

Wisconsin Department of Safety and Professional Services

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Madison, WI 53708-8935

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Madison, WI 53703

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DENTISTRY EXAMINING BOARD

DENTAL HYGIENE ENDORSEMENT/RECIPROCITY INFORMATION

Applicants for licensure by endorsement/reciprocity must hold a current license to practice dental hygiene in another state which has not been suspended or revoked, where the requirements imposed are substantially equivalent to those of this state. The applicant **must have engaged in at least 350 hours of the practice of dental hygiene in the 12-month period preceding application for licensure in Wisconsin.**

Submit the following information to the Dentistry Examining Board at the above address:

1. **APPLICATION FORM #511.** Please complete application.
2. **LICENSURE FEE.** Checks or money orders are to be made payable to the Department of Safety and Professional Services.
3. **NATIONAL BOARD CARD.** Original score reports must be submitted directly from National Board of Dental Hygiene Examiners. Both PASSING and FAILING scores are required. Copies sent from applicant, photocopies, online verification or faxes are not acceptable. You may submit an online request at: <https://www.ada.org/1635.aspx>. The testing service should mail your scores directly to: DSPS, ATTN: DENTISTRY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.
4. **EVIDENCE OF SATISFACTORY COMPLETION OF CLINICAL AND LABORATORY EXAMINATION.**

Original score reports must be submitted directly from the testing agency. Both PASSING and FAILING scores are required. Copies sent from applicant, photocopies, online verifications or faxes are not acceptable. Please request the testing agency to mail your scores directly to: DSPS, ATTN: DENTISTRY EXAMINING BOARD, P.O. BOX 8935, MADISON, WI 53708-8935.

Effective January 1, 2009:

The Board accepts the following examinations for dentists: CRDTS, WREB, NERB, SRTA, ADEX, and CITA. Parts I and III of ADEX are not required for WREB examinees for examinations taken on or after JANUARY 1, 2009.

- **Northern Regional Examining Board (NERB):**

Effective September 28, 2005: The Board started to accept the (NERB) examination for Wisconsin licensure in Dentistry. Acceptance is retroactive for 5 years from September 28, 2005.

- **Western Regional Examining Board (WERB):**

Effective January 1, 2001: The Board started to accept WREB examination.

Effective December 1, 2005: Applicants completing the WREB examination must also successfully complete the ADEX examination portions Part I in diagnostic and treatment planning and Part III of the mannequin examination in fixed prosthodontics.

Prior to December 1, 2005: WREB applicants were not required to pass ADEX portions I and III.

- **Central Regional Dental Testing Score (CRDTS):**

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5. **OTHER STATE BOARD EXAMINATION CANDIDATES.** Applicants who have written a state board examination must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination.

Applicants who have written a state board examination must submit with their application a copy of the state's rules and regulations pertaining to the practice of dental hygiene that were in effect at the time of examination. The Wisconsin Dental Examining Board has not approved any state board examination. Applicants who wish to rely on a state board examination must prove, by a copy of the State's rules, that the examination meets the Wisconsin board's standards. (Clinical exam on a human subject, substantially equivalent to the CRDTS, Central Regional Dental Testing Service examination). The board will review the state's rules and made a decision on equivalency.

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6. **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 forward to the board office.
7. **EDUCATIONAL REQUIREMENTS.** In addition to the "Certificate of Professional Education" Form #1463, submit evidence of graduation (copy of diploma or a letter from the dean or department head with verbatim wording including the signature of dean and school seal on department letterhead) from a dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation.
8. **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.
9. **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.
10. **CERTIFICATE OF PROFICIENCY IN CARDIOPULMONARY RESUSCITATION/AED.** Submit a copy of the front and back of a current certificate. See DHS website at <http://dhs.wisconsin.gov> for a listing of approved programs.
11. **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 TWO WEEKS PRIOR TO THE DATE ON WHICH YOU WISH TO BE GRANTED PERMANENT LICENSURE.