



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 335-0918
www.michigan.gov/bpl
BPLHelp@michigan.gov

APPLICATION FOR A REGISTERED DENTAL ASSISTANT, DENTAL HYGIENIST, DENTIST OR DENTISTRY SPECIALTY CERTIFICATION

Authority: 1978 PA 368

Type or Print Clearly

| | | | | |
|--|-------|---|---------|--|
| Name (First, Middle, Last) | | 10-Digit MI Permanent ID/License Number (If Applicable) | | |
| U.S. Social Security # (New Applicants Only) | | Date of Birth (New Applicants Only) | | |
| Address | | | | |
| City | State | Zip Code | Country | |
| Telephone Number | | Email Address | | |
| List any other name or alias by which you have ever been known, including maiden name, if applicable: _____ | | | | |

CHECK THE LICENSE/OBTAINED BY METHOD

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| <table style="width: 100%; border-collapse: collapse;"> <tr><td>R.D.A. by Endorsement</td><td style="text-align: right;">\$30.30</td><td>2903-09</td></tr> <tr><td>R.D.A. by Exam</td><td style="text-align: right;">\$101.00</td><td>2903-01</td></tr> <tr><td>R.D.A. Limited (Check one below)</td><td></td><td></td></tr> <tr><td> Clinical Academic</td><td style="text-align: right;">\$20.20</td><td>2903-03</td></tr> <tr><td> Non-Clinical Academic</td><td style="text-align: right;">\$20.20</td><td>2903-03</td></tr> <tr><td> Educational</td><td style="text-align: right;">\$20.20</td><td>2903-05</td></tr> <tr><td>R.D.A. Relicensure</td><td style="text-align: right;">\$50.30</td><td>2903-06</td></tr> <tr><td>R.D.H. by Endorsement</td><td style="text-align: right;">\$45.45</td><td>2902-09</td></tr> <tr><td>R.D.H. by Exam</td><td style="text-align: right;">\$45.45</td><td>2902-01</td></tr> <tr><td>R.D.H. Limited (Check one below)</td><td></td><td></td></tr> <tr><td> Clinical Academic</td><td style="text-align: right;">\$30.30</td><td>2902-03</td></tr> <tr><td> Non-Clinical Academic</td><td style="text-align: right;">\$30.30</td><td>2902-03</td></tr> <tr><td> Educational Limited</td><td style="text-align: right;">\$30.30</td><td>2902-05</td></tr> <tr><td>R.D.H. Relicensure</td><td style="text-align: right;">\$65.45</td><td>2902-06</td></tr> <tr><td>R.D.H. Specialty Certification (Check one or both below)</td><td></td><td></td></tr> <tr><td> Nitrous Oxide</td><td style="text-align: right;">\$10.00</td><td>2902-11</td></tr> <tr><td> Local Anesthesia</td><td style="text-align: right;">\$10.00</td><td>2902-11</td></tr> <tr><td>D.D.S. by Endorsement</td><td style="text-align: right;">\$121.20</td><td>2901-09</td></tr> <tr><td>D.D.S. by Exam</td><td style="text-align: right;">\$121.20</td><td>2901-01</td></tr> <tr><td>D.D.S. Limited (Check one below)</td><td></td><td></td></tr> <tr><td> Clinical Academic</td><td style="text-align: right;">\$50.50</td><td>2901-03</td></tr> <tr><td> Non-Clinical Academic</td><td style="text-align: right;">\$50.50</td><td>2901-03</td></tr> <tr><td> Educational</td><td style="text-align: right;">\$50.50</td><td>2901-05</td></tr> <tr><td>D.D.S. Relicensure</td><td style="text-align: right;">\$141.20</td><td>2901-06</td></tr> <tr><td> Specialty Recertification</td><td style="text-align: right;">\$65.45</td><td>2901-53</td></tr> </table> | R.D.A. by Endorsement | \$30.30 | 2903-09 | R.D.A. by Exam | \$101.00 | 2903-01 | R.D.A. Limited (Check one below) | | | Clinical Academic | \$20.20 | 2903-03 | Non-Clinical Academic | \$20.20 | 2903-03 | Educational | \$20.20 | 2903-05 | R.D.A. Relicensure | \$50.30 | 2903-06 | R.D.H. by Endorsement | \$45.45 | 2902-09 | R.D.H. by Exam | \$45.45 | 2902-01 | R.D.H. Limited (Check one below) | | | Clinical Academic | \$30.30 | 2902-03 | Non-Clinical Academic | \$30.30 | 2902-03 | Educational Limited | \$30.30 | 2902-05 | R.D.H. Relicensure | \$65.45 | 2902-06 | R.D.H. Specialty Certification (Check one or both below) | | | Nitrous Oxide | \$10.00 | 2902-11 | Local Anesthesia | \$10.00 | 2902-11 | D.D.S. by Endorsement | \$121.20 | 2901-09 | D.D.S. by Exam | \$121.20 | 2901-01 | D.D.S. Limited (Check one below) | | | Clinical Academic | \$50.50 | 2901-03 | Non-Clinical Academic | \$50.50 | 2901-03 | Educational | \$50.50 | 2901-05 | D.D.S. Relicensure | \$141.20 | 2901-06 | Specialty Recertification | \$65.45 | 2901-53 | <p>D.D.S. Specialties (Check one or more specialties)</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH Specialty</td><td style="text-align: right;">\$45.45</td><td>2901-11</td></tr> <tr><td>Endodontics</td><td></td><td>Oral Pathology</td></tr> <tr><td>Oral and Maxillofacial Surgery</td><td></td><td>Orthodontist</td></tr> <tr><td>Periodontist</td><td></td><td>Pediatrics</td></tr> <tr><td>Prosthodontics</td><td></td><td></td></tr> </table> <p>Controlled Substance License Fee \$85.85 5301-013757 (NOT applicable to R.D.A., R.D.H., or any Non-Clinical Academic license holders)</p> | EACH Specialty | \$45.45 | 2901-11 | Endodontics | | Oral Pathology | Oral and Maxillofacial Surgery | | Orthodontist | Periodontist | | Pediatrics | Prosthodontics | | |
