



## 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
------	-------	----------	--------

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
------	-------	----------	--------

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
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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
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Address

City	State	Zip Code
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### To be completed by the dental hygiene program:

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

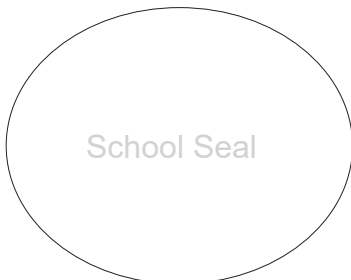
\_\_\_\_\_ on \_\_\_\_\_  
Name of program (mm/dd/yyyy)

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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Dental Assisting  
National Board

# 2023 WSJ Exam

## Application Packet

Includes the application for the:

- Washington State Dental Hygiene Drug and Law (WSJ) Exam

### DANB Contact, Forms and Policies



Dental Assisting National Board  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611-3985

[www.danb.org](http://www.danb.org)

Phone: 1-800-367-3262 • Email: [danbmail@danb.org](mailto:danbmail@danb.org)

When applying for a DANB-issued state exam, you are responsible for reading, understanding, and complying with the policies and procedures in the [State Candidate Handbook](#).

Find all of DANB's policies and forms at [www.danb.org/exams/forms-and-policies](http://www.danb.org/exams/forms-and-policies).

DANB accepts 2023 exam applications through Dec. 31, 2023.

# Washington State Dental Hygiene Drug and Law Exam

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## Washington State Dental Hygiene Drug and Law Exam Information

This application packet provides information concerning the Washington State Dental Hygiene Drug and Law (WSJ) exam required for Dental Hygienist licensure in the state of Washington.

The WSJ Exam is administered by the Dental Assisting National Board, Inc. (DANB) under an agreement with the Washington State Department of Health (WSDOH). This exam consists of 20 items covering the Washington State Dental Hygiene Practice Act, Dental Regulations for the State of Washington and legend (Prescription) drugs.

Exams are administered in a computerized format and can be taken at any of the national test centers contracted by DANB, or from your home as an online proctored exam. For important information regarding taking a test center exam vs. an online proctored exam, please see the [State Candidate Handbook](#), also available at <https://www.danb.org/exams/forms-and-policies>. Candidates are given 45 minutes to complete the 20-item exam. Pertinent sections of the act, regulations, and prescription drug references appear on the computer screen adjacent to each test question.

The following links to Washington state websites are included as reference points for candidates who wish to prepare for the Washington State Dental Hygiene Drug and Law exam:

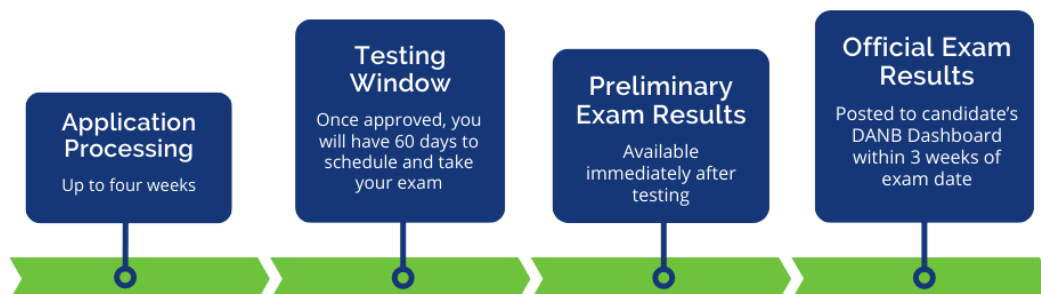
- Dental Hygiene Law in the state of Washington: <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.29>
- Administrative Procedures and Requirements for credentialed health care providers in the state of Washington: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-12>
- Dental Hygiene Rules in the state of Washington:  
<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-815>
- Dental Rules in the state of Washington: <http://apps.leg.wa.gov/wac/default.aspx?cite=246-817>
- Washington State Department of Health: <http://www.doh.wa.gov/>

# Washington State Dental Hygiene Drug and Law Exam

## Testing with DANB

### Timeline

Overview of exam timeline once DANB receives your application and payment.



