



STATE OF MAINE  
BOARD OF DENTAL EXAMINERS  
143 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0143

Dear Applicant for Independent Practice Dental Hygiene Licensure:

Please find enclosed necessary materials to be completed in applying for licensure to practice Independent Practice Dental Hygiene in the State of Maine.

If licensed previously a Dental Hygienist or as an Independent Practice Dental Hygienist (IPDH), verification is needed from every state where you have ever been licensed. Please forward any documentation of name changes along with your application.

This application should be self-explanatory. Needed:

- You must possess a valid license to practice dental hygiene and qualify for licensure as an IPDH
- Application with fee of \$100
- Registration fee of \$175
- Certification of Associate or Bachelor's Degree from your CODA accredited dental hygiene program
- Proof of clinical practice: Show proof of a bachelor's degree in dental hygiene and document 2,000 work hours of clinical practice in a private dental practice or nonprofit dental clinic under direct or general supervision of a dentist during the 4 years preceding application; OR show proof of an associate's degree in dental hygiene and document 5,000 work hours of clinical practice in a private dental practice or nonprofit dental clinic under direct or general supervision of a dentist during the 6 years preceding application.
- Completed jurisprudence examination

**\*National Board scores are sent to the state licensing boards if so requested by the applicant at the time the exam is taken.\***

If applying for licensure by endorsement, you must have a minimum of three years of active practice in another state or province and you must have successfully completed one of the regional or state exams and supply the Board and/or Dental Hygiene Sub-Committee with your raw scores. If the North East Regional Board (NERB) Examination was completed, please provide a copy of your score sheet along with your application.

**The Board requests that you self-query the National Practitioner Data Bank. This can be achieved by calling 1-800-767-6732. You must then submit their report with your application.**

Part of the licensure process is an interview with the Maine Board of Dental Examiners. Interviews are conducted monthly and are held at regularly scheduled meetings. A choice of interview dates will be provided in a letter acknowledging receipt of your application.

**Pursuant to 5 M.R.S.A. § 5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. As part of your application for licensure, you are required to obtain background checks from each state where you have resided within the past ten (10) years. For your convenience we have enclosed a list of contact information and procedures for obtaining this information from each state.**

Please be aware that the State of Maine has a requirement of thirty (30) continuing education credits per biennium for renewal of the independent practice dental hygiene license. However, only fifteen (15) continuing education credits are needed if license is issued in an odd-numbered year. Continuing education requirements are waived for the initial year of licensure.

**A Registered Dental Hygienist license (RDH) issued by this Board automatically expires upon issuance of an Independent Practice Dental Hygiene License (IPDH) to the same person.**

If you have any questions, please feel free to contact this office.

Sincerely,  
*Lynn A. Warner*

Lynn A. Warner, AS  
Board Assistant

PHONE: (207) 287-3333  
FAX: (207) 287-8140

WEBSITE ADDRESS: [www.mainedental.org](http://www.mainedental.org)  
E-MAIL ADDRESS: [dental.board@maine.gov](mailto:dental.board@maine.gov)

## INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. Answer all questions on application.
2. Be sure to complete and return the original application; copies are not accepted except for the portion for State Board Recommendation (S-2) and for the Clinical Practice Certification (CP-1).
3. Complete (only) the top portion of the Clinical Practice Certification (CP-1) form; you will need one form per Dentist that will be verifying your clinical practice hours. Mail the form to the Maine Board of Dental Examiners. The MBDE will forward the form to the dentist you have listed for completion of the bottom portion of the form.
4. State Board verification is required if licensed by another state or province. Forward form S-2 to all states where you have ever been licensed.

