



# Dental Hygiene License Application Packet

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## Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

## In order to process your request:

**Mail your application with initial documentation and your check or money order payable to:**

Department of Health  
P.O. Box 1099  
Olympia, WA 98507-1099

**Send other documents not sent with initial application to:**

Dental Hygiene Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877

## Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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## Application Instructions Checklist

You should use this application to obtain a dental hygiene license if you have completed an approved dental hygiene education program. The program must be accredited by the American Dental Association Commission on Dental Accreditation (CODA). The program must have included the following curriculum:

- a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar and PSA.
- b. Didactic and clinical competency in the administration of nitrous oxide analgesia.
- c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist.
- d. Didactic and clinical competency in the carving, contouring and adjusting contacts and occlusions of restorations.

If your program did not include the above curriculum:

- You may complete a Washington State approved expanded function education program(s) to meet this requirement. A list of approved expanded function education programs is enclosed in this application.
- You may qualify for the initial limited license. There is a separate initial limited license application. See the requirements for an initial limited license on our [website](#).

**Important background check Information:** Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in ink. It is your responsibility to submit the required forms.

**Application Fee.** This fee is non-refundable. You can check the online [fee page](#) for current fees.

**Check if either apply:**  
Request for Military Training and Experience Evaluation  
Spouse or Registered Domestic Partner of Military Personnel

**1. Demographic Information:**  
**Social Security Number:** You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the

Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name: first, middle, and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide your month, day and year of birth.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone, Fax and Cell Numbers:** Enter your phone, fax and cell numbers, if you have them.

**Email:** Enter your email address, if you have one.

**Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

**2. Personal Data Questions:**

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

**3. Education:**

List in date order, most recent to later, all of your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

**Transcripts:** Graduation from an American Dental Association Commission on Dental Accreditation (CODA) dental hygiene education program is the approved education for licensure. Have your school send official school transcripts directly to the Department of Health.

**4. Experience:**

List in date order, most recent to later, all of your professional experience and practice from date of graduation from professional college. Attach additional completed pages if you need more space.

**5. Examination:**

Select all the dental hygiene examinations you have taken. The following examinations are the approved examinations for license.

- Dental Hygiene National Board examination.
- Washington State Drug and Law exam (administered by Dental Assisting National Board, Inc.).

Practical Examinations:

- Western Regional Examining Board (WREB) Dental Hygiene Examination if passed after May 8, 1992.
- Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination if passed after November 1, 2001.
- Commission on Dental Competency Assessments (CDCA) (formally NERB) Dental Hygiene Examination if passed between January 1, 2000 and August 21, 2009, or if passed after March 16, 2018.

Expanded Functions Examinations:

- WREB Anesthesia Examination if passed after May 8, 1992.
- WREB Restorative Examination if passed after May 8, 1992.
- CRDTS Anesthesia Examination if passed after October 13, 2017.
- CRDTS Restorative Examination if passed after March 7, 2016.

**6. Other License, Certification, or Registration:**

List all states, including Washington, where credentials are or were held. You must also print the [Verification Form](#) and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health. An out of state credential verification form must be resubmitted if it has been over six months since it was last received. Attach additional pages if you need more space.

**7. Applicant's Attestation:**

You must sign and date this for us to process the application.

## **For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:**

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
  - A copy of your marriage certificate to show proof of marriage; or
  - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

## **For Current and Former Servicemembers Requesting Evaluation of Military Training and Experience**

Under state law, your military education, training, and experience may count towards attaining certain civilian health care profession credentials in Washington State.

Submitted information will be reviewed by the Department of Health to determine substantial equivalency for meeting the credentialing requirements in this state.

Documents to submit with your health care professional credential application should include the following:

- If applicable, a copy of your DD214 Certificate of Release or Discharge from Active Duty, Member-4 or service 2 copy, or NGB-22 for National Guard.

### **Please note:**

- A copy of your DD214 can be downloaded from the [EBenefits website](#).
- You can request a replacement copy of your NGB-22 on the [National Archives website](#).
- Official Joint Service Transcript (JST) or Community College of the Air Force (CCAF) Transcripts.  
**Please note:**
  - JST can be sent electronically by visiting the [JST website](#) and selecting Washington State Department of Health.
  - CCAF transcripts cannot be sent electronically. See the [CCAF website](#) for transcript information.
- Verification of Military Experience and Training (VMET) or DD Form 2586. See the [DoDTAP website](#).
- If applicable, application for the Evaluation of Learning Experiences During Military Service (DD Form 295). See the [Military Resources website](#).

## License Requirements

Thank you for applying to become a licensed dental hygienist in Washington State. To expedite the license process, please use the following checklist.