| R.D.A. by Endorsement | \$30.30 | 2903-09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.A. by Exam | \$101.00 | 2903-01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.A. Limited (Check one below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Academic | \$20.20 | 2903-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Clinical Academic | \$20.20 | 2903-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational | \$20.20 | 2903-05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.A. Relicensure | \$50.30 | 2903-06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.H. by Endorsement | \$45.45 | 2902-09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.H. by Exam | \$45.45 | 2902-01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.H. Limited (Check one below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Academic | \$30.30 | 2902-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Clinical Academic | \$30.30 | 2902-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational Limited | \$30.30 | 2902-05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.H. Relicensure | \$65.45 | 2902-06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.D.H. Specialty Certification (Check one or both below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nitrous Oxide | \$10.00 | 2902-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Anesthesia | \$10.00 | 2902-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.D.S. by Endorsement | \$121.20 | 2901-09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.D.S. by Exam | \$121.20 | 2901-01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.D.S. Limited (Check one below) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Clinical Academic | \$50.50 | 2901-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-Clinical Academic | \$50.50 | 2901-03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Educational | \$50.50 | 2901-05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D.D.S. Relicensure | \$141.20 | 2901-06 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialty Recertification | \$65.45 | 2901-53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EACH Specialty | \$45.45 | 2901-11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Endodontics | | Oral Pathology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oral and Maxillofacial Surgery | | Orthodontist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Periodontist | | Pediatrics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prosthodontics | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License Number | Issue Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN, must accompany this request. DO NOT SEND CASH. Fees are non-refundable.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LARA/BPL-DDS/RDA/RDH (Rev. 09/16)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Have you taken a State Constructed or Regional Examination for another U.S. jurisdiction? Yes No
 (new applicants only)

If "Yes," list state, name of examination and date taken _____

Do you have American Board Diplomate Status in your specialty? Yes No
 (D.D.S. specialty applicants only)

Professional Education
(Attach additional sheets if necessary)

| Name of School | Name of Education Program |
|----------------|---------------------------|
| | |
| | |

License(s) in Other State(s) and/or Country

List each state or country where you have ever held a dentistry profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary)

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

| State/Country | Permanent License/Registration Number | Date of Issuance | How Obtained (Examination, Endorsement) | Have You Ever Had Sanctions Imposed Against this License/Registration? |
|---------------|---------------------------------------|------------------|---|--|
| | | | | |
| | | | | |

Good Moral Character Questions

If you answer "yes" to either of the next two questions, you must submit documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license. Documentation may include a certificate of employability, if applicable.