### **Education Requirements and Affidavit:**

5. Attach a photograph to the education requirement page of the application (Photographs to be no more than 6 months old, passport size, front view – head and shoulders only). Forward form IPDH-1 to your School of Dental Hygiene for completion **with instructions that it be returned directly to this office; do not include with your application-it must be received directly from your School of Dental Hygiene.** The seal of the dental hygiene school is to be impressed over a portion of the photograph.
6. In addition, a photograph must be attached to the Affidavit section of the application. The Affidavit must be properly completed and your full name must be signed in the presence of a notary public, with the seal of the notary impressed over a portion of the photograph.
7. If applying for licensure by endorsement request the Joint Commission of National Dental Hygiene Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, Illinois 60611 – to forward a report of your written grades – to the Board office if this was not done previously. (A report of your grades is retained in the Board office for a period of five years only).
8. When applying for licensure by endorsement please provide a copy of your score sheet if the North East Regional Board Examination was taken. If another regional or state examination was taken, please provide a copy of your raw scores.
9. Pursuant to 5 M.R.S.A. § 5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. As part of your application for licensure, you are required to obtain background checks from each state where you have resided within the past ten (10) years. For your convenience we have enclosed a list of contact information and procedures for obtaining this information from each state.
10. Please submit a list of anticipated Clinical Practice Certifications (CP-1's) to enable us to track file completion.
11. CPR certification or re-certification is required for all new Dental, Dental Hygiene (RDH or IPDH), Denturist, and Radiography licensees, as well as the renewal of those same licenses. Please provide proof of your certification.
12. Submit a check or money order made payable to Maine Board of Dental Examiners, or provide credit card information for the application fee (\$100).

**DO NOT SEND CASH**

**PLEASE NOTE: Application fees are non-refundable.**

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### **SSN:**

The following statement is made pursuant to the Privacy Act of 1974 section 7(B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

### **PRIVACY:**

#### **Notice Regarding Public Information**

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA § 401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number and credit card number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.



STATE OF MAINE  
BOARD OF DENTAL EXAMINERS  
143 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0143

Dear Applicant for Licensure:

As you are aware from your application packet, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. Please find enclosed contact information for various states, in order to assist you in the process of obtaining your background check(s). Please submit a record check for each state where you have resided within the past ten (10) years. **Please provide a list of these same states to the Board so that we can check them off when the documentation is received for each state.**

We understand that this information may take time to collect and, therefore, if licensure is approved, it will not be delayed awaiting this documentation. However, please be advised that failure to submit the documentation in a reasonable time period could result in a delay in receiving your next license at renewal time.

Thank you for your cooperation. If you have any questions, please contact the Board office at the telephone number listed below.

Sincerely,

*Lynn A. Warner*

Lynn A. Warner, AS  
Board Assistant

Enclosure

## CRIMINAL RECORD REQUEST CONTACT INFORMATION

Alabama / 334-353-7800 -	Signed Release with \$25 to Alabama Bureau of Investigation, Identification Unit-Record Checks
Alaska / 907-269-5767 -	Personal Request \$20- Dept. of Public Safety, Records & Identification
Arizona / 602-223-2222	Is a 'non-release' state; you will need to do your criminal background check through the FBI; use contact number for information
Arkansas / 501-618-8100 -	Signed Release Form \$20 to Arkansas State Police, Identification Bureau
California / 916-227-3823 -	Contact the Maine Board of Dental Examiners to request a California Fingerprint Card and Instructions; fee of \$32.00 to be sent with fingerprint card to California
Colorado / 303-239-4230 -	Written request with \$13.00 fee to CO Bureau of Investigation
Connecticut / 860-685-8480 -	Written request and fee of \$25 sent to State Police Bureau of Identification
Delaware / 302-739-5901 -	Contact Mrs. Teresa Jones
District of Columbia / 202-727-4247-	Completed form through DC Criminal Records Section
Florida / 850-410-7000 or 8161 -	Completed Request form with \$23 to FL Dept. of Law Enforcement
Georgia / 404-244-2639 -	\$15
Hawaii / 808-587-3100 -	Completed form with fee of \$15 or \$25 sent to Hawaii Criminal Justice Data Ctr.
Idaho / 208-884-7130 -	Completed form with \$10 fee
Illinois / 815-740-5160 -	Must order UCIA request forms from Bur. Of Identification, complete form and send along with appropriate fee
Indiana / 317-232-8263 -	Completed form for either limited or full history information with \$7 or \$10 fees sent to Indiana State Police
Iowa / 515-281-4776 -	Completed forms and \$13.00 sent to Iowa Division of Criminal Investigations
Kansas / 785-296-8200 -	Completed form with \$30 fee sent to Kansas Bureau of Investigations
Kentucky / 502-227-8700 -	Completed form with \$10 fee sent to Kentucky
Louisiana / 225-925-6095 -	Completed forms to Bureau of Criminal Identification and Information
Maine / 207-624-7240 -	The Maine Board of Dental Examiners will obtain for you from the State Bureau of Identification, you will be invoiced \$ 15.00; otherwise \$ 25.00 to State Bureau of Identification
Maryland / 410-764-4501 -	Written request from applicant with \$19 fee and fingerprint card sent to CJIS – Central Repository
Massachusetts / 617-660-4600 -	Completed form with \$30 fee sent to Criminal History Systems Board
Michigan / 517-322-5511 -	Obtain a prepaid account/complete form and fax to Information Center
Minnesota / 651-642-0670 -	Send written request with \$4.00 fee. Web: <a href="https://cch.state.mn.us/common/BCA.home.aspx">https://cch.state.mn.us/common/BCA.home.aspx</a>
Mississippi / 601-933-2600	
Missouri / 573-526-6153 -	Completed form with \$4 or \$14 fee to Criminal Record System Fund

