

**LOUISIANA STATE BOARD OF DENTISTRY**  
P.O. BOX 5256  
BATON ROUGE, LOUISIANA 70821-5256  
PHONE: 225.219.7330 ~ FAX: 225.219.0707  
www.lsbdb.org

## **DENTAL HYGIENE LICENSURE BY CREDENTIALS**

Applying for a license by credentials in Louisiana is a two-step process. All applications and supporting documentation must be received in this office no later than **thirty** days prior to the board meeting during which your application will be considered. There are two applications required: one from Professional Background Information Systems (PBIS) and one from the Louisiana State Board of Dentistry, which will also include your fingerprint and background check. Both the PBIS application and the LSBDB fingerprint background check **may take up to twelve weeks**, so you are encouraged to send them in as early as possible to their respective offices.

All license by credentials applications will be considered at board meetings. Applications (both the PBIS and the Louisiana State Board of Dentistry applications) must be **complete and received in the board office no later than thirty days prior to the board meeting at which you would like your application considered**. The board meets four times a year, and the meeting dates may be found on our website on the "Meetings and Minutes" page.

License by credentials applicants are usually not required to be present during the meeting at which their applications are considered. Should it be deemed necessary that you come in for a personal interview before the board, we will notify you prior to the board meeting.

You must also complete a fingerprint background check. **You must use fingerprint cards and forms that you receive directly from the Louisiana State Board of Dentistry**. If you have not received **two** fingerprint cards and forms from this office, contact us so that we may send them to you.

### **PROFESSIONAL BACKGROUND INFORMATION SYSTEMS**

Contact Professional Background Information Systems (their information is below) to obtain a **Level II Licensure by Credentials Application**. PBIS charges a non-refundable \$600.00 fee which you will pay directly to them.

Professional Background Information Systems  
23460 North 19<sup>th</sup> Avenue  
Suite 225  
Phoenix, Arizona 85027  
Phone: 602-861-5867  
Fax: 602-861-9656  
Website: pbisonline.com

Once PBIS has determined your application and file with them are complete, they will forward that information to Louisiana State Board of Dentistry and you will be notified accordingly. Any questions regarding your application status with PBIS should be directed to PBIS.

## LOUISIANA STATE BOARD OF DENTISTRY

While your application is pending with PBIS, you must also complete the enclosed application and submit it directly to the Louisiana State Board of Dentistry along with the appropriate fees and attachments.

### FEES

The **non-refundable** application fee is \$300. There is an additional **mandatory** \$30 fee to fund the Dental Health Care Practitioner Well Being Program. The board accepts only checks or money orders. Checks and money orders must be made payable to the Louisiana State Board of Dentistry.

### FINGERPRINT BACKGROUND CHECK

All applicants for a Louisiana dental hygiene license must submit to a fingerprint background check. You must contact the board office directly to request a set of forms and 2 fingerprint cards be mailed to you. Once you receive the cards and forms from the board office, you have two options for submitting your fingerprints for the background check:

1. You may take the cards and forms to a local law enforcement agency to have your fingerprints taken. You will then mail all forms and both fingerprint cards directly to the board office. The board will then in turn submit your fingerprints to the Louisiana State Police for review. *The \$300 application fee includes the board's costs for the background check; therefore, the board will **not** submit your prints to the LSP unless and until your application and fee have been received.* The LSP will contact the board directly with the results of your background check. It may take up to 16 weeks for a response from the LSP.
2. You may take your fingerprint cards and forms directly to the Louisiana State Police headquarters located at 7919 Independence Boulevard, Baton Rouge, Louisiana 70806. You will pay the LSP a separate fee for this service. The LSP then sends the results of the check directly to the board office. It generally takes 2 to 3 weeks for a response from the LSP.

### JURISPRUDENCE EXAMINATION

All applicants for a dental hygiene license must complete the jurisprudence examination. The test consists of 100 true/false and multiple choice questions. You must answer 75 correctly to pass the exam. The information you will be tested on may be found in the Louisiana Dental Practice Act. You may download and print a copy of the DPA from the board's website at [www.lsbdo.org](http://www.lsbdo.org).

