



Bureau of Professional Licensing
 PO Box 30670 • Lansing, MI 48909
 Telephone: (517) 241-0560
www.michigan.gov/bpl
BPLHelp@michigan.gov

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

Authority: 1978 PA 368

Print or Type Clearly

Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>		
U.S. Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</i>		
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

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">R.D.A. by Endorsement</td> <td style="width: 15%; text-align: right;">\$30.00</td> <td style="width: 15%;">2901-09</td> </tr> <tr> <td>R.D.A. by Exam</td> <td style="text-align: right;">\$100.00</td> <td>2903-01</td> </tr> <tr> <td>R.D.A. Limited <i>(Check one below)</i></td> <td></td> <td></td> </tr> <tr> <td> Clinical Academic</td> <td style="text-align: right;">\$30.00</td> <td>2903-03</td> </tr> <tr> <td> Non-Clinical Academic</td> <td style="text-align: right;">\$30.00</td> <td>2903-03</td> </tr> <tr> <td> Educational</td> <td style="text-align: right;">\$20.00</td> <td>2903-05</td> </tr> <tr> <td>R.D.A. Relicensure <i>(Check one below)</i></td> <td></td> <td></td> </tr> <tr> <td> Lapsed OVER 5 years</td> <td style="text-align: right;">\$120.00</td> <td>2903-06</td> </tr> <tr> <td> Lapsed LESS than 5 years</td> <td style="text-align: right;">\$50.00</td> <td>2903-06</td> </tr> <tr> <td>R.D.H. by Endorsement</td> <td style="text-align: right;">\$45.00</td> <td>2901-09</td> </tr> <tr> <td>R.D.H. by Exam</td> <td style="text-align: right;">\$45.00</td> <td>2902-01</td> </tr> <tr> <td>R.D.H. Limited <i>(Check one below)</i></td> <td></td> <td></td> </tr> <tr> <td> Clinical Academic</td> <td style="text-align: right;">\$30.00</td> <td>2902-03</td> </tr> <tr> <td> Non-Clinical Academic</td> <td style="text-align: right;">\$30.00</td> <td>2902-03</td> </tr> <tr> <td> Educational Limited</td> <td style="text-align: right;">\$20.00</td> <td>2902-05</td> </tr> <tr> <td>R.D.H. Relicensure</td> <td style="text-align: right;">\$65.00</td> <td>2902-06</td> </tr> <tr> <td>R.D.H. Specialty Certification <i>(Check one or both below)</i></td> <td></td> <td></td> </tr> <tr> <td> Nitrous Oxide Certification</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;">\$120.00</td> <td>2901-09</td> </tr> <tr> <td>D.D.S. by Exam</td> <td style="text-align: right;">\$120.00</td> <td>2901-01</td> </tr> <tr> <td>D.D.S. Limited <i>(Check one below)</i></td> <td></td> <td></td> </tr> <tr> <td> Clinical Academic</td> <td style="text-align: right;">\$50.00</td> <td>2901-03</td> </tr> <tr> <td> Non-Clinical Academic</td> <td style="text-align: right;">\$50.00</td> <td>2901-03</td> </tr> <tr> <td> Educational</td> <td style="text-align: right;">\$50.00</td> <td>2901-05</td> </tr> <tr> <td>D.D.S. Relicensure</td> <td style="text-align: right;">\$140.00</td> <td>2901-06</td> </tr> <tr> <td> Specialty Recertification</td> <td style="text-align: right;">\$65.00</td> <td>2901-53</td> </tr> </table>	R.D.A. by Endorsement	\$30.00	2901-09	R.D.A. by Exam	\$100.00	2903-01	R.D.A. Limited <i>(Check one below)</i>			Clinical Academic	\$30.00	2903-03	Non-Clinical Academic	\$30.00	2903-03	Educational	\$20.00	2903-05	R.D.A. Relicensure <i>(Check one below)</i>			Lapsed OVER 5 years	\$120.00	2903-06	Lapsed LESS than 5 years	\$50.00	2903-06	R.D.H. by Endorsement	\$45.00	2901-09	R.D.H. by Exam	\$45.00	2902-01	R.D.H. Limited <i>(Check one below)</i>			Clinical Academic	\$30.00	2902-03	Non-Clinical Academic	\$30.00	2902-03	Educational Limited	\$20.00	2902-05	R.D.H. Relicensure	\$65.00	2902-06	R.D.H. Specialty Certification <i>(Check one or both below)</i>			Nitrous Oxide Certification	\$10.00	2902-11	Local Anesthesia	\$10.00	2902-11	D.D.S. by Endorsement	\$120.00	2901-09	D.D.S. by Exam	\$120.00	2901-01	D.D.S. Limited <i>(Check one below)</i>			Clinical Academic	\$50.00	2901-03	Non-Clinical Academic	\$50.00	2901-03	Educational	\$50.00	2901-05	D.D.S. Relicensure	\$140.00	2901-06	Specialty Recertification	\$65.00	2901-53	<p>D.D.S. Specialties <i>(Check one or more specialties)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">EACH Specialty</td> <td style="width: 40%; text-align: right;">\$45.00</td> </tr> <tr> <td> Endodontics</td> <td style="text-align: right;">2901-11</td> </tr> <tr> <td> Oral and Maxillofacial Surgery</td> <td style="text-align: right;">Oral Pathology</td> </tr> <tr> <td> Periodontist</td> <td style="text-align: right;">Orthodontist</td> </tr> <tr> <td> Prosthodontics</td> <td style="text-align: right;">Pediatrics</td> </tr> <tr> <td> Controlled Substance License Fee</td> <td style="text-align: right;">\$85.00 5315-3757</td> </tr> </table> <p><i>(NOT applicable to Non-Clinical Academic license holders)</i></p>	EACH Specialty	\$45.00	Endodontics	2901-11	Oral and Maxillofacial Surgery	Oral Pathology	Periodontist	Orthodontist	Prosthodontics	Pediatrics	Controlled Substance License Fee	\$85.00 5315-3757
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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.