## **CRIMINAL RECORD REQUEST CONTACT INFORMATION *Continued***

Montana / 406-444-3625 -	Written request with \$10 fee and specify name or fingerprint check to MT
Nebraska / 402-479-4924	
Nevada / 775-334-3875 -	Completed form with Fingerprint Card and \$21 fee to Dept. of Public Safety
New Hampshire / 603-271-2538 -	Notarized Signed Release Form \$10 sent to New Hampshire Department of Safety
New Jersey / 609-882-2000 x-2918 -	\$30 to the Division of State Police
New Mexico / 505-827-9181 -	\$17 to Department of Public Safety
New York / 518-485-7675 -	Through State Division of Criminal Justice Services
North Carolina / 919-662-4500	
North Dakota / 701-328-5500 -	\$15 and completed forms to the Attorney General's Office, Bureau of Criminal Investigations
Ohio / 740-845-2113 -	\$15 (money order or certified bank check). Obtain fingerprint card (from your local police dept.) and cross out where it says applicant (on rt.) and write in BCI, send with letter requesting background check and granting permission to State of Ohio to conduct a background check.
Oklahoma / 405-848-6724 -	\$15 Completed form to Oklahoma State Bureau of Investigations
Oregon / 503-378-3070 -	Can set up an account, but for infrequent requests, can send a completed form with \$10 fee to Oregon Sate Police.
Pennsylvania / 717-783-5588 -	\$10 on-line through PA State Police Home Page
Rhode Island / 401-274-4400 -	Through State Bureau of Criminal Investigations
South Carolina / 803-896-7043 -	\$25 Directions on-line at <a href="http://www.sc.gov">www.sc.gov</a>
South Dakota / 605-773-3331 -	Contact the Division of Criminal Investigations
Tennessee / 615-726-7952 -	\$29 Completed forms to TN Bureau of Investigations at <a href="http://www.tennessee.gov">www.tennessee.gov</a>
Texas / 512-424-2478	
Utah / 801-965-4445 -	\$10 Contact Utah Bureau of Criminal Identification
Vermont / 802-244-8786 x-5237 -	Signed Release Form
Virginia / 804-674-2024 -	Notarized Signed & Completed Form (SP 167) \$15 – Send to: Virginia State Police
Washington / 360-705-5100 -	\$10
West Virginia / 304-746-2178 -	Contact WV State Police, Criminal Investigation Reports
Wisconsin / 608-266-1221 -	On-line at <a href="http://wi-recordcheck.org">http://wi-recordcheck.org</a>
Wyoming / 307-777-7523 or 7181 -	Written request with \$15-\$20 fee
Puerto Rico / 787-766-5000 x-2437	
US Virgin Islands / 340-778-0400	





Select One

\*I possess an associate's degree from a dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation (CODA) and am able to document 5,000 work hours of clinical practice in a private dental practice or nonprofit dental clinic under direct or general supervision of a dentist during the 6 years preceding this application (See Form CP-1)

\*I possess a bachelor's degree from a dental hygiene program accredited by the American Dental Association Commission on Dental Accreditation (CODA) and am able to document 2,000 work hours of clinical practice in a private dental practice or nonprofit dental clinic under direct or general supervision of a dentist during the 4 years preceding this application (See Form CP-1)

Select One

\*Have you read the laws of the State of Maine relating to the practice of Dentistry, Dental Hygiene and Denturism?

