



Dental Hygiene Limited License First Time Renewal 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.

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Application Instructions Checklist

You should complete this application to obtain a renewable limited dental hygiene license. To qualify for licensure you must meet the following requirements:

- You have been issued an initial limited license.
- Provide verification of successful completion of an approved dental hygiene patient evaluation/prophylaxis clinical dental hygiene examination.
- Provide verification of successful completion of an approved local anesthesia examination.
- Provide verification of didactic and clinical competency in the administration of nitrous oxide analgesia.

All verification documentation must be received directly from the testing agency or educational institution. If the verification is not available electronically from the testing agency, the department will require you to request the scores from the examination company.

If the department has already received any of the required documentation with your initial limited dental hygiene license, you do not need to resubmit them.

Note: It is recommended that you submit the renewable limited license application, renewal fee and appropriate expanded functions verification documentation at least 90 days before your initial limited license expiration date.

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 blue or black ink. It is your responsibility to submit the correct forms required.

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

Select if the following applies:
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. Other License, Certification, or Registration.** List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. 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.
- 3. Professional Experience.** In date order, most recent to later, list all your professional work experience since your Washington State credential expired. Attach additional pages if you need more space.
- 4. AIDS Education and Training Attestation.** Required by [WAC 246-12-040](#). If AIDS education was included in your professional education or training, an additional course is not required.
- 5. Disciplinary Action Attestation.** Required by [WAC 246-12-040](#).
- 6. Continuing Education Attestation.** Required by [WAC 246-12-040](#).
- 7. Applicant’s Attestation.** Required to be both signed and dated in order to process the application.

First Time Renewal License Requirements

The initial limited dental hygiene license is valid for 18 months. The limited license can be renewed, but the restorative endorsement can not. It is recommended that you submit your renewal application and supporting documentation at least 30 days before your initial limited license expires.

In order to renew for the first time there are documents that you must submit.

Please note: If the department has already received any of the following documents for your initial limited dental hygiene license, you do not need to resubmit them.

Submit the following:

- Verification of successful completion of an approved dental hygiene patient evaluation/prophylaxis (clinical hygiene) exam.

We only accept the following exams:

- 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.

- Verification of successful completion of an approved local anesthesia exam.

We only accept the following exams:

- 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.

- Verification of successful course completion of didactic and clinical competency in the administration of nitrous oxide analgesia and local anesthesia.

Submit the applicable dental hygiene expanded function education verification form. The form is for either your dental hygiene ADA accredited program or the secretary approved courses. We do accept a combination of verifications.

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.

Other Information

Criminal history checks are conducted for all license applicants. If your renewal application is incomplete, you will be mailed a letter regarding the deficiencies.

- The renewal application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- The initial license will expire on your birthday unless the license is issued within 90 days of your next birthday. See [WAC 246-12-020 \(3\)](#).
- 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.

Date
Stamp
Here

Revenue: 0251040000

Dental Hygiene Limited Licensed First Time Renewal

Please print clearly. It is the responsibility of the applicant to submit or request all required supporting documents be submitted. Failure to do so may result in a delay in processing your application.

Limited License First Time Renewal Initial Limited License Number _____

Select if the following applies: Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

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

2. Other License, Certification, or Registration

State/Jurisdiction	Profession	Credential			Method of Credentialing	Currently In Force	
		Type	Number	Year Issued		No	Yes

3. Professional Experience

Type of experience of practice and location	Start (mm/yyyy)	End (mm/yyyy)

4. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS. This includes the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand should I provide any false information, my license may be denied, or if issued, suspended or revoked.** If AIDS education was included in your professional education or training, an additional course is not required.

APPLICANT'S INITIALS

5. Disciplinary Action Attestation

I certify no action has been taken by any state or federal jurisdiction or hospital, which would prevent or restrict my right to practice my profession.

I further certify I have not voluntarily given up any credential or privilege or have not been restricted in the practice of my profession in lieu of or to avoid formal action.

APPLICANT'S INITIALS

6. Continuing Education/Continuing Competency Attestation (If Applicable)

I hereby certify that I have met all continuing education (CE) and competency requirements which I will document upon request.

