



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR PERMITS - DENTAL HYGIENISTS

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 PO BOX 1367
 JEFFERSON CITY, MO 65102-1367
 TELEPHONE (573) 751-0040
 FAX (573) 751-8216 TTY (800) 735-2966

INSTRUCTIONS <ul style="list-style-type: none"> • This form must be typed or printed in black ink. • Provide complete information (incomplete information will delay the processing of your application.) • Attach a copy of your proof of competency for each permit for which you are applying. Proof of competency means documentation verifying completion of didactic and clinical training and passage of competency testing of that training from a dental, dental hygiene or dental assisting school accredited by the Commission on Dental Accreditation of the American Dental Association or a board-approved sponsor as defined in 20 CSR 2110-2.240. • Enclose the non-refundable fee(s) made payable to the Missouri Dental Board. 	OFFICE USE ONLY	
	DATE PERMITS ISSUED	
	LOCAL	
		NITROUS OXIDE

SECTION I - APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)		MISSOURI DENTAL HYGIENE LICENSE NO.	DATE OF BIRTH
TELEPHONE NUMBER (HOME)	TELEPHONE NUMBER (BUSINESS)	FAX	E-MAIL ADDRESS
HOME ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)		CITY	STATE ZIP
BUSINESS ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)		CITY	STATE ZIP
USE AS MY MAILING ADDRESS (CHECK ONLY ONE BOX) <input type="checkbox"/> Home or <input type="checkbox"/> Business	EMPLOYER'S NAME		SOCIAL SECURITY NUMBER

SECTION II - PERMIT DATA

I AM APPLYING FOR THE FOLLOWING PERMIT(S)

Local Anesthesia (infiltration and block anesthesia) \$10.00 permit fee

Nitrous Oxide \$10.00 permit fee

SECTION III - EDUCATIONAL DATA

BASIS UPON WHICH YOU ARE APPLYING FOR THE ABOVE PERMIT(S)

Local Anesthesia

I have proof of competency in a local anesthesia course which includes infiltration and block anesthesia (attach documentation).

I hold a current Missouri Dental Board infiltration anesthesia permit **and** I have proof of competency in a local anesthesia course which includes block anesthesia (attach documentation of block anesthesia).

Nitrous Oxide

I have proof of competency in a nitrous oxide analgesia course (attach documentation).

SECTION IV - SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. Enclosed is the permit fee(s) which is/are non-refundable. I understand the Board may require further information or evidence that it deems reasonable and proper.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT	
	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF YEAR	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		USE RUBBER STAMP IN CLEAR AREA BELOW.

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE

YOU MUST PROVIDE YOUR SOCIAL SECURITY NUMBER PURSUANT TO STATE AND FEDERAL LAW.¹ IF YOU FAIL OR REFUSE TO PROVIDE YOUR SOCIAL SECURITY NUMBER, WE WILL CONSIDER YOUR INITIