO Box, a street address should also be provided, if applicable.
APARTMENT SUITE FLOOR PO BOX NUMBER
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
HOME PHONE NUMBER HOME FAX NUMBER E-MAIL ADDRESS
Section 5B. BUSINESS ADDRESS
Please note: This information will be made available to the public.
COMPANY NAME APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
STATE ZIP CODE + 4
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER E-MAIL ADDRESS
Section 5C. PREFERRED MAILING ADDRESS
Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.
☐ HOME ☐ BUSINESS

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NEW LICENSE APPLICATION

List at colleges and universities attended prior to and including dental/professional schools. List in reverse chronological order, beginning with the most recent at the top. School Name, City, State, Country. School Name, City, State, Country. Date of Completed Graduation Degree/Certificate	Section 6A. PROFESSIONAL SCHOOLS ATTE	NDED					
Section 6B. POSTGRADUATE EXPERIENCE List all experience since graduation from dental/professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below. Organization/Institution Organization/Institution * TyPE OF POSITION KEY A Employment B. Private Practice B. Private Practice C. Clinical Received B. Private Practice E. Internship/Residence F. Other (specify on separate sheet of paper) Received F. Other (specify on separate sheet of paper) Section 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS List all states and jurisdictions in which you have ever held a similar professional license. You must request and provide verification of licensure for all of these licenses, past and/or present. Date License Was	List all colleges and universities attended prior to and includin		schools. List in re	everse chro	nological order, be	ginning with	
Section 6B. POSTGRADUATE EXPERIENCE List all experience since graduation from dental/professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below. Organization/Institution Location Date * Type of Position Location Date * Type of Position Location Date * Type of Position Time * Time * Type OF POSITION KEY A Employment B. Instructor B. Private Practice C. Clinical C. Clinical F. Other (specify on separate sheet of paper) Rection 6C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS List all states and jurisdictions in which you have ever held a similar professional license. You must request and provide verification of licensure for all of these licenses, past and/or present.					Date of		
List all experience since graduation from dental/professional school, in reverse chronological order, beginning with the most recent. For "Type of Position," use the letter from the key below. Start	School Name, City, State, Country		Complet	ted	Graduation	Degree/Certif	icate
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DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

NEW LICENSE APPLICATION

SECTION 7. QUESTIONS - Applicants MUST answer all of the following questions.				
Please answer all of the following questions by placing an "X" in the appropriate boxes. If you answer "Yes" to questions B through J below, you must provide full information and complete details on a separate sheet of paper , including copies of relevant court documents , and attach to this application.			HPLA ONLY	
	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.			
	Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).			
	IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.			
	As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result following: Yes No	of any of the		
A.	1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Adminis	trative Act of 1985);		YES NO
	2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Ac	t of 1994);		
	3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act	of 1985);		
	4. Past due taxes;			
	5. Past due District of Columbia Water and Sewer Authority service fees; or			
	6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?			
	The information presented above is in compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement to submit with your application for licensure or provided to the compliance with the requirement of the compliance with the compliance wi	permit under the Clean		
	Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-286			
B.	Have you ever been convicted or investigated of a crime or misdemeanor (other than minor traffic violations)?	,	YES NO	
C.	Are you now or have you ever been licensed in DC or any other state/jurisdiction? (If "Yes," be sure to composection 6C of this form.)	olete	YES NO	
D.	Have you ever been party to a malpractice action or had a malpractice action brought against you?		YES NO	
E.	Have you ever voluntarily currendered a license after formal charges have been filed against you or while under			
F.	Have you ever been terminated from or resigned from a clinical or professional training program?		YES NO	
G.	Do you have a physical or mental condition that currently impairs your ability to practice your profession?		YES NO	
Н.	Have you been diagnosed or treated for substance abuse or is your ability to practice your profession impai alcohol or drug use?	red by	YES NO	
	1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession?		YES NO	
	2) Has any authority or peer review board taken adverse action against your license or privileges?		YES NO	
I.	3) Are you currently under investigation or were you investigated by any authority or peer review board for an	y violation	YES NO	
	of state, federal, or local law? 4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previous	usly	YES NO	
	reported to this Board?			
J.	Have you ever been terminated or asked to resign from employment since obtaining your (professional) licen-	se?	YES NO	
SECTION 8. LICENSEE APPLICATION ATTESTATION AND SIGNATURE				
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.				
HPLA			PLA ONLY	
	LICENSEE SIGNATURE NAME (Please Print)	DATE		