Number of CE hours _____

APPLICANT'S INITIALS

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

Dental Hygiene Expanded Functions Education Verification Local Anesthesia Endorsement Form

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)

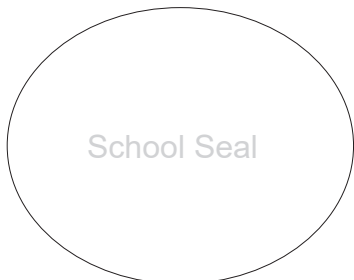
which is a dental hygiene program accredited or approved by the following:

- 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.
- Other, please list: _____

Please note clinical competency means on live patients.

Did the student complete 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?

Yes No



Program Director Name (Please print)

Signature of Program Director

Date

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

Dental Hygiene Expanded Functions Education Verification Nitrous Oxide Analgesia Form

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)

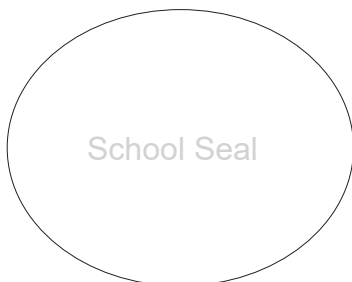
which is a dental hygiene program accredited or approved by the following:

- 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.
- Other, please list: _____

Please note clinical competency means on live patients.

Did the student complete didactic and clinical competency in the administration of nitrous oxide analgesia?

- Yes No



 Program Director or Instructor Name (Please print)

 Signature of Program Director or Instructor

 Date



Dental Assisting National Board, Inc.

Measuring Dental Assisting Excellence®

This exam application packet includes the application for the:

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

When applying for a state-specific DANB-administered exam, you are responsible for reading, understanding and complying with the policies and procedures in the **State Candidate Handbook**, available at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx.

DANB accepts 2022 applications through Dec. 31, 2022.

Washington State Dental Hygiene Drug and Law Exam

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 at any of the national test centers contracted by DANB. 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/>

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Washington State Dental Hygiene Drug and Law Exam

Testing with DANB

Timeline

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

Application processing within 4 weeks	DANB reviews your application and documentation within four weeks. Exams that do not require documentation may be processed more quickly.
Testing window 60 days	Upon application approval, you will be emailed a link to schedule an exam appointment. This link is also available in your DANB account. You have a 60-day testing window in which to schedule and take the exam.
Preliminary exam results available on exam day	You will receive preliminary results at the test center after completing your exam.
Official exam results 8 weeks from exam date	You will receive official exam results and any earned certificates by mail.

DANB ID Policy

When taking an exam, the candidate must present one form of identification (ID) at their exam appointment.

The candidate's ID must be:

- Currently valid, non-expired
- Government-issued
- Photo-bearing
- Signature-bearing
- In roman (not italic) characters
- The exact name as listed in their 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 in the candidate's online DANB account and ID do not match, the candidate must submit the Name Change Request form, available online in their DANB account or at www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx, with acceptable documentation at least two full business days prior to the exam appointment.

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

Minors who are under the age of 18 are permitted to present a valid student ID as a form of identification, for either in-person testing or online proctored exams. In addition, for exams administered through online proctoring, the

Washington State Dental Hygiene Drug and Law Exam

candidate's guardian must also present a valid ID and provide verbal consent during the check-in process.

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

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

If you require accommodations to test:

1. Access your online DANB account and submit the request for accommodations and documentation with your exam application. Please download the Reasonable Accommodations form located here for information on required documentation: www.danb.org/Home/About-DANB/Forms-Used-on-This-Site.aspx.
2. If accommodations are approved, you will receive an email with a link to schedule your exam appointment within your 60-day testing window (also available in your online DANB account).

Schedule 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. 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 in-person test center locations, dates or times cannot be guaranteed; changes to in-person test center locations and/or hours may occur without notice.

Reschedule an Exam Appointment

To reschedule an exam appointment within the 60-day testing window, log into your account at www.danb.org. Click the link to your exam under Applications in Process, and follow the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Reschedule" appointment on the right-hand side of your Authorization Details page. Once your appointment is rescheduled, you will receive an email confirmation from Pearson VUE. You may reschedule up to 24 hours before the scheduled appointment. Only the candidate may reschedule an exam appointment.

Request a New Testing Window

Candidates who do not schedule their exam within the original 60-day testing window may submit a request for a new testing window one time only, up to 60 days after their original window ends.

