

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS  
DENTAL HYGIENE  
PUBLIC HEALTH PRACTICE PERMIT  
APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Current WV License # \_\_\_\_\_

I. \_\_\_\_\_ Two (2) years and three (3) thousand hours of clinical dental hygiene experience.

II. \_\_\_\_\_ Successful completion of a three (3) hour course in the identification and prevention of medical emergencies as part of continuing education credits for licensure every two years. (Must attach a copy of the CE certificate including course title, presenter, sponsor and date.)

III. \_\_\_\_\_ Successful completion of a three (3) hour course in general public health content.(Must attach a copy of the CE certificate including course title, presenter, sponsor and date.)

*\*\*Initial application requires courses to be completed within the past two (2) years.*

IV. \_\_\_\_\_ Application Fee: \$25.00 (Make check payable to the WV Board of Dental Examiners.)

**\*\*You are not authorized to engage in public health practice, as defined by 8.5, until your application is completed, and a certificate is received from the Board.**

*I, \_\_\_\_\_, attest that I have completed a minimum of two (2) years and three (3) thousand hours of clinical experience in the practice of dental hygiene. I understand that filing of false information may subject my license to disciplinary action including, but not limited to, revocation or suspension of my license.*

\_\_\_\_\_  
*Signature of Dental Hygienist*

Mail application to: WV Board of Dental Examiners  
PO Box 1447  
1319 Robert C. Byrd Drive  
Crab Orchard, WV 25827