The jurisprudence examination is given in the board office Tuesdays and Thursdays at 10:00 AM. Please contact the board office to schedule the jurisprudence exam. You may not schedule your jurisprudence test unless and until your application and fee have been received in the board office.

Jurisprudence test scores are valid for one year. If your license is to be issued more than one year after you completed the jurisprudence exam, you must retake it.

## **RELOCATION**

If your address changes after you submit your application and before you receive your license, you **must** notify the board of your new address. This notification must be in writing and either faxed or mailed to the board office. The board is not responsible for licenses sent to an incorrect address due to an applicant's failure to update his or her address with the board.

### **ADDITIONAL ATTACHMENTS AS NEEDED:**

You will also find enclosed an HIV/HBV/HCV disclosure form. YOU MUST ONLY COMPLETE THIS IF YOU HAVE TESTED POSITIVE FOR HIV, HBV, OR HCV.

If you have any questions not addressed above or need additional assistance, please contact the board office.

# IMPORTANT

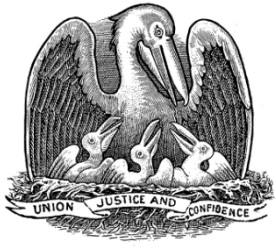
The Louisiana State Board of Dentistry will NOT issue your Louisiana dental hygiene license unless and until your entire application is complete, including results of the criminal background check. **THE BOARD WILL NOT PROCESS YOUR FINGERPRINT BACKGROUND CHECK UNTIL YOUR APPLICATION AND FEES HAVE BEEN RECEIVED.**

The fingerprint background check may take a minimum of eight to twelve weeks from the date of receipt of the fingerprints and forms at the board office. Additionally, if the fingerprints are rejected, they must be re-taken and the entire processing time will start over. *Please do NOT call the board office for a “rush request” as it is impossible.*

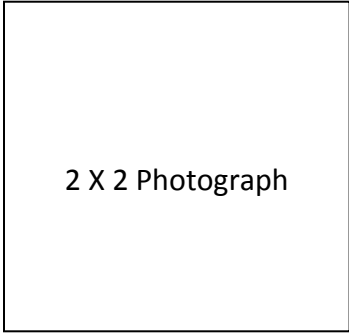
You may use the following as a checklist to ensure you have included everything required with your application **to the Louisiana State Board of Dentistry.**

- submitted separate application and fee to PBIS
- attached a passport sized photograph of yourself to the Louisiana State Board of Dentistry Application for Dental Hygiene License by Credentials
- completed and notarized Louisiana State Board of Dentistry Application for Dental Hygiene License by Credentials
- enclosed check or money order payable to the Louisiana State Board of Dentistry for \$300.00 (non-refundable application fee)
- enclosed check or money order payable to the Louisiana State Board of Dentistry for \$30.00 (dental health care practitioner monitoring program fee)
- enclosed a rider(s) to explain “yes” answers to application questions
- enclosed two completed fingerprint cards and all forms
- if applicable, completed HIV/HBV/HCV form (**ONLY IF YOU HAVE TESTED POSITIVE**)

Once we have received your Louisiana State Board of Dentistry application you may contact the board office to schedule the jurisprudence examination. Jurisprudence examinations are given in our office **ONLY** on Tuesdays and Thursdays at 10:00 AM.



**LOUISIANA STATE BOARD OF DENTISTRY**  
 P.O. BOX 5256  
 BATON ROUGE, LOUISIANA 70821-5256  
 PHONE: 225.219.7330  
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2 X 2 Photograph

**APPLICATION FOR DENTAL HYGIENE LICENSE BY CREDENTIALS**  
**\$300.00 NON-REFUNDABLE FEE**  
**\$30.00 DENTAL HEALTHCARE PROFESSIONAL MONITORING FEE**

Name: \_\_\_\_\_

Name as you wish it to appear on your board license: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Other phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Indicate all jurisdictions where you currently hold or have ever held a dental hygiene license:

Indicate below how you qualify for a Louisiana license by credentials:

- I have practiced dental hygiene for 1000 hours per year for the year immediately prior to applying for a Louisiana dental hygiene license.
- I have worked full time in dental hygiene education as a teacher for a minimum of one year immediately prior to applying for licensure in Louisiana.

1. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled nolo contendere to a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations—*DUI and DWI are not minor traffic violations*), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter?

**Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question. (Health care licensing agencies including the Louisiana State Board of Dentistry have access to non-juvenile expunged records and will receive the information, so all arrests—expunged or not—must be disclosed.) If you entered and completed a pretrial intervention program or diversion program, all details must be disclosed.**

**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**

Yes  No

2. Have you ever been convicted or found guilty—regardless of adjudication—of a crime in any jurisdiction? (Do not include parking or speeding violations.)

**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**

Yes  No

3. Have you ever been a defendant in a military court martial or received any discharge other than honorable?

**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**

Yes  No

4. Have you ever been dropped, suspended, or been the subject of any disciplinary action by any school or college for any cause whatsoever?  
**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**  Yes  No

Questions 5 through 8 pertain to certain mental or physical conditions with which you may have been diagnosed. No mental or physical diagnosis in and of itself is an impediment to licensure. The Louisiana State Board of Dentistry focuses on the applicant's conduct and abilities to determine whether or not an applicant can practice safely. If you respond "yes" to any of the following 4 questions, you must attach an explanation in a rider. Depending on the explanation, the board may request your medical records.

5. Have you ever been declared legally incompetent?  
**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**  Yes  No

6. Have you, in the last 5 years, engaged in any conduct deleterious to others which caused or required you to seek treatment for amnesia, emotional disturbances, or a mental disorder?  
**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**  Yes  No

7. Have you been addicted to or received treatment for the use of drugs, narcotics, or intoxicating liquors within the past 5 years?  
**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**  Yes  No

8. Do you have any physical or mental condition which currently affects or limits your ability to practice a full range of dental hygiene in other than a competent manner?  
**A "yes" response must be accompanied by a rider listing all relevant dates, details, circumstances, and disposition.**  Yes  No

Why are you seeking a Louisiana dental hygiene license?

The PBIS application and background verification is a part of the process of applying for licensure by credentials and therefore the PBIS application is considered a part of this application. I understand and affirm that by signing this application I am representing to the board that I have submitted an application to PBIS and all information included is true and correct evidenced by the notary requirements below.

State of \_\_\_\_\_ Signature of Applicant

Parish/County of \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ (applicant)

who, after being duly sworn by me on his/her oath, certifies that he or she has completed this application and that all facts, statements, and answers contained in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Sworn to and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my hand and official seal of office.

\_\_\_\_\_  
Notary Public

SEAL

Parish/County of \_\_\_\_\_ State of \_\_\_\_\_  
or State of \_\_\_\_\_ at Large.

# AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

## COMPLETE THIS FORM ONLY IF YOU HAVE TESTED POSITIVE FOR HIV, HBV, OR HCV

PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

I authorize \_\_\_\_\_ and the physicians  
Name of hospital/physician/facility  
who treated \_\_\_\_\_ to release to  
Name of patient

Louisiana State Board of Dentistry  
P.O. Box 5256  
1201 North Third Street  
Suite G-136  
Baton Rouge, Louisiana 70821-5256  
(225) 219-7330

my medical record or specific information relative to:

TEST RESULTS FOR HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS OR HEPATITIS C VIRUS

I understand that the Louisiana State Board of Dentistry is mandated by R.S. 37:1747 to establish procedures for reporting a licensee's status as a carrier of HIV, HBV, or HCV, and that pursuant to Louisiana Administrative Code 46:XXXIII.1207, I am required by law to report my seropositive status or be subjected to those sanctions associated with violations of R.S. 37:776.

I further understand that the release of reports called for herein shall be maintained in confidence as required by Louisiana Administrative Code 46:XXXIII.1208.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Patient's social security number

In patient \_\_\_\_\_  
Date(s)

Emergency room \_\_\_\_\_  
Date

Outpatient \_\_\_\_\_  
Date(s)/Type of service