**Verification of Examinations:**

Practical Examinations:

- Western Regional Examining Board (WREB) Dental Hygiene Examination if passed after May 8, 1992.
- Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination if passed after November 1, 2001.
- Commission on Dental Competency Assessments (CDCA) (formally NERB) Dental Hygiene Examination if passed between January 1, 2000 and August 21, 2009, or if passed after March 16, 2018.

Expanded Functions Examinations:

- WREB Anesthesia Examination if passed after May 8, 1992.
- WREB Restorative Examination if passed after May 8, 1992.
- CRDTS Anesthesia Examination if passed after October 13, 2017.
- CRDTS Restorative Examination if passed after March 7, 2016.

A certification of your scores is needed directly from WREB/CRDTS/CDCA(NERB) for each examination. If your scores are not available electronically, the department will require you to request scores from the examination company directly.

Note: WREB/CRDTS/CDCA(NERB) may charge a processing fee. Please contact them prior to your request to prevent a delay.

Western Regional Examining Board  
23460 North 19th Avenue, Suite 210  
Phoenix, AZ 85027.  
602-944-3315

Central Regional Dental Testing Service, Inc.  
1725 SW Gage Blvd  
Topeka, KS 66604-3333  
785-273-0380

Commission on Dental Competency Assessments  
1304 Concourse Drive, Suite 100  
Linthicum, MD 21090  
301-563-3300

**Verification of your Washington State Dental Hygiene Drug and Law Exam.** The examination includes questions on legend (prescription) drugs and dental hygiene and dental laws and rules for Washington State.

- A minimum score of 90 percent is required.
- Dental hygiene laws and rules are located in [RCW 18.29](#) and [WAC 246-815](#).
- Dental laws and rules are located in [RCW 18.32](#) and [WAC 246-817](#).
- Dental Assisting National Board, Inc. gives the exam. An application to apply for this examination is enclosed.

Verification(s) will only be accepted when received by the department directly from the source. These items should not be included with your application.

**Out-of-State Credential Verification**

A verification/certification from any state you have been credentialed in must be sent directly to the Department of Health. An out of state credential verification form must be resubmitted if it has been over six months since it was last received. Attach additional pages if you need more space.

**Requirements for License by Interstate Endorsement of Credentials**

In addition to meeting all the requirements listed above (Requirements for Dental Hygienists) you must meet the following:

- Pay the credentialing application [fee](#).
- You have a nonlimited license by examination in another state. The other state's current licensing standards must be substantially equivalent to Washington State. Review [WAC 246-815-100](#) to determine if your state may meet this requirement. At this time, the following state is not approved by the Washington State Dental Hygiene Program to have a substantially equivalent scope of practice:  
Delaware.
- You have a current license in another state and have been engaged in clinical practice with in the previous year as a dental hygienist.

Note: Some applicants do not qualify for license by interstate endorsement. However, these same applicants may qualify for the initial limited license. There is a separate initial limited license application located on our [website](#).

**Other Information**

Criminal history checks are conducted for all license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application. If your application is incomplete, you will be mailed a letter regarding the deficiencies.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the dental hygiene program is available on our [website](#).

Note: You cannot practice dental hygiene until your license is issued.



Date  
Stamp  
Here

Revenue: 0251040000

## Dental Hygiene Application

**Select if either apply:**     Request for Military Training and Experience Evaluation  
 Spouse or Registered Domestic Partner of Military Personnel

**Select One:**     License by examination                       License by endorsement of credentials and examination

### 1. Demographic Information

<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> X
---	---	--

Name	First	Middle	Last
------	-------	--------	------

Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address:

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

**Note:** The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)?     Yes     No  
 If yes, list name(s):

Will documents be received in another name?     Yes     No  
 If yes, list name(s):

Dental Hygiene School	Year graduated
Approved dental hygiene expanded functions program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date approved

## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.  
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

**The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

**Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.**

**If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)? .....

## 3. Education

List in date order, most recent to later, all of your educational preparation. Attach additional completed pages if you need more space.

Schools Attended Full Name, City and State	Degree Earned	Attendance Dates	
		Start (mm/yyyy)	End (mm/yyyy)

## 4. Experience

List in date order, most recent to later, all of your professional experience and practice from date of graduation from professional college. Include the month/day/year. Attach additional pages if you need more space.

Name of Business	Total Number of Months	Dates	
		Start mm/yyyy	End mm/yyyy

## 5. Examination

The examinations listed below are the approved examinations for licensure. Check all that you have taken.

