MINNESOTA
BOARD OF DENTISTRY

Minnesota Board of Dentistry
335 Randolph Ave., Suite 250
St. Paul, MN 55102
Office: (612) 617-2250
MN Relay Service: (888) 797-1373
www.mn.gov/boards/dentistry

Please read the following information and, **do not submit applications until they are complete, and include all supporting documentation.**

Application:

- Print single-sided and do not staple any documents in your application.
- Attach additional sheets of paper as needed. Added sheets should specifically reference the application.
- If you send documentation separately from your application, place a post-it note on the first page of your application indicating that the required documentation is "on file at the Board".

Once received by the Board, all applications go through a two-person review. If the CBC Unit has delivered your criminal background check results to the Board, the application is added to the queue to be processed. Applications in the queue are processed in the order in which they were date-stamped. If after the two-person review the criminal background check results have not been received, the application will be stored until the criminal background check is brought to the Board. Incomplete applications will be returned to the applicant.

Application Payment:

- Cash/Money Order payment NOT accepted.
- Check (personal/cashiers) accepted for the full amount listed on the application.
- If online payment was submitted via pre-application, additional payment is not required.

Criminal background check:

- Applications for licensure are not processed until the applicant's criminal background check results have been delivered to the Board of Dentistry.

Background:

- Email addresses are required for future correspondences.
- If you have legally changed your name, your application also requires a copy of the legal document that changed your name. The copy does not need to be notarized and certified.

Disclosure Questions:

- If you have had a criminal conviction, please attach:
  - A personal statement detailing the events leading up to and following the conviction,
  - A copy of the court sentencing order from the designated county clerk or courthouse, and
  - A copy of the arresting officer's report, if available.

Attestation of Applicant:

- All applicants must complete the Attestation of Applicant.
- Signatures on the Attestation of Applicant must be original. Copies are not accepted.

Minnesota Government Data Practice Act Notice:
This notice is given pursuant to Minnesota Statutes §13.04, subdivision 2, and §13.41, subdivision 2. Licensure in Minnesota requires all information requested in this application. The required documentation will determine if you meet statutory and rule prerequisites for licensure in Minnesota. Omissions or inaccuracies may lead to the rejection of your application. Except for your name and address, the contents of your application are private. Once you are licensed, that information becomes public. "Private" is defined by law as information accessible only to 1) you, 2) Board of Dentistry staff, 3) individuals designated by you, 4) individuals required to verify the application contents, and 5) the Board's legal staff. If your application becomes contested and results in litigation or a case hearing, the application materials may become available to the Minnesota Office of Administrative Hearings, designated courts, and individuals associated with any proceedings. The information will then become public.

Americans with Disabilities Act:
The Minnesota Board of Dentistry complies with the Americans with Disabilities Act (ADA). The ADA asserts that qualified individuals with disabilities cannot be excluded from participating in programs, services, or activities offered by the Board of Dentistry. For more information, contact the Board of Dentistry.

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dental.board@state.mn.us

Board use ONLY
Appl. # _____
License # _____
Issue Date _____

Licensure by Credentials to Practice Dental Hygiene

Non-refundable Fee: $267.00 (*Application fee: $175, Background check fee: $32, Initial fee: $60*)

1. Background

Legal First Name	Legal Middle Name	Legal Last Name	Today's Date (MM/DD/YYYY)

Mailing Address	Apt/Unit Number	City, State, Zip Code

Telephone (including area code)	Email Address **(required)**

Primary Practice Name/Address (required if employed)	Unit/Suite Number	City, State, Zip Code

Practice Telephone (including area code)	Personal Practice Email Address

Gender	Birthdate (MM/DD/YYYY)	U.S. Social Security Number (XXX-XX-XXXX)
☐ M ☐ F ☐ X		

Other legal names previously used, and reason for name change *(if exam scores reflect former name, include legal proof of name change)*

2. Dental Education

Your school must send proof directly to Board

The school must email official e-transcript directly to dental.board@state.mn.us

Name of Dental School or Program	Degree ☐ AAS ☐ AS ☐ BS ☐ Other
City, State	Date of Graduation (MM/DD/YYYY)

3. Examinations

Include copies of your exam results with your application. Contact the ADA and your regional clinical exam agency's office to ensure that the Board can view your exam results in their online portal.

Minnesota Jurisprudence Exam (must have passed within last 5 years)	Date Passed (MM/DD/YYYY)
Clinical Exam *(Clinical exams require all components)* ☐ WREB ☐ CRDTS ☐ CDCA(ADEX) ☐ CITA(ADEX) ☐ Other: _____	Date Passed (MM/DD/YYYY)
National Board Exam Dentpin Number	Date Passed (MM/DD/YYYY)
Please provide the names and dates of any failed **clinical** exams	

4. Professional Background

Are you currently, or have you ever been, licensed as a dental professional outside of Minnesota?

☐ Yes *(Complete boxes b, c, and d below)* ☐ No *(Skip to box d)*

b. List each state and/or country in which you are or have been licensed as a dental professional. Include license number(s)

c. Licensure verification from each jurisdiction listed in 4b is required. Licensing authorities that do not have public online verification must send original license verifications directly to the Board at **dental.board@state.mn.us**

d. Employment History - Professional (**required**: active practice for at least 2,000 hours in the past 36 months)

Name of practice (most recent)	Practice address
Your duties	Supervisor's name
Dates of employment and total HOURS worked in the past 36 months	
Name of practice	Practice address
Your duties	Supervisor's name
Dates of employment and total HOURS worked in the past 36 months	

5. Disclosure Questions	
Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a dental professional license or any other occupational license in any state, territory or country? If so, attach a statement describing the reason for disciplinary action, the dates, the disposition, and contact information for the licensing authority.	☐ Yes ☐ No
Are there any criminal charges pending against you? If so, attach a statement detailing the reasons for the charges, the dates, the name and location of the court, and the case number.	☐ Yes ☐ No
Have you ever been convicted of a felony, gross misdemeanor, or a misdemeanor? If so, attach a statement detailing the reasons for the charges, the dates, the name of the court, and the case.	☐ Yes ☐ No
Are there any unsatisfied judgments against you that resulted from practicing dentistry? If so, attach a statement detailing the nature of the judgment, the dates, and the reasons for non- payment.	☐ Yes ☐ No
Do you have any diagnosed and/or treated mental, physical, or cognitive condition or illness that could affect your ability to practice with reasonable skill and safety that has not been reported to HPSP?	☐ Yes ☐ No
Do you have any diagnosed and/or treated substance use disorder that may affect your ability to practice with reasonable skill and safety that has not been reported to HPSP?	☐ Yes ☐ No

6. Attestation of Applicant		
I certify that I am the person referred to in this application for licensure. I understand that including false information or false documentation in this application may result in the penalty of perjury. I understand that falsifying information to attain licensure is a gross misdemeanor and violates the Dental Practice Act. I certify that the entirety of this application and the attached materials are true and correct. I authorize all persons and organizations to release any requested information, files, or records in connection with this application to the Minnesota Board of Dentistry.		
Applicant Name (print)	Original Applicant Signature	Date (MM/DD/YYYY)

7. CPR Card
Include a copy of your current CPR certification for healthcare providers.

8. Government Issued I.D.
Include a copy of an official and current U.S. Government Issued I.D. (Examples – Drivers License, State I.D., Passport, Visa)

Board Use ONLY – Staff Comments Below

Rev. 03/25