Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

1400 E. Washington Avenue
Madison, WI 53703

FAX #: (608) 261-7083
Phone #: (608) 266-2112

E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 *working* days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: http://www.drl.state.wi.us. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days *of receipt* of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: http://www.drl.state.wi.us. Look under "Business/Professional License Lookup" for your official credential number and grant date.

Department of Regulation & Licensing

State of Wisconsin
(608) 266-2811
TTY# (608) 267-2416] hearing or speech
TRS# 1-800-947-3529] impaired only

P.O. Box 8935, Madison, WI 53708-8935
E-Mail: web@drl.state.wi.us
Website: http://www.drl.state.wi.us/
FAX #: (608) 261-7083

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE LICENSE

Information requested is required for processing.

PLEASE TYPE OR PRINT IN INK

Last Name: _____ **First Name:** _____ **MI:** _____

Former Name(s) (If Applicable): _____

Street Address: _____
(A Post Office Box is **NOT** Acceptable)

City: _____ **State:** _____ **ZIP:** _____

Day Phone: ( ) _____ **Date of Birth:** _____

Ethnic and gender status information is optional and is for research and reporting to the Equal Employment Opportunity Commission.

Race: (Check one)

_____ (1) White, not of Hispanic origin
_____ (2) Black, not of Hispanic origin
_____ (3) Hispanic
_____ (4) American Indian or Alaskan
_____ (5) Asian or Pacific Islander
_____ (6) Other

Sex: _____M _____F

School Name: _____

School Address: _____
(City) (State)

Date Diploma Granted: _____
month/day/year

Degree: _____ **Specialty:** _____

APPLICATION FEES Please check applicable blank: (Make check payable to Department of Regulation and Licensing and attach to application).

For Receipting Use Only

____ **Exam (CORE, CRDTS, WREB)**
$ 53.00 Initial Credential Fee
$ 57.00 State Law Exam
$110.00 Total Fee Attached

____ **Endorsement of a State Board Exam or Regional Exam**
$ 57.00 Initial Credential Fee
$ 57.00 State Law Exam
$114.00 Total Fee Attached

Committed to Equal Opportunity in Employment and Licensing

State of Wisconsin Department of Regulation & Licensing

APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

Regional Dental Testing Service Score Card(s) (Original Pass & Fail)

National Board Score Card(s) (Original Pass & Fail)

Addendum to Application Form (Form #2380)

Certificate of Professional Education (Form #1463)

Copy of professional diploma from Dental Hygiene School

Wisconsin Statutes and Rules Examination Booklet and Answer Sheet

Copies of malpractice suit(s)

Fee(s) attached to this application

Letters from all State Boards where licensed (includes active and inactive licenses)

Current CPR Certificate (Not required of new graduates)

IS NAME ON ALL CREDENTIALS THE SAME? IF NOT, SUBMIT CERTIFIED COPY OF MARRIAGE CERTIFICATE, DIVORCE DECREE, ETC.

HAVE YOU BEEN TESTED BY A REGIONAL DENTAL TESTING SERVICE?

_____ YES _____ NO If yes, provide original score card(s) of certification/notification of passing/failing and date.

HAVE YOU TAKEN AND PASSED THE NATIONAL BOARDS?

_____ YES _____ NO If yes, submit original cards from National Boards

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PRACTICE: Account for all activities and practice from date of graduation to the present time. **Must include professional and nonprofessional activities. ALL time and dates must be accounted for.**

	LOCATION	DATES (from - to) mo/yr	# OF HOURS PER WEEK	DUTIES
1.				
2.				
3.				
4.				

I AM CREDENTIALED IN THE FOLLOWING STATES (UNLIMITED)
(Include **active** and **inactive** credentials):

_____

( ) I AM NOT CREDENTIALED IN ANY OTHER STATE(S).

YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALED SUBMIT WRITTEN VERIFICATION(S) TO THE WISCONSIN DENTISTRY EXAMINING BOARD. THIS IS REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.

REASONS FOR APPLYING FOR LICENSURE IN THE STATE OF WISCONSIN: _____

State of Wisconsin Department of Regulation & Licensing

ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary.)

		YES	NO
1.	Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	☐	☐
2.	Have you ever failed to pass any state board examination, national board examination? If yes, give details on an attached sheet. (Original pass/fail cards required.)	☐	☐
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	☐	☐
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	☐	☐
5.	Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges.)	☐	☐
6.	Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to Driving While Intoxicated (DWI) charges.)	☐	☐
7.	Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	☐	☐
8.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	☐	☐
9.	Have you failed to pass the Central Regional Dental Testing Service Clinical examination, or any other dental hygiene licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)	☐	☐
10.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	☐	☐
11.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	☐	☐

State of Wisconsin Department of Regulation & Licensing

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dental hygiene" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dental hygiene judgments and to learn and keep abreast of dental hygiene developments; and
2. The ability to communicate those judgments and dental hygiene information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform dental hygiene tasks such as physical examination and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"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, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