Have you ever been convicted of a felony? Yes No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance? Yes No

List the name of each hospital with which you are employed or under contract, and each hospital in which you are allowed to practice (D.D.S. applicants only).
(Attach additional sheets if necessary)

| Name of Hospital Employed or Under Contract | Name of Hospital where Allowed to Practice |
|---|--|
| | |
| | |

Required Additional Documents:

All Applicants

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (**except those applicants seeking relicensure, if the license expired within the last three years**).

R.D.A. by Endorsement

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental assistant program.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.
- Arrange for the Verification of Training and Competency in the Application and Removal of a Dental Dam form to be sent directly to this office from the ADA accredited dental assistant program.
- You will be required to take the RDA examination or provide proof of successful completion of a substantially equivalent written and clinical examination.

R.D.A. by Exam

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental assistant program.
- Arrange for the Verification of Training and Competency in the Application and Removal of a Dental Dam form to be sent directly to this office from the ADA accredited dental assistant program.
- You will be required to take the RDA examination.

R.D.A. Limited

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental assistant program **OR** a certified copy of the diploma and transcript from a non-ADA accredited dental assistant program translated in English, if applicable.
- Submit proof of appointment to a nonclinical or clinical academic faculty position. Proof must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Your description of clinical or non-clinical duties or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

R.D.A. Relicensure

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 36 hours of board-approved continuing education with at least 12 of those hours in registered dental assistant functions and one hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application. A minimum of 12 hours must be obtained by attending live courses or programs.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 3 years but less than 5 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 36 hours of board-approved continuing education with at least 12 of those hours in registered dental assistant functions and one hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application. A minimum of 12 hours must be obtained by attending live courses or programs.
- You must complete an evaluation of your dental assisting skills that is conducted by an ADA accredited dental assistant program.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 5 years at the time of application must complete the following:

- Same requirements as RDA by Exam (see above).
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental assistant. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

R.D.H. by Endorsement

Applicants by endorsement who have been licensed less than 3 years must apply by Exam (see below) and complete the following:

- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental hygienist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants by endorsement who have been licensed and practicing for a minimum of 3 years immediately preceding the application for licensure in Michigan must complete the following:

- Arrange for the official report of your regional or state exam scores to be sent directly to this office from the examination agency.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental hygienist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

R.D.H. by Exam

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental hygiene program.
- Arrange for the official report of your National Board scores to be sent directly to this office from the National Board of Dental Hygiene Examiners by visiting their website www.ada.org.
- Take and pass the American Board of Dental Examiners Exam (ADEX) or the Northeast Regional Board Exam (NERB). If you have taken either of these exams after 1979, the Board has the examination records. To take the exam, contact the Commission on Dental Competency Assessments (CDCA) by visiting their website at: www.cdcaexams.org.
- Take and pass all parts of a clinical examination offered by any of the following: NERB; a regional testing agency approved by the Board; a state-offered clinical examination that is substantially equivalent to the NERB.

R.D.H. Limited

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental hygiene program OR a certified copy of the diploma and transcript from a non-ADA accredited dental hygiene program translated in English, if applicable.
- Submit proof of appointment to a nonclinical or clinical academic faculty position. Proof must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Your description of clinical or non-clinical duties or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

R.D.H. Relicensure

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 36 hours of board-approved continuing education with at least 12 of those hours in registered dental hygienist functions and one hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application. A minimum of 12 hours must be obtained by attending live courses or programs.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental hygienist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 3 years but less than 5 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 36 hours of board-approved continuing education with at least 12 of those hours in registered dental hygienist functions and one hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application. A minimum of 12 hours must be obtained by attending live courses or programs.
- Retake and pass the CSCE portion of the NERB/ADEX exam. Information about taking the CSCE examination can be found at www.cdcaexams.org.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental hygienist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 5 years at the time of application must complete the following:

- Same requirements as RDH by Exam (see above).
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dental hygienist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

R.D.H. Specialty Certificate

- Submit certification of completion of a course in Local Anesthesia Administration Training and/or Nitrous Oxide Analgesia Training offered by a dental or dental hygiene program accredited by the ADA.
- Submit proof of current certification in basic or advanced cardiac life support.
- Submit proof of completion of the ADEX or NERB in local anesthesia and/or nitrous oxide within 18 months of completion of the course work. If you have already taken the examination, this office already has the scores. If you have not taken the examination, contact the CDCA by visiting their website at www.cdcaexams.org.

D.D.S. by Endorsement

Applicants by endorsement who have been licensed less than 5 years must apply by Exam (see below) and complete the following:

- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants by endorsement who have been licensed and practicing for a minimum of 5 years immediately preceding the application for licensure in Michigan must complete the following:

- Arrange for the official report of your regional or state exam scores to be sent directly to this office from the examination agency.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

D.D.S. by Exam

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited school.
- If you did not graduate from an ADA accredited school, you must arrange for official transcripts to be sent directly to this office confirming the completion of a two-year ADA accredited dental, master's degree or certificate program in addition to a certified copy of the diploma and transcript from a non-ADA accredited dental school translated in English, if applicable.
- Arrange for the official report of your National Board scores to be sent directly to this office from the National Board of Dental Examiners by visiting their website www.ada.org.
- If you have not taken and passed the ADEX or NERB, you must submit proof of successful completion of a substantially equivalent written and clinical examination.

D.D.S. Limited

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited dental program **OR** a certified copy of the diploma and transcript from a non-ADA accredited dental program translated in English, if applicable.
- Submit proof of appointment to a nonclinical or clinical academic faculty position. Proof must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Your description of clinical or non-clinical duties or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

D.D.S. Relicensure

Applicants for relicensure whose license has lapsed for less than 3 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 60 hours of continuing education with at least 20 of those hours in programs devoted to clinical issues and at least 1 hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application for relicensure. A minimum of 20 hours must be obtained by attending live courses or programs.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 3 years but less than 5 years at the time of application must complete the following:

- Submit proof of current certification in basic or advanced cardiac life support.
- Submit copies of certificates showing proof of having earned 60 hours of continuing education with at least 20 of those hours in programs devoted to clinical issues and at least 1 hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application for relicensure. A minimum of 20 hours must be obtained by attending live courses or programs.
- Retake and pass the Diagnostic Skills Examination (DSE) portion of the ADEX exam. Information about taking the DSE examination can be found at www.cdcaexams.org.
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

Applicants for relicensure whose license has lapsed for more than 5 years at the time of application must complete the following:

- Same requirements as DDS by Exam (see above).
- Arrange for verification/certification of license to be submitted directly to this office by the licensing agency of any state or territory of the United States in which you hold a current license or ever held a license as a dentist. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

D.D.S. Specialty License

- Arrange for official transcripts to be sent directly to this office confirming graduation from an ADA accredited program of dentistry OR a completed Certification of Specialty Program form, if completed in a hospital program.
- Provide evidence of diplomate status in the appropriate American board specialty association through completion of the American board specialty examinations. Request verification to be sent directly to this office from the American Board, if applicable.
OR
- Arrange for certification to be submitted directly to this office from the examination agency confirming the successful passing of the specific examination requirements for each specialty listed below, as applicable.
 - Orthodontics – American Board of Orthodontics (ABO) written exam.
 - Endodontics – American Association of Endodontists (AAE) written exam.
 - Pediatric Dentistry – American Board of Pediatric Dentistry (ABPD) written exam.
 - Prosthodontics – American Board of Prosthodontics (ABP) written exam.
 - Oral and Maxillofacial Pathology – American Board of Oral and Maxillofacial Pathology specialty certification examination.

CERTIFICATION AND SIGNATURE

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

Signature

Date