LARA/BPL-DDS/RDA/RDH (Rev. 12/15)

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 National Examination for another U.S. Jurisdiction? (new applicants only)	Yes	No
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Have you taken a State Constructed or Regional Examination for another U.S. jurisdiction? (new applicants only)	Yes	No
If "Yes," list state and date taken _____		

Do you have American Board Diplomate Status in your specialty? (D.D.S. by Endorsement applicants only)	Yes	No
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Have you taken an American Board Specialty Examination? (D.D.S. by Endorsement applicants only)	Yes	No
If "Yes," check all that are applicable:		
Written	Clinical	
Date of Examination: _____	Pass	Fail

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 are a **new applicant by exam**, and 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.

All other applicants must have each of those listed states complete and submit Endorsement Certification form and return it to this office.

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
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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
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List the name of each hospital with where you are employed or under contract, and each hospital in which you are allowed to practice.
(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 final, official transcripts from the ADA accredited dental assistant program to be sent directly to this office.
- Have the school where the approved Michigan RDA educational program was completed submit the Verification of 35 hours of Expanded Functions Training form directly to this office.
- Have the Program Director of the school complete and return the Verification of Training and Competency in the Application and Removal of a Dental Dam form.
- You will be required to take the Michigan Written and Clinical RDA examination. Once you are determined to be eligible by the department for the exam you will be sent an approval letter containing the instructions to register for the exam.

R.D.A. by Exam

- Arrange for final, official transcripts from the ADA accredited dental assistant program to be sent directly to this office.
- Attach proof of current CPR certification.
- If you graduated from an approved Michigan RDA educational program prior to March 2004 or from a program outside of Michigan, you must complete an additional 35 hours of clinical and didactic instruction in expanded functions. Have the Program Director from the approved RDA program where you took the training submit the Verification of 35 hours of Expanded Functions Training form directly to our office.

R.D.A. by Exam continued

- You will be required to take the Michigan Written and Clinical RDA examination. To be made eligible for the RDA examination, the above information must be received in this office no later than 45 days before the scheduled exam date.
- Have the Program Director of the school complete and return the Verification of Training and Competency in the Application and Removal of a Dental Dam form.