### DANB ID Policy

When taking an exam, you must present one form of identification (ID) at your exam appointment.

Your ID must be:

- Currently valid, non-expired
- Government-issued
- Photo-bearing
- Signature-bearing
- In roman (not italic) characters
- The exact name as listed in your online DANB account

**The printed name on the ID must match the name as it appears in DANB's database.** Differences due to marital status changes without supplemental documentation are not allowed. The middle name is not required and does not need to be spelled out, but, if used, the first letter of the middle name must match the spelled-out name. If the name listed on your account does not exactly match your ID, a Name Change Request must be processed through your DANB Dashboard with acceptable documentation. Contact DANB if any assistance is needed.

Acceptable forms of identification include:

- U.S. driver's license
- Valid passport
- Military ID card
- U.S. ID card/State ID
- A U.S. government-issued permanent resident card (commonly known as the green card, formerly known as the alien registration card)
- Any other U.S. government-issued ID card bearing the candidate's photograph and signature
- Student ID, if a minor (for online proctored exams only)

Minors who are under the age of 18 are permitted to present a valid student ID as a form of identification for online proctored exams only. In addition, for exams administered through online proctoring, the candidate's guardian must also present a valid ID and provide verbal consent during the check-in process.

You will not be allowed to take the exam if the name on the ID does not match the registered name exactly, and you would need to reapply. See the Missed Exam Appointment section for details.

# Washington State Dental Hygiene Drug and Law Exam

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## Nondiscrimination Policy

DANB does not discriminate in application, exam or certification activities on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

## Reasonable Accommodations for Candidates with Documented Disabilities

Please see the [Reasonable Accommodations form](#) for complete information on accommodations.

## Scheduling an Exam Appointment

Once your application is approved, you will receive a notification from DANB by email that provides a link to schedule your exam at a test center or at home through online remote proctoring. You will have 60 days from the date your application is approved to schedule and take your exam.

You should schedule the exam appointment as soon as you receive an email from DANB, as appointments may be limited. Instructions are provided by email and within your online DANB account to schedule the exam appointment. Specific test center locations, dates or times cannot be guaranteed; changes to in-person test center locations and/or hours may occur without notice.

## Canceling or Rescheduling an Exam Appointment

All exams can be canceled or rescheduled online through Pearson VUE. Exams scheduled at a test center can be canceled or rescheduled up to 24 hours before the appointment time. Online proctored exams can be cancelled or rescheduled up until the time of the exam. To cancel or reschedule your exam, please follow the steps below:

1. Log in to your DANB account to access your DANB Dashboard.
2. Select the exam you would like to reschedule under the heading "Applications in Process."
3. Click the "Schedule Exam" button.
4. Select your upcoming exam appointment within your Pearson Dashboard.
5. Follow the prompts to cancel or reschedule your exam.
6. Confirm your new appointment or cancellation details in the automated email sent from Pearson. If you did not receive an email from Pearson, your exam appointment has not been canceled or rescheduled.

## Requesting a New Testing Window

If you cannot schedule or reschedule an exam appointment before the end of your original 60-day testing window, you may request a new 60-day testing window **one time**. The request must be submitted within 60 days after the end of your original testing window. If you do not take the exam within the new testing window, you must submit a new exam application with any required documentation and full fees. Any testing window received at a reduced fee is not eligible for a refund. For additional information, please see the required [Request a New Testing Window form](#).

## Canceling a Testing Window and Requesting a Partial Refund

If you do not wish to take the DANB exam for which you applied and would like to request a partial refund, you must submit a [Request to Cancel a Testing Window form](#). For additional information, please see the required [form](#).

## Missed Exam Appointment

Any exam that is missed for any reason other than a documented emergency may be rescheduled at a reduced fee ONE TIME by following the below steps:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request and payment for the new 60-day testing window within 60 days of the Missed Exam date. The new testing window will start immediately upon successful submission of the request.

# Washington State Dental Hygiene Drug and Law Exam

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Exams are considered missed if you were not able to take your scheduled exam for any reason. This includes (but is not limited to): arriving late, providing an unacceptable ID, confusion over appointment details, and any technical issues for online testing.