To request a new testing window, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the exam to be rescheduled, AND
2. If you have an existing exam appointment, cancel the appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to "Schedule" your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click "Cancel" appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, AND
3. In your exam application on the DANB website, select the menu item on the left-hand side that says "Additional Options." Select "Request New Testing window," and follow the prompts to request a new

Washington State Dental Hygiene Drug and Law Exam

window and submit payment. Submit a request and fee for a new 60-day testing window (the new testing window will start immediately upon successful submission of the request) within 60 days after the end of the original testing window.

Failure to cancel an exam appointment will result in forfeiture of the full exam fee, and the application is null and void. You may request a new testing window only one time. After the first request for a new testing window, a current exam application with any required documentation and full fees must be submitted.

Cancel a Testing Window for 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 complete the following steps before the end of your 60-day testing window:

1. Access your online DANB account and click on the name of the exam to be canceled, AND
2. Cancel the existing exam appointment through Pearson VUE at least 24 hours before the scheduled exam start time by following the prompts to “Schedule” your exam. You will be redirected to your Pearson VUE dashboard. Select your exam and click “Cancel” appointment on the right-hand side of your Authorization Details page. Once your appointment is canceled, you will receive an email confirmation from Pearson VUE, AND
3. In your exam application on the DANB website, select the menu item on the left-hand side that says “Additional Options.” Select “Cancel Testing Window and Request Partial Refund,” and follow the prompts to submit your request. Submit a request to cancel the testing window before the end of the 60-day testing window.

If you received a new testing window for an exam for any reason, including an emergency, you will not be eligible for a partial refund.

Once approved, DANB will issue a refund minus the \$75 processing fee and \$40 cancellation fee within 30 days (\$115 total retained by DANB). Visit www.danb.org/About-DANB/Forms-Used-on-This-Site.aspx for the Cancel a Testing Window form. All refunds will be issued to the payer.

Missed Exam Appointment

If you arrive more than 15 minutes after an exam appointment start time, you will be accommodated at the discretion of the test center administrator. If the administrator is unable to accommodate you, or if you do not take a scheduled exam because you missed the appointment (for any reason except a valid emergency) or you were denied entry, you may reapply for the exam at a reduced fee. You may only reapply at a reduced fee if you have not already requested a new testing window (due to an emergency or otherwise).

To request a new testing window due to a missed exam appointment, you must complete the following steps:

1. Access your exam application within your online DANB account and click on the name of the missed exam, AND
2. Submit a request and reduced fee for a new 60-day testing window within 60 days of the missed appointment date. The new testing window will start immediately upon successful submission of the request.

You will not be able to request a new testing window until your exam has been scored as Missed. Therefore you may need to wait up to one week after your missed appointment to submit the request online.

If you do not submit the request within 60 days from your missed appointment, you must reapply for the exam with a new application, any required documentation and the full fee.

Washington State Dental Hygiene Drug and Law Exam

If another appointment is missed (for any reason except a valid emergency) or the exam is not taken within the new testing window, a current exam application with full fee must be submitted; you may only request a new testing window due to a missed exam appointment one time.

Missed Exam Appointment Due to Emergency

If you miss your exam appointment due to a documented, DANB-accepted emergency:

1. Access your exam application within your online DANB account and click on the name of the missed exam, AND
2. Submit a request and documentation for a new 60-day testing window (the new testing window will start immediately upon approval of the request) within 60 days of the missed appointment date

Once your request has been reviewed, you will receive an automated email within 3-5 business days. Approved requests will receive a new 60-day testing window at no additional fee.

If the emergency request is denied, you will receive an email with instructions on how to reschedule your testing window at a reduced rate (only available up to 60 days after the missed exam appointment and only available if you did not already request a new testing window at a reduced rate or due to an emergency).

Call 1-800-367-3262 with any questions about what constitutes an emergency and appropriate supporting documentation.

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.

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 information 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.
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

2022 WSJ Exam Application

This application will be accepted through Dec. 31, 2022.

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 fax 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

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

Fax: 312-642-8507

Questions? 800-367-3262 or danbmail@danb.org

Do not submit twice or you will be charged twice.

Washington State Dental Hygiene Drug and Law Exam

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.
- Made a copy of your entire application packet for your records?
- Addressed your envelope OR prepared your information to be faxed?

Mail to:

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

Fax credit card payments only to:

DANB
1-312-642-8507

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](#)

On-Line

[Dental Hygiene Examining Committee Web page](#)