R.D.A. Limited

- Proof of graduation (official transcript) from an ADA approved dental assistant program.
OR
- A certified copy of the diploma and transcript from a non-ADA accredited dental assistant program translated in English, if necessary.
- Letter verifying appointment to employment or enrollment sent directly to this office from the school or training hospital. The appointment letter must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Name, degree and title of your supervising dentist.
 - Your description of duties, responsibilities or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

R.D.H. by Endorsement

- Arrange for final, official transcripts from and ADA accredited dental hygiene program and the non-accredited or foreign dental hygiene school (if applicable) to be sent directly to this office.
- Have the National Board of Dental Hygiene Examiners send the official report of your National Board scores to this office. The National Board may be contacted by visiting their website at www.ada.org/prof/ed/testing/natboard.
- Dental Hygienists who have been licensed in another state **for less than 3 years**:
 - If you have taken a regional or state examination other than NERB, arrange to have the Regional/State Examination booklet and your scores submitted directly to this office from the testing agency. The examination you took will be evaluated by the Michigan Board of Dentistry to determine if it is equivalent to the NERB. You will be notified of the Board's decision either to accept the examination you took or to require that you pass all or part of the NERB examination.
- Dental Hygienists who have been licensed in another state **for 3 or more years**:
 - If you have taken a regional or state examination other than NERB, arrange to have the Regional/State Examination scores submitted directly to this office from the testing agency.

R.D.H. by Exam

- Arrange for final, official transcripts of dental hygiene education to be sent directly to this office.
- Attach proof of current CPR certification.
- Have the National Board of Dental Hygiene Examiners send the official report of your National Board scores to this office. The National Board may be contacted by visiting their website at www.ada.org/prof/ed/testing/natboard.
- If you have taken and passed the ADEX or Northeast Regional Board Examination (NERB) at any time since January 1979, the Board office has the examination records. If you have not taken the examination, contact NERB by visiting their website at www.nerb.org.
- If you have taken a clinical examination that is developed and scored by a state or regional board other than NERB, you must have these scores sent to the Michigan Board directly from the testing agency. Michigan will accept clinical exam scores if the exam is substantially equivalent to the NERB/ADEX clinical exam and if your scores on each part of the exam are at least 75%. If your clinical exam scores are accepted by the Michigan Board, you may still be required to pass the Computer Simulated Clinical examination (CSCE) examination conducted by NERB.

R.D.H. Limited

- Proof of graduation (official transcript) from an ADA approved dental hygiene program.
OR
- A certified copy of the diploma and transcript from a non-ADA accredited dental assistant program translated in English, if necessary.
- Letter verifying appointment to employment or enrollment sent directly to this office from the school or training hospital. The appointment letter must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Name, degree and title of your supervising dentist.
 - Your description of duties, responsibilities or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

R.D.A. and R.D.H. Relicensure

- Submit proof of current certification in basic or advanced 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 assistant functions and one hour in pain and symptom management earned within the 2 year period immediately preceding the date of your application.
- If your Michigan dental assistant license has been **expired more than 3 years but less than 5 years:**
 - You must complete an evaluation of your dental assisting skills that is conducted by an ADA-accredited dental assisting program. The list of accredited programs can be found at the following website:
www.ada.org/en/coda/find-a-program/search-dental-programs/allied-programs.
- If your Michigan dental assistant license has been **expired for more than 5 years:**
 - You must retake and pass all parts of the Michigan RDA examination.

R.D.H. Specialty Certification

- Submit either certification of completion from an approved continuing education program or completion of the Verification of Local Anesthesia Administration Training and/or the Verification of Nitrous Oxide Analgesia Training form.
- Submit a notarized copy of current certification in basic or advanced cardiac life support.
- Submit proof of completion of the Northeast Regional Board Examination (NERB) in local anesthesia and/or nitrous oxide within 18 months of completion of the course work. If you have already taken the examination, the Board office already has the scores. If you have not taken the examination, contact the office by visiting their website at www.nerb.org.
- If you have taken a regional or state examination in local anesthesia and/or nitrous oxide other than NERB, please arrange to have the Regional/State Examination booklet (test outline) submitted directly to this office from the testing agency. The examination you took will be evaluated to determine if it is equivalent to the NERB. You will be notified of the Board's decision either to accept the examination you took or to require that you pass the NERB examination.
- Upon completion of all requirements, a permanent certificate in the administration of local anesthesia and/or nitrous oxide will be issued. It will remain active as long as your dental hygiene license is active.