If you do not submit your request within 60 days, you must reapply for the exam with the full fee.

**For online proctored Exams:** You must complete the check-in process no later than 15 minutes after the start of your scheduled exam appointment or your appointment will be declared missed. During the exam check-in process, if there are any technical issues, including an unstable internet connection, or you cannot meet the setup procedures, it may delay the check-in process and/or cause you to miss your scheduled exam. Exams can only be held for 15 minutes past the exam start time, so it is your responsibility to ensure that all necessary check-in steps have been successfully completed prior to that time to begin exam delivery. If you experience internet problems during your exam, such as an unstable internet connection, the exam may not be successfully delivered. If this happens, your exam will be recorded as missed and no refund will be provided.

## Missed Exam Appointment Due to Emergency

At discretion, DANB may issue candidates a new 60-day testing window with no additional cost for qualifying emergencies. To submit a request for a new testing window, following an emergency, you must:

1. Access the exam application on your DANB Dashboard by clicking the name of the missed exam, AND
2. Submit a request with a description of your emergency with dated supporting documentation within 60 days of the missed exam appointment.

Requests will be reviewed within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee. If an emergency is denied, please see Missed Exam Appointment section above.

## Minor Testing Policy

DANB exam candidates who are under 18 years old will need to obtain consent from their parent or legal guardian to take an online proctored DANB exam. The [Parent/Guardian Consent Form](#) can be downloaded from DANB's website. The DANB exam candidate's application will not be considered complete unless the Parent/Guardian Consent Form is completed and submitted to DANB. A separate consent form must be submitted with each DANB exam application.

## Fair Testing Policy

DANB does not discriminate on the basis of age, sex, gender identity, marital status, race, color, religion, national origin, sexual orientation or disability.

DANB seeks to ensure a fair and equitable testing experience for all individuals while ensuring the security and reliability of the process. Improper behavior is not acceptable before, during or after an exam appointment, and each candidate's behavior is monitored during testing. Consequences of improper behavior may include invalidation of exam results and/or revocation of ability to take future exams. For examples of improper behavior, see DANB's [Disciplinary Policy & Procedures](#), available at [www.danb.org](http://www.danb.org).

# Washington State Dental Hygiene Drug and Law Exam

## Application Statements

Please read the following Application Statements carefully. The Application Statements apply to all DANB-administered national and state-specific exams, certificate and certification renewal applications. The candidate's signature on the application indicates understanding and agreement to be legally bound by these statements.