		YES	NO
12.	Do you have a medical condition which in any way impairs or limits your ability to practice dental hygiene with reasonable skill and safety? If yes, please explain.	☐	☐
13.	Does your use of chemical substance(s) in any way impair or limit your ability to practice dental hygiene with reasonable skill and safety? If yes, please explain.	☐	☐
14.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	☐	☐
15.	Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	☐	☐
16.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	☐	☐
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐	☐
18.	If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	☐	☐

State of Wisconsin Department of Regulation & Licensing

AFFIDAVIT OF APPLICANT

I hereby authorize educational institutions, employers (past and present); business and professional associates (past and present) and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Wisconsin Dentistry Examining Board any information, files or records requested by the Board in connection with the processing of my application.

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Dentistry Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

_____ _____

Applicant Date

Subscribed and sworn to before me this _____ day of

_____ , 20 _____

SEAL

_____

Notary Public

_____

State

My Commission Expires: _____

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

BUREAU OF HEALTH PROFESSIONS

IMPORTANT INFORMATION

Applicants, recruiters and institutions and others involved in the placement of individuals who seek to be credentialed in the state of Wisconsin should understand that the credentialing process **may take anywhere from 30 to 60 days**, and that credentialing is not guaranteed to any applicant. Some factors that determine the length of time it may take to process an application depends on the length of time the applicant has been in practice, the total number of jurisdictions the applicant has been credentialed in and the length of time it takes for supporting documents to be received in the board office and reviewed.

The application consists of an all-inclusive packet with instructions and information on all applicable requirements. We attempt to process applications in a timely fashion. We cannot issue a credential until all the required documents have been received and reviewed in the board office. It is the Department's legislative mandate to provide consumer protection for Wisconsin residents.

The Bureau and the Board have been prevailed upon to waive requirements to expedite the process, only to discover legitimate grounds to deny a credential. This can present a serious problem for the applicant, recruiter or institutions if the applicant has relocated, purchased property, or made other commitments prior to the issuance of a Wisconsin credential. **We urge you not to make these moves until you know that your credential has been issued.**

Please "plan ahead" as we cannot speed up the credentialing process nor waive supporting documents even in emergency situations.

Committed to Equal Opportunity in Employment and Licensing

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DENTISTRY EXAMINING BOARD

DENTAL HYGIENE LICENSE INFORMATION

Applicants who have passed the Central Regional Dental Testing Service examination **(CRDTS) (CORE) (WREB) taken within the 5-year period immediately preceding application,** must file the following with the Dentistry Examining Board at the above address to complete the requirements for licensure in the State of Wisconsin.

1. **APPLICATION FORM #511.** Please complete a current application.

2. **NATIONAL BOARD SCORECARD.** Submit an original card issued by the National Board of Dental Hygiene Examiners on which your examination scores appear. Photocopies of the card will not be accepted. If necessary, cards can be obtained from the Commission on National Dental Examinations, 211 East Chicago Avenue, Chicago, IL 60611, (312) 440-2500. (Passing and Failing scores are required.)

3. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Regulation and Licensing.

4. **CENTRAL REGIONAL DENTAL TESTING SERVICE SCORE CARD (CRDTS).** Submit an **original** card(s) issued by the Central Regional Dental Testing Service on which your examination scores appear. (PASSING and FAILING scores are required.) **Photocopies of the cards will not be accepted.** If necessary, cards can be obtained from CRDTS, 1725 Gage, Topeka, KS 66604, (785) 273-0380.

5. **COMBINED REGIONAL EXAMINATION (CORE).** Submit **original** card(s) issued by Central Regional Dental Testing Service or Northeast Regional Board of Dental Examiners, Inc. on which your examination scores appear. (PASSING and FAILING scores are required.) **Photocopies of cards will not be accepted.** If necessary, cards can be obtained from CRDTS, 1725 Gage, Topeka, KS 66604, (785) 273-0380 or NERBS, 8484 Georgia Ave, Ste. 900, Silverspring, MD 02910, (301) 563-3300.

6. **WESTERN REGIONAL EXAMINING BOARD (WREB).** Submit score card issued by Western Regional Examining Board showing you passed this examination. Cards may be obtained from WREB, 9201 North 25th Ave., #185, Phoenix, AZ 85021. See WREB's website http://www.wreb.org/faq1.htm for information requesting this score card. (PASSING and FAILING score cards are required.)

7. **VERIFICATION OF LICENSURE IN OTHER STATE(S).** You are required to have each state/country board in which you have ever been licensed submit letters of verification to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.

8. **EXAMINATION ON WISCONSIN LAW.** An applicant shall successfully complete an open-book examination on Wisconsin Statutes and Rules relating to the practice of dental hygiene before a license can be issued in Wisconsin. The answer sheet and the open-book examination must be returned to the board office.