D.D.S. by Endorsement

- Arrange for final, official transcripts from and ADA accredited dental hygiene program and the non-accredited or foreign dental hygiene school (if applicable) to be sent directly to this office.
- Have the National Board of Dental Examiners send the official report of your National Board scores to this office. The National Board may be contacted by visiting their website at www.ada.org/prof/ed/testing/natboard.
- Dentists who have been licensed in another state **for less than 5 years:**
 - If you have taken a regional or state examination other than NERB, arrange to have the Regional/State Examination booklet and your scores submitted directly to this office from the testing agency. The examination you took will be evaluated by the Michigan Board of Dentistry to determine if it is equivalent to the NERB. You will be notified of the Board's decision either to accept the examination you took or to require that you pass all or part of the NERB examination.

D.D.S. by Endorsement continued

- Dentists who have been licensed in another state **for 5 or more years**:
 - If you have taken a regional or state examination other than NERB, arrange to have the Regional/State Examination scores submitted directly to this office from the testing agency.

D.D.S. by Exam

- Arrange for final, official transcripts from an ADA accredited school showing the granting of a DDS or DMD degree or completion of a minimum 2-year master's degree or certificate program in an ADA approved dental specialty program and the non-accredited or foreign dental hygiene school (if applicable) to be sent directly to this office.
- Have the Joint Commission on National Dental Examinations send the official report of your National Board scores to this office. The National Board may be contacted by visiting their website at www.ada.org/1635.aspx.
- If you have taken and passed the Northeast Regional Board Examination (NERB) the Board office should have the examination records. If you have not taken the examination, contact NERB by visiting their website at www.nerb.org.

D.D.S. Limited

- Submit a final official transcript showing the date of graduation from an ADA approved dental education program. .
OR
- A certified copy of the diploma and transcript from a non-ADA accredited school of dentistry translated in English, if necessary.
- Letter verifying appointment to a clinical or non-clinical academic setting or enrollment in a post-graduate educational program. The appointment letter must include:
 - Name, address and division/department of the institution in which you are being employed/enrolled.
 - Name, degree and title of your supervising dentist.
 - Your description of duties, responsibilities or list of courses.
 - Beginning date of employment or the beginning and anticipated ending date of the education program.

D.D.S. Relicensure

- Submit proof of current certification in basic or advanced life support.
your Michigan dentist license has been expired for 3 years or less:
- 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.
- In addition to the CE requirement, if your Michigan dentist license has been **expired for more than 3 years but less than 5 years**:
 - You must retake and pass the Diagnostic Skills Exam (DSE) portion of the ADEX/NERB examination that is administrated by the North East Regional Board of Dental Examiners (NERB). Information about taking the DSE examination can be found by visiting their website at www.nerb.org.
- In addition to the CE requirement, if your Michigan dentist license has been **expired for more than 5 years**:
 - You must retake and pass all parts of the National Board Examination. Information about registering for the National Board Examination can be found at www.ada.org/110.aspx.
 - You must retake and pass all parts of the ADEX examination that is administered by the North East Regional Board of Dental Examiners (NERB). Information about taking the ADEX examination can be found at www.nerb.org.

Specialty Certification

- You must have completed an ADA/CODA accredited graduate program in the specific specialty and have the attached Have the Certification of Completion of Specialty Program form and final, official transcripts submitted to this office directly by the hospital or school of dentistry where you graduated from your ADA/CODA accredited graduate program in the specific specialty. If you graduated from a hospital program that does not issue transcripts, the Certification of Completion of Specialty Program form is the only required documentation.
OR
- Provide evidence of diplomate status in the appropriate American board specialty association through completion of the American board specialty 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 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. Further, if I am applying for relicensure and sign below, I certify that I have completed the required number of continuing education credits.

Signature

Date