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