Yes No

Select One

- 1. \*Have you ever been denied licensure in any state or province? Yes No
- 2. \*Have you ever possessed a license to practice Dental Hygiene/Independent Practice Dental Hygiene that was suspended, revoked or subjected to other disciplinary actions? Yes No
- 3. \*Have your practice privileges ever been restricted? Yes No
- 4. \*Are you, or have you ever been, addicted to the use of alcohol, narcotics or other mind altering drugs? Yes No
- 5. \*Have you ever been hospitalized or undergone treatment for alcohol or drug dependency? Yes No
- 6. \*Have you ever been hospitalized for the treatment of mental illness? Yes No

**\*\* Yes answers should be explained in detail on a separate sheet. \*\***

\*Give name and address of two character references, preferably Maine dentists:

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\*List in chronological order all professional training and experience since Dental Hygiene School. Include all periods of time from the date of graduation to the present, whether or not engaged in activities related to Dental Hygiene.

From (mm/yyyy)	To (mm/yyyy)	Employer	Address

Please list the anticipated Clinical Practice Certifications (CP-1's) to be received on your behalf to enable us to track file completion.

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\*List dental hygiene organization memberships, past and present:

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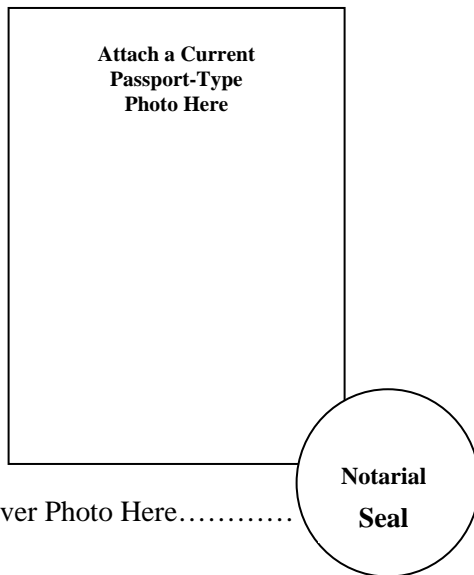
**AFFIDAVIT**

I certify that the information given in this application is true and accurate and that the attached is a true photograph of me.  
**(Applicant must sign in the presence of the notary public.)**

Signed \_\_\_\_\_  
**Handwritten Signature of Applicant**

Notary must sign the following and **affix Notarial seal over a portion of the photograph**

Sworn to before me  
And subscribed in  
My presence on  
This \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
Signature of Notary Public.....Place Notarial Seal Over Photo Here.....

\* \* \* PLEASE NOTE: APPLICATION FEES ARE NON-RUFUNDABLE \* \* \*

**AUTHORIZATION AND WAIVER**

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine State Board of Dental Examiners and/or the Subcommittee on Dental Hygienists, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine State Board of Dental Examiners and/or the Subcommittee on Dental Hygienists to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine State Board of Dental Examiners and/or the Subcommittee on Dental Hygienists to release to the organizations, individuals and groups listed above, any information which is material to my application.

\_\_\_\_\_  
**Signature of Applicant**  
(Handwritten)

## EDUCATION REQUIREMENTS

Complete top section of this form and mail to your School of Dental Hygiene.

**To the Dean:** I am applying for licensure to practice Independent Practice Dental Hygiene in the State of Maine. The Board of Dental Examiners and/or the Subcommittee on Dental Hygienists require verification of my Dental Hygiene Education.

This is my authorization to release any information in your file to the State of Maine Board of Dental Examiners and/or the Subcommittee on Dental Hygienists.

\_\_\_\_\_  
Print or type name

\_\_\_\_\_  
Handwritten Signature

\_\_\_\_\_  
Graduation Year

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

I certify that \_\_\_\_\_ has attended and completed the required course in the study of dental hygiene and was graduated from:

\_\_\_\_\_  
Name of Dental Hygiene School

\_\_\_\_\_  
Graduation Date

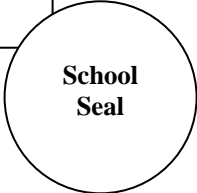
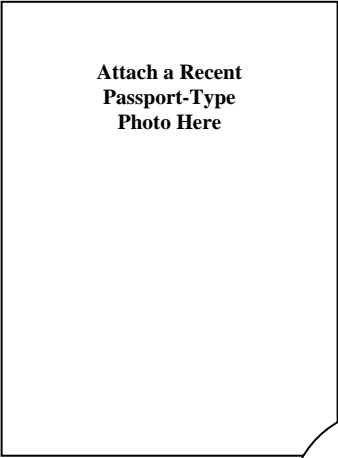
\_\_\_\_\_  
With a Degree of  
(Associate's Degree/Bachelor's Degree Required)