- Dental Hygiene National Board examination.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- Washington State Drug and Law exam (administered by Dental Assisting National Board, Inc.).  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- WREB Patient Evaluation/Prophylaxis if passed after May 8, 1992.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- CRDTS Patient Evaluation/Prophylaxis if passed after November 1, 2001.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- CDCA (formerly NERB) Patient Evaluation/Prophylaxis if passed between January 1, 2001 and August 21, 2009, or if passed after March 16, 2018.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- WREB Anesthesia examination if passed after May 8, 1992.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- WREB Restorative examination if passed after May 8, 1992.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- CRDTS Anesthesia examination if passed after October 13, 2017.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)
- CRDTS Restorative examination if passed after March 7, 2016.  
Date of exam: \_\_\_\_\_  
(mm/dd/yyyy)

## 6. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional completed pages if you need more space.

State/ Jurisdiction	Profession	Certificate		Permanent or Temporary	Currently in force
		Year issued	Number		
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes
					<input type="checkbox"/> No <input type="checkbox"/> Yes

## 8. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of  
(Print applicant name clearly)  
the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local, or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(mm/dd/yyyy) (City, state)

By: \_\_\_\_\_  
(Signature of applicant)

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## **Dental Hygiene Expanded Functions Education Information**

Applicants interested in taking approved expanded function courses in preparation for Washington State Dental Hygiene License, may contact the schools listed below for courses and availability.

### **Eastern Washington University - Cheney, WA**

**(NO CLASSES FOR 2022)**

Contact phone: (509-828-1300

<https://www.ewu.edu/chsph/dental-hygiene/continuing-education/>

<https://www.ewu.edu/>

Restorative

### **Lake Washington Institute of Technology - Kirkland, WA**

Contact the Dental Hygiene Department:

Beth Davis at (425) 739-8386 or Monta Frost, Director at (425) 739-8404

Anesthetic and Nitrous Oxide

### **Oregon Health & Science University - Portland, OR**

Contact Debbie Reaume, Continuing Education Program (503) 494-8857

Nitrous Oxide

### **Phoenix College - Phoenix, AZ**

Contact Nan Reif, Director, Center for Health Professions (602) 285-7331

Anesthetic and Nitrous Oxide

### **Pierce College at Fort Steilacoom - Lakewood, WA**

**(NO CLASSES FOR 2022)**

Contact Phone: (253) 964-6248

Contact email: [vm-dentalinstitute@pierce.ctc.edu](mailto:vm-dentalinstitute@pierce.ctc.edu)

[www.pierce.ctc.edu](http://www.pierce.ctc.edu)

Anesthetic, Nitrous Oxide and Restorative

### **Portland Community College Institute for Health Professionals - Portland, OR**

Contact Stacy Bone (971) 722-6629

Contact email—[stacy.bone@pcc.edu](mailto:stacy.bone@pcc.edu)

[www.pcc.edu/climb/health/](http://www.pcc.edu/climb/health/)

Restorative

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Dental Hygiene Credentialing  
P.O. Box 47877  
Olympia, WA 98504-7877  
360-236-4700

## Dental Hygiene Education Verification

Note: this form must be submitted directly from the Dental Hygiene program.

### Applicant Information:

Name	First	Middle	Last	Date of Birth
Address				
City			State	Zip Code

### To be completed by the dental hygiene program:

The student listed above has graduated or successfully demonstrated the following at

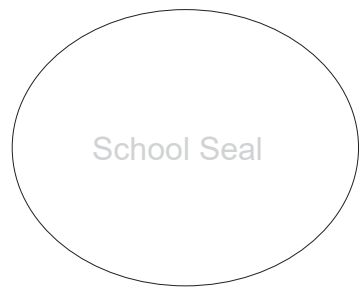
\_\_\_\_\_ on \_\_\_\_\_  
Name of program (mm/dd/yyyy)

which is a dental hygiene program accredited or approved by the following:

- Expanded functions education program approved by the Secretary of the Department of Health.
- The American Dental Association Commission on Dental Accreditation for dental hygiene.
- The Commission on Dental Accreditation of Canada (CDAC) for dental hygiene.

Please check the answers applicable to this student. Please note clinical competency means on live patients.

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Didactic and clinical competency in the administration of injections of local anesthetic, which includes infiltration: ASA, MSA, Nasopalatine, greater palatine. Block: Long buccal, mental, inferior alveolar, and PSA; |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Didactic and clinical competency in the administration of nitrous oxide analgesia;   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Didactic and clinical competency in the placement of restorations into cavities prepared by a dentist; and   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Didactic and clinical competency in the carving, contouring, and adjusting contacts and occlusions of restorations.  |



\_\_\_\_\_  
Program Director Name (Please print)

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Dental Hygienist Laws, RCW 18.29](#)

[Dental Hygienist Rules, WAC 246-815](#)

[Dentistry Laws, RCW 18.32](#)

### **Online**

[Dental Hygiene Examining Committee Web page](#)