

**APPLICATION FOR EXAMINATION AND LICENSE TO PRACTICE THE  
PROFESSION OF DENTAL HYGIENIST**



**AFFIDAVIT**

Full Name of Applicant

Social Security Number **XXX-XX** \_\_\_\_\_ and identified by

Type of Identification

Number

**AND DULY SWORDN** -----

States that he/she is the person referred to in this application, and that the statements contained herein are true in every respect; that the attached photograph is a true likeness of him/herself and was taken within the last six (6) months.

Acknowledges that any false statement in this application or by way of attachment shall be sufficient grounds for the **PUERTO RICO DENTAL BOARD OF EXAMINERS** to deny said license, or to revoke a license after it has been granted, or to penalize a person for incurring in a false statement.

Authorizes the **PUERTO RICO DENTAL BOARD OF EXAMINERS** or any other person, employer, corporation, Institution, agency, or public or private entity, to exchange any information required about his/her person or about his/her license status, as well as for expanding, clarifying or checking information offered in this application or by way of attachment.

\_\_\_\_\_  
Applicant's signature

Sworn and subscribed BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

in \_\_\_\_\_.

**AFFIDAVIT NO:** \_\_\_\_\_

**NOTARY'S SEAL**

\_\_\_\_\_  
**Notary's Signature**

**NAME OF APPLICANT:** \_\_\_\_\_  
Paternal Surname

Maternal Surname

Name \_\_\_\_\_ MII \_\_\_\_\_

**PERMANENT ADDRESS:** \_\_\_\_\_  
No. and Street

Community or Housing Development

Town \_\_\_\_\_

ZipCode \_\_\_\_\_

**POSTAL ADDRESS:** \_\_\_\_\_

**TELEPHONES: RES.** \_\_\_\_\_ **CELLULAR:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PHYSICAL DESCRIPTION OF APPLICANT**

**HEIGHT:** \_\_\_\_\_ **COLOR OF HAIR:** \_\_\_\_\_ **COLOR OF EYES:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**ANY PARTICULAR FEATURE:** \_\_\_\_\_

**APPLICANT'S PERSONAL DATA**

**DATE OF BIRTH:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**PLACE:** \_\_\_\_\_ / \_\_\_\_\_  
City State or Country

**ARE YOU A CITIZEN OF THE UNITED STATES?** \_\_\_\_\_

**If your answer is No, indicate if you are:**

\_\_\_\_\_ **NATURALIZED** \_\_\_\_\_ or \_\_\_\_\_  
Certificate Number

\_\_\_\_\_ **RESIDENT** \_\_\_\_\_  
Card Number

**HAVE YOU EVER CHANGED YOUR NAME OR LAST NAME?** \_\_\_\_\_

**If your answer is Yes, indicate:**

\_\_\_\_\_ / \_\_\_\_\_

Date and Place of Change

\_\_\_\_\_ / \_\_\_\_\_

Reason for Change

\_\_\_\_\_ / \_\_\_\_\_

Original Name and/or Last Name

**HAVE YOU BEEN CONVICTED OF ANY CRIME?** \_\_\_\_\_

**If your answer is Yes, indicate:**

\_\_\_\_\_ / \_\_\_\_\_

Nature of Crime

\_\_\_\_\_ / \_\_\_\_\_

Place and Date

\_\_\_\_\_ / \_\_\_\_\_

Status

**PLEASE ATTACH DOCUMENT(S) PROVIDING ADDITIONAL INFORMATION IF NEEDED.**

**HAVE YOU SUFFERED OR ARE SUFFERING FROM ANY CONTAGIOUS DISEASE OR CONDITION?** \_\_\_\_\_

**If your answer is Yes, submit a medical certificate explaining the disease and its status on filing date of application.**

**CERTIFICATE OF GOOD MORAL CONDUCT**

**We, the undersigned, CERTIFY, before the BOARD OF EXAMINERS OF DENTISTRY, that we personally know  
and can attest to his/her being a responsible and serious person with a good moral**

Name of Applicant

**character, whereby we consider the applicant as fit for the practice of the profession of DENTAL HYGIENIST.**

\_\_\_\_\_ / \_\_\_\_\_

Name in print

\_\_\_\_\_ / \_\_\_\_\_

Name in print

\_\_\_\_\_ / \_\_\_\_\_

Address

\_\_\_\_\_ / \_\_\_\_\_

Address

\_\_\_\_\_ / \_\_\_\_\_

Signature

\_\_\_\_\_ / \_\_\_\_\_

Signature

**ACADEMIC BACKGROUND**

**High School** \_\_\_\_\_ **Place** \_\_\_\_\_ **Date of graduation** \_\_\_\_\_

**Dental Hygienist course (institution)** \_\_\_\_\_ **Place** \_\_\_\_\_ **Date of graduation** \_\_\_\_\_

## **REQUIREMENTS FOR THE PRACTICE OF THE PROFESSION OF DENTAL HYGIENIST IN PUERTO RICO**

**Pursuant to Public Law Number 75 of August 1925, as amended by Public Law Number 74 of June 1971, and the Regulation of the Board of Examiners of Dentistry, the candidate for examination and license as Dental Hygienist must comply with the following requirements and provide evidence.**

1. To be eighteen years old.
2. To be an American citizen or a legal resident of Puerto Rico.
3. To be in possession of a good moral standing.
4. To have graduated from a high school accredited by the Department of Education, or to be in possession of an equivalent degree.
5. To have approved a Dental Hygienist course from a school, college or institution accredited by the Department of Education, or from an accredited school, college, or institution in the United States.

### **THE APPLICANT MUST ACCOMPANY APPLICATION FORM WITH THE FOLLOWING DOCUMENTS:**

1. Application completed in all its parts, sworn before notary public and with your photograph adhered on the space provided.
2. **Birth certificate (original and a copy).** If you were born in PR, your birth certificate should be issued later than July 2010. **Foreign applicants must provide a Resident Card or Naturalization Certificate number and show whichever documents for the purpose of verification.**
3. **Criminal Record Certificate** issued by the Police Department of Puerto Rico within a month term (30 days) prior to the filing date of application.
4. **Original and copy of high school diploma or certificate.** The original shall be returned to the applicant after copy verification. **In case the diploma or certificate is not available, an original official school transcript may substitute for the missing diploma or certificate.**
5. **Official Transcripts and Graduation Certificate (letter of completion) from the Dental Hygienist course.** These documents are to be sent directly from the institution to the office of the Board.
6. **Money Order** for ten dollars (\$10.00), payable to the Secretary of the Treasury of Puerto Rico.

#### **Physical address:**

#1590 GM Group Plaza Building,  
Ponce de León Street, San Juan, Puerto Rico. 00908 3<sup>rd</sup> Floor

#### **Postal Address:**

**PUERTO RICO DENTAL BOARD OF EXAMINERS**  
**P. O. BOX 10200**  
**SAN JUAN, P.R. 00908-0200**  
**Telephone: (787) 787-765-2929 X 6605**  
**Email: [cindy.reyes@salud.pr.gov](mailto:cindy.reyes@salud.pr.gov)**

**To visit our office, please use the information below:**

**For appointments:**

Link: <https://profesionalesdelasalud.turnospr.com/>



**To access our portal:**

Link <https://www.salud.pr.gov/cms/444>



### **GENERAL INFORMATION**

- 1. INFORMATION BOOKLET:** Applicants must make sure to obtain the **INFORMATION HANDBOOK FOR THE PRACTICE OF THE PROFESSION OF DENTAL HYGIENIST**, available at the office of the Board for the amount of five dollars (\$5.00). This amount may be included in the payment of examination and license fees.
- 2. THEORETICAL EXAMINATION:** The Board of Examiners of Dentistry utilizes the theoretical examinations of the National Board of Dental Examinations of the American Dental Association (NATIONAL BOARDS) as the Theoretical Component of the licensing examination. These examinations must have been approved within a five (5) year term prior to the date of application.

Applicants must present a performance report. This document must be sent directly from the National Board to the office of the Board of Examiners of Dentistry.

- 3. CLINICAL EXAMINATION:** The Board makes use of the clinical examinations of the Council of Interstate Testing Agencies (CITA) as the Clinical Component of the licensing examination.

Those applicants who have approved said examinations must present a performance report. This document must be sent directly from the Council of Interstate Testing Agencies (CITA) to the office of the Board of Examiners of Dentistry.

- 4. No application shall be considered until the applicant has filed all the documents accrediting his/her compliance with all requirements, as listed in this document.** Check the press in order to learn about call dates, or request information at the office of the Board of Examiners of Dentistry.

**ASSESSMENT CHECKLIST – ONLY FOR THE EXCLUSIVE USE OF THE BOARD**

**APPLICATION DATE OF RECEIPT:** \_\_\_\_\_

**THIS APPLICATION HAS BEEN:**

**APPROVED FOR EXAMINATION**

**DENIED**

**President**

**President**

**Member**

**Member**

**Member**

**Member**

**Member**

**Member**

**Date of Assessment**

**REASON:** \_\_\_\_\_

\_\_\_\_\_

**Exam Approval Date**

**Issued License Number**

**Date of License**