And that the photograph attached is a likeness of

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature of Dean or Secretary

\_\_\_\_\_  
Date



**Seal of School to be impressed over a portion of photograph**

**DENTAL HYGIENE SCHOOL TO RETURN DIRECTLY TO:**  
**Board of Dental Examiners**  
**# 143 State House Station**  
**Augusta, ME 04333**

# STATE BOARD RECOMMENDATION

Complete top section of form and mail to the Board of each state and/or province in which you are now or have ever been licensed to practice. If needed, you may make duplicates of this form.

**SECRETARY:** I am applying for licensure to practice Independent Practice Dental Hygiene in the State of Maine. The Board of Dental Examiners and/or the Subcommittee on Dental Hygienists require that your Board complete this form in order that I may be considered for licensure.

This is my authorization to release any information in your files favorable or otherwise, to the State of Maine Board of Dental Examiners and/or the Subcommittee on Dental Hygienists.

Print or Type your name	Handwritten Signature
License #	Date Issued
Address	
City	State
	Zip

**LICENSING BOARD TO RETURN DIRECTLY TO:**

**Board of Dental Examiners  
#143 State House Station  
Augusta, ME 04333**

I, \_\_\_\_\_ Secretary of \_\_\_\_\_  
Official Name of Board

Hereby certify that \_\_\_\_\_ was granted Certificate Number \_\_\_\_\_  
dated \_\_\_\_\_ to practice \_\_\_\_\_ in the State/Province of \_\_\_\_\_ on the  
basis of \_\_\_\_\_.

Status of license: CURRENT \_\_\_\_\_ EXPIRED \_\_\_\_\_ DATE EXPIRED \_\_\_\_\_

Reason for expiration: \_\_\_\_\_

LEGAL/DISCIPLINARY ACTION: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Signature of Secretary of State Board

**SEAL**





State of Maine  
 Board of Dental Examiner  
 143 SHS – 161 Capitol St.  
 Augusta, ME 04333  
 Tel: (207) 287-3333

Payment Options

Check Money Order Master Card Visa  
 Credit Card # \_\_\_\_\_  
 Cardholder \_\_\_\_\_  
 Expiration Date (MM/YY) \_\_\_\_\_  
 Checks/MoneyOrders payable to:  
 Maine Board of Dental Examiners  
 Registration Fee is non-refundable

**PRINT or TYPE COMPLETE NAME & ADDRESS\*:**

(Address provided above will be listed in the Directory and on the Boards' Website)

License # Social Security # Phone: (H) (O)  
 E-Mail Address: \_\_\_\_\_ Prefer to be contacted at Home [ ] or at Office [ ]

*If any information printed above is incorrect, please circle the error and legibly print the correct information.*

*Any change of address or name that is not reported to the Board could be subject to a fine.*

- [ ] I am applying for an initial license to practice independent practice dental hygiene in Maine and am enclosing proof of CPR certification.
- [ ] I am applying for ACTIVE status and am enclosing my CDE log indicating \_\_\_\_\_ credits earned between January 1, 2009 and December 31, 2010 and am enclosing proof of CPR certification.
- [ ] I am applying for ACTIVE status but am not required to list my CDE activities because my license was issued during 2010 (If license was issued during the year 2009, fifteen (15) credits are required). Proof of CPR certification is enclosed.
- [ ] I am applying for Inactive status. I am not practicing Dental Hygiene in the State of Maine at this time, but wish to keep my license current although I have earned no Continuing Education credits. I am aware that the fee for an inactive license is the same as for an active license. I certify that I will not render any dental hygiene services during the term of this biennium. I understand that my license will be stamped "Inactive Status". (Please note: Reactivation is not automatic, it may require an interview and/or refresher course.)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Inactive status applicant only)

\*I am currently practicing dental hygiene: [ ] Full time [ ] Part time [ ] Not practicing  
 [ ] Retired [ ] Other - Specify \_\_\_\_\_

\*If not currently practicing in Maine, I last practiced in Maine in \_\_\_\_\_

\*For Maine employed hygienists only; please list Employing Dentist(s):

Dentist (Name & Lic#) _____	Dentist (Name & Lic#) _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
County _____ Telephone _____	County _____ Telephone _____

Dentist (Name & Lic#) _____	Dentist (Name & Lic#) _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
County _____ Telephone _____	County _____ Telephone _____

\*Please list all States/jurisdictions other than Maine in which you currently hold or have ever held a license to practice dental hygiene.