State of Wisconsin Department of Regulation & Licensing

9. **CERTIFICATE OF PROFESSIONAL EDUCATION FORM #1463.** Have your dental hygiene school complete this form and submit it along with your application or request them to send directly to the board office.

10. **EDUCATIONAL REQUIREMENTS.** Submit evidence of graduation (copy of diploma) from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation.

11. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION:** Submit a copy of the front and back of a current certificate. ***(Not required of new graduates)***

12. **OTHER.** Include explanations on attached sheets, if required, for answers to questions on application Form #511.

YOUR APPLICATION WITH ALL SUPPORTING DOCUMENTS MUST BE ON FILE <u>30 DAYS PRIOR</u> TO THE DATE ON WHICH YOU WISH TO BE GRANTED PERMANENT LICENSURE.

Department of Regulation & Licensing

State of Wisconsin
Information requested is required for processing.

P.O. Box 8935, Madison, WI 53708-8935
(608) 266-5441
TTY# (608) 267-2416 } hearing or speech
TRS# 1-800-947-3529 } impaired only

DENTISTRY EXAMINING BOARD

DENTAL HYGIENE CERTIFICATE OF PROFESSIONAL EDUCATION

THIS FORM MUST BE COMPLETED BY YOUR DENTAL HYGIENE SCHOOL AND RETURNED TO THE DENTISTRY EXAMINING BOARD

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last) _____	**Social Security Number*** ___ - __ - ____
ADDRESS (City, State, Zip) _____	**Date of Graduation** __ / __ / __

CERTIFYING SCHOOL - Please complete this section.

NAME OF INSTITUTION _____	**LOCATION OF INSTITUTION** _____
DEGREE AWARDED _____	**MAJOR** _____
DATE DIPLOMA GRANTED** _____	

_____
Signature of Dean or Department Head

_____
Date

SCHOOL SEAL

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS ACTUALLY GRADUATED.** Anticipated dates of graduation will not be accepted.

#1463 (Rev. 8/95)
Ch. 447, Stats.

Department of Regulation & Licensing

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P.O. Box 8935, Madison, WI 53708-8935
E-Mail: dorl@drl.state.wi.us
Website: http://www.drl.state.wi.us/
FAX #: (608) 267-1803

ADDENDUM TO APPLICATION

Information requested is required for processing.

SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.[1] A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name Middle Initial Last Name

☐☐☐ - ☐☐ - ☐☐☐☐
Social Security Number or FEIN

Type of Credential

Date of Birth _____

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,[2] to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,[3] and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.[4]

INFORMATION AVAILABLE TO THE PUBLIC - NONDISCLOSURE OF CERTAIN PERSONAL INFORMATION

☐ Your name, credential number, address, status and other credentialing information are available to the public. However, you may check this box to declare that your name and address not be disclosed on any list of ten or more individuals that the department furnishes to another person.[5]

DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.[6] If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.[2]

#2380 (Rev. 10/00)

[1] Section 440.03 (11m), Wis. Stats.
[2] Sections 49.22, and 440.13, Wis. Stats.
[3] Section 440.12, Wis. Stats.
[4] Health Insurance Portability and Accountability Act (HIPAA) of 1996
[5] Section 440.14, Wis. Stats.
[6] Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

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CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a $6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: _____

Last Name	First Name	MI	Former / Maiden Name(s)

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth	Social Security Number
month ____ day ____ year ____	Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records.

Sex: ☐ M ☐ F

Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

1. List all other names used: _____

2. List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

   It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE	DATE	CITY/STATE

Attach additional sheet(s) if necessary.

Wisconsin Department of Regulation & Licensing

	YES	NO	MO/YR COMPLETED
3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program?	☐	☐	_____
Did you successfully complete the program?	☐	☐	_____

Please attach the certificate of completion/discharge summary.

	(Check all that apply)	YES	NO	MO/YR COMPLETED
4. Have you ever been sentenced to:	☐ Probation	☐	☐	_____
	☐ Parole	☐	☐	_____
	☐ Ordered to pay restitution	☐	☐	_____
Did you successfully complete one of the above as ordered by the court?		☐	☐	_____

If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

PENDING CHARGE	DATE OF ARREST	LOCATION OF ARREST (city/state)

Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.

_____

_____

_____

_____

AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

_____ _____

Signature Date

Signed and sworn before me this _____ day of _____, 20 _____.

_____ _____

Signature of Notary Public Date

My commission (is permanent) _____ expires _____. **SEAL**

Department of Regulation & Licensing

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NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.[a] An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at *http://www.legis.state.wi.us/rsb/code/rl/rl.html* and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at *http://www.drl.state.wi.us/* under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

[a] Section RL 4.06 of the Wisconsin Administrative Code

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

Dental Hygiene Exam Application Packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

_____ _____
Full Name Daytime Phone Number

_____
Street Address

_____
PO Box

_____
City, State, Zip

Thank you.

#2612 (4/03)