1. I hereby apply to the Dental Assisting National Board, Inc. (DANB) for examination, a certificate and/or certification, in accordance with and subject to the procedures and policies of DANB and the regulations and requirements of any state agency on behalf of which DANB administers an exam or certificate program. Under penalty of perjury, I declare that the information provided on my application is true. I have read and agree to the requirements and conditions set forth in the DANB application packet, and the Candidate Handbook or State Candidate Handbook if applicable, covering eligibility for and the administration of exams, certificates, the certification process, and DANB policies, including but not limited to DANB's Code of Professional Conduct and DANB's Disciplinary Policy & Procedures. I agree to disqualification from the exam, to denial of an exam result, certificate or certification, and to forfeiture and return to DANB of any exam result, certificate granted me by DANB, in the event that any of the answers or statements made by me in this application are false, or in the event that I violate any DANB rules or policies. I agree to comply with any investigation in which I am named, and I authorize DANB to make whatever inquiries and investigations it deems necessary to verify my eligibility, credentials or professional standing.
2. I hereby release DANB, its directors, officers, examiners and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the certification process, any exam administered by DANB, any scoring relating thereto, the failure to issue me an exam result, certificate, or any demand for forfeiture or return of such exam result, certificate, and I agree to indemnify DANB and said persons and hold them harmless from any lawsuit, complaint, claim, loss, damage, cost or expense, including attorneys' fees, arising out of or in connection with said credentialing activities which include all DANB-administered exams and certificates. I UNDERSTAND THAT THE DECISION AS TO WHETHER I HAVE MET REQUIREMENTS FOR ADMISSION TO A DANB-ADMINISTERED EXAM OR RECEIPT OF A DANB-ADMINISTERED EXAM RESULT, CERTIFICATE OR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH DANB AND THAT THE DECISION OF DANB IS FINAL. Notwithstanding the above, should I file suit against DANB, I agree that any such action shall be governed by and construed under the laws of the State of Illinois without regard to conflicts of law. I further agree that any such action shall be brought in the Circuit Court of Cook County in the State of Illinois, or the United States District Court for the Northern District of Illinois; I consent to the jurisdiction of such state and federal courts; and I agree that the venue of such courts is proper. I further agree that should I not prevail in any such action, DANB shall be entitled to all costs, including reasonable attorneys' fees, incurred in connection with the litigation.
3. I understand that except as provided below, this application and any information or material received or generated by DANB in connection with this application or the exam process will be kept confidential and will not be released unless I have authorized such release or the release is required by law. I understand that DANB will verify receipt of any DANB exam application and the date received, on request. I further understand and agree that DANB may also provide verification to anyone by phone, by mail or on DANB's website regarding whether I hold any DANB certifications, any DANB certificates of knowledge-based competence and any state-specific certificates administered by DANB on behalf of a state regulatory body. Phone and mail verification will be provided to anyone upon request and will consist of oral or written confirmation of whether I hold any DANB-administered credentials and the effective dates for each credential. Online verification through DANB's website may consist of online display of my name, the DANB-administered credentials I hold and dates earned, current DANB certification status, and my city and state of residence. My full address will not be posted online by DANB. I further understand and agree that DANB may, from time to time, provide my name, address, phone number to third parties (including but not limited to official DANB affiliates, potential employers; dental conference sponsors; federal, national or state organizations; or legislative committees or task forces proposing or informing stakeholders of legislation). I further understand that this consent will remain in effect unless and until I submit a written request to have this information omitted from release. I understand that if I do not want DANB to display my city and state of residence as part of the online verification process, then I must submit a written request for omission of this information to the following address: DANB Communications Department, 444 N. Michigan Ave., Suite 900, Chicago, IL 60611. I understand that my name, credentials held [issued by DANB as described above] and current DANB certification status will be displayed for everyone; opting out of display of information is only possible for an individual's city and state.
4. I understand that by providing my email address on the application form, or by providing it through my online DANB account, I am consenting to receive email messages from DANB and its official affiliates related to their products and services or news affecting the oral healthcare profession. I understand that DANB agrees not to provide my email address to any other third party, excluding federal, national or state regulatory bodies, without my consent, and that I can request removal from DANB's email distribution list by following the directions contained in the Privacy Policy section of DANB's Terms and Conditions of Use of DANB.org, located at [www.danb.org](http://www.danb.org).
5. I authorize DANB to release my exam results and credential status to state regulatory agencies. Individuals cannot opt out of DANB release of exam results or credential status to state regulatory agencies. I also authorize DANB to use information from my application and exam(s) for statistical analysis, providing that any personal identification is deleted.
6. I understand that I can be disqualified from taking or continuing to sit for an exam, from receiving exam results or certificate and from obtaining certification if DANB determines through proctor observation, statistical analysis or any other means that I was engaged in collaborative, disruptive or other unacceptable behavior before, during the administration of, or following the exam.
7. I understand that the content of all DANB exams is proprietary and strictly confidential information. I hereby agree that I will not disclose, either directly or indirectly, any question or any part of any question from the exam to any person or entity. I understand that the unauthorized receipt, retention, possession, copying or disclosure of any DANB exam materials, including but not limited to the content of any exam question, before, during or after the exam may subject me to legal action. Such legal action may result in monetary damages and/ or disciplinary action including rescinding exam results and denying or revoking certification. I agree to comply with any investigation regarding my behavior, acts or omissions, related to DANB exams, certificates and/or certifications.
8. I understand that for each application submitted, DANB will process the appropriate payment. If I fail to show up for an exam for which I have applied, and there is no documented DANB-accepted emergency, and I failed to comply with DANB cancellation policies, I am still obligated to pay the full exam fee. I further understand that taking the exam and then revoking payment constitutes the wrongful use of DANB products and services and I may be subjected to legal action. I am obligated to pay for the exam whether I pass or fail. I agree not to dispute the exam fee. Exam results will be rescinded if the exam fee is not paid in full.



# Washington State Dental Hygiene Drug and Law Exam

## 2023 WSJ Exam Application

This application will be accepted through Dec. 31, 2023.

1. Candidate must sign, date and submit all required documentation and fees to DANB.  
**Incomplete applications will be denied and a refund, minus the \$75 nonrefundable application fee, will be issued.**
2. Mail or email completed application and supporting documentation to DANB. Full payment is required at the time of application.

### Section A: Signature and Date (Please sign and date with a pen.)

*I hereby affirm that my answers to all questions are true and correct, I have met all eligibility requirements, and I will comply with all DANB policies and procedures. I further affirm that I have read and understood the Application Statements contained in this packet, and I intend to be legally bound by them. I understand that the application fee is not refundable under any circumstances. I hereby apply in accordance with the rules and regulations governing the exam; and I herewith enclose the fee. I hereby agree that prior or subsequent to examination, the WSDOH or DANB may investigate my eligibility and may refuse to issue the exam results and such refusal may not and shall not be questioned by me in any court of law or equity or other tribunal, nor shall I have any claim in the event of such refusal to a return of the fee accompanying the application.*

Signature  Date

### Section B: Candidate Information (Please type or print with a pen.)

Last Four SSN  Date of Birth

Are you 18 years of age or older?\*  Yes  No

*\*If you are under the age of 18, you are required to submit the Parent/Guardian Consent Form in case you choose to take this exam through online remote proctoring. The form can be found on the DANB website.*

Name (must match current ID exactly):

Last  First  Middle Name/Initial

Prior Name (if applicable)  Email (required)

Home Address  City  State  Zip

Phone Numbers (at least one is required):

Office  Home  Cell

### Section C: Work Experience Information

I work in a:  general dental office  specialty dental practice  other (please specify) \_\_\_\_\_

### Section D: Payment (Please type or print with a pen.)

Check/Money Order payable to DANB (must include candidate's name and be in U.S. dollars)

Credit Card Authorization (VISA, MasterCard, Discover & American Express accepted):

Amount **\$150.00**

WSJ  
3935

Credit Card Number  CVV  Expiration  /

Cardholder's Name

Cardholder's Billing Address  City

State  Zip  Daytime Phone Number

Cardholder's Signature

By signing, the cardholder acknowledges intent to register for the aforementioned DANB exam in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. Furthermore, the cardholder understands that the signature obtained at the exam administration shall be used to indicate receipt of purchase. A candidate who fails to show up for the exam for which they registered and has not canceled the exam as described in this packet is still required to pay for the exam. (See the *Application Statements* for further requirements.)

DANB • 444 N. Michigan Ave., Suite 900 • Chicago, IL 60611  
Questions? 800-367-3262 or danbmail@danb.org

Email application to: [financefax@danb.org](mailto:financefax@danb.org)  
Do not submit twice or you will be charged twice.

# Washington State Dental Hygiene Drug and Law Exam

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## Application Checklist

### Have you:

- Read the instructions and information in this application packet?
- Read and agreed to be bound by Washington and DANB rules, regulations, policies and procedures as noted in this application packet?  
(See *Application Statements*, p. 12)
- Filled out the exam application in its entirety?
- Signed and dated the exam application?
- Enclosed the application and exam fee or provided credit card information?
- Enclosed the *Reasonable Accommodations Request* forms, if needed?  
Note: These forms can be found at [www.danb.org](http://www.danb.org).
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be emailed?

### *Mail to:*

Dental Assisting National Board, Inc. (DANB)  
444 N. Michigan Ave., Suite 900  
Chicago, IL 60611

### *Email credit card payments only to:*

[financefax@danb.org](mailto:financefax@danb.org)

### If you have not:

- completed the application in full,
- signed, dated and enclosed your application, and
- provided payment (check, money order, cashier's check) or payment information (credit card)

*your application will be considered incomplete and will not be processed.*

**Incomplete applications will be denied and a refund, minus the \$75 nonrefundable application fee, will be issued.**



## **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](#)