State/Province:	Lic #:	Lic Type:	Date of Issue:	Current Status:
State/Province:	Lic #:	Lic Type:	Date of Issue:	Current Status:
State/Province:	Lic #:	Lic Type:	Date of Issue:	Current Status:
State/Province:	Lic #:	Lic Type:	Date of Issue:	Current Status:

- |      |  |    |     |
|------|--|----|-----|
| 1.   | Has <b>any</b> state or jurisdiction <b>ever</b> taken <b>any</b> disciplinary action against your license to practice <b>any</b> occupation or profession? (i.e., fine, reprimand, modification, suspension, revocation.) | No | Yes |
| 2.   | Are you currently under investigation by any other State’s Dental Board?   | No | Yes |
| 3.   | Are there currently any civil or criminal actions (including malpractice) pending against you in any federal or state court, including courts martial?   | No | Yes |
| 4.   | Have you ever had any malpractice settlements made on your behalf?   | No | Yes |
| 5.   | Are you currently in default on payment of student loans?  | No | Yes |
| 6.   | Have you, in the last ten 10 years <b>or</b> since your last renewal,  |    |     |
| 6-A. | Had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than (30) days?                          | No | Yes |
| 6-B. | Been arrested or convicted for anything other than minor traffic violations (OUI is not considered a minor traffic violation)?   | No | Yes |
| 6-C. | Been addicted to or abused any substance or drug (including the use or abuse of alcohol)?  | No | Yes |
| 6-D. | Rendered any dental services illegally?  | No | Yes |

**“Yes” answers should be explained in detail on a separate sheet.**

*Notice:*

*Unless all pertinent information requested is answered, this application will be returned to the licensee.*

**I swear or affirm under penalties of perjury and false swearing and subject to the disciplinary laws and rules of the Board that all information requested in this registration form has been answered, and that all answers are accurate and truthful.**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(mm/dd/yyyy) Handwritten Signature  
 Type or Print: \_\_\_\_\_

**SSN:**

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

**PRIVACY:**

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This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA § 401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number and credit card number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website.

Jurisprudence Examination for Independent Practice Dental Hygienists

Name \_\_\_\_\_

Date \_\_\_\_\_

(mm/dd/yyyy)

This examination must be completed with a successful grade of at least 90%. It is an open book examination. The answers may be obtained by going to our website at [www.mainedental.org](http://www.mainedental.org), then clicking on Maine Statutes and Rules on the home page; or by contacting the Board office to request that a copy of the Maine Dental Practice Act be sent to you. Please select the correct answer by clicking in the circle.

	True	False
1. Dentures (full) need not contain any form of identification.	T	F
2. The Board may conduct or authorize an investigation of violations of the laws relating to the practice of dentistry, dental hygiene, denturism and dental radiography.	T	F
3. It shall be unlawful for any person not otherwise authorized by law to practice dental radiography without having a current license issued by the Board.	T	F
4. A registered dental hygienist may remove sutures and apply desensitizing agents under general supervision of a dentist.	T	F
5. Failure to notify the Board of a change of name or address within 30 days subjects the licensee to a \$25.00 fine.	T	F
6. If the Board concludes that modification or non-renewal of a license might be in order, the Board shall hold an adjudicatory hearing.	T	F
7. The Board may request an informal conference if they receive a complaint about a licensed dental professional.	T	F
8. A dentist is not liable for the activities of a denture technologist in his/her employ.	T	F
9. A patient entering a multi-dentist practice must be informed of his/her dentist of record.	T	F
10. A registered dental hygienist may apply pit and fissure sealants under general supervision only after the dentist has determined the site acceptable, unless the hygienist is involved in a public health or school sealant program.	T	F
11. The Board shall notify the licensee of the content of a complaint filed against the licensee within 60 days.	T	F
12. An IPDH cannot perform duties under the supervision of a dentist.	T	F
13. AN IPDH shall provide to a patient a written plan for referral to a Dentist for any necessary dental care.	T	F
14. A registered dental hygienist or dental assistant may take impressions for study casts.	T	F
15. A registered dental hygienist may place gingival retraction cord, without vasoconstrictor, under general supervision.	T	F
16. A license or certificate of ability to practice is automatically suspended for failure to pay the registration fee by February 1.	T	F

- |     |   |   |   |
|-----|---|---|---|
| 17. | A licensee notified by the Board of a complaint against him/her shall respond within 30 days.   | T | F |
| 18. | Every act constituting a violation of the Dental Practice Act is a separate offense.  | T | F |
| 19. | A registered dental hygienist must be 18 years of age or over, have graduated from a CODA accredited dental hygiene program and passed National and Regional Board exams.         | T | F |
| 20. | Dental hygienists may administer local anesthesia under general supervision.  | T | F |
| 21. | The Board of Dental Examiners consists of seven members, three dentists, two hygienists and two public members.   | T | F |
| 22. | Failure to use a lead apron on a patient when taking radiographs constitutes incompetence.  | T | F |
| 23. | A dental auxiliary may cement orthodontic bands or appliances to a patient's patient's teeth.   | T | F |
| 24. | The Board does not grant licensure by endorsement for dental hygienists or dentists.  | T | F |
| 25. | A dental hygienist must complete 30 hours of continuing education units and be CPR certified every biennium to renew the license.   | T | F |
| 26. | A Registered Dental Hygienist license (RDH) issued by this Board automatically expires upon issuance of an Independent Practice Dental Hygiene license (IPDH) to the same person. | T | F |
| 27. | A dentist must complete 60 hours of continuing education credits every biennium to renew the license.   | T | F |
| 28. | The Subcommittee on Dental Hygienists shall adopt rules relating to the practice of dental hygiene.   | T | F |
| 29. | A dental hygienist applying for public health supervision status must still practice under the general supervision of a dentist.  | T | F |
| 30. | A dentist employing an unregistered dental hygienist or dental radiographer commits a Class E crime and may be fined.   | T | F |
| 31. | The Board may adopt Rules and Regulations relative to the Dental Practice Act.  | T | F |
| 32. | A dental assistant may apply fluoride to control caries and place retraction cord.  | T | F |
| 33. | A license or certificate of ability to practice granted by endorsement must state this on the certificate.  | T | F |
| 34. | A registered dental hygienist may perform defined duties only under the direct or general supervision of a dentist.   | T | F |
| 35. | A registered dental hygienist may perform all the duties of a dental assistant.   | T | F |

36.	A dentist or dental hygienist must pay the biennial re-licensure fee on or before January 1.	T	F
37.	Drug addiction or chronic alcoholism are causes for which a license may be suspended or revoked.	T	F
38.	An IPDH may place and remove rubber dams.	T	F
39.	Registration cards must be exhibited near the license or certificate of ability to practice.	T	F
40.	Under the direct supervision of a dentist, a dental assistant may prepare teeth for banding or bonding of orthodontic brackets only.	T	F
41.	The purpose of the Board of Dental Examiners is to protect the dentists and dental hygienists in the State of Maine.	T	F
42.	An IPDH can enter into arrangements with a licensed Denturist of another IPDH.	T	F
43.	If an applicant for licensure for IPDH has proof of an Associates degree and 2,000 work hours of clinical practice they qualify for licensure.	T	F
44.	A dentist or dental hygienist must furnish the Secretary of the Board with the places of practice.	T	F
45.	A dental hygienist may obtain a permit to administer nitrous oxide after successful completion of a course in a CODA approved program or other MBDE approved course.	T	F
46.	A dental hygienist may perform a complete prophylaxis, including root planing and curettage under general supervision of a dentist.	T	F
47.	Evidence of mandatory continuing education and CPR certification is required for renewal or reinstatement of a dental or dental hygiene license.	T	F
48.	The dental hygiene members of the Board of Dental Examiners are full voting members of the Board.	T	F
49.	A hygienist may only provide services to patients of record of his/her supervising dentist, except under Public Health Supervision status.	T	F
50.	A dental hygienist, denturist or dental radiographer may perform only those duties delegated by the Maine Dental Practice Act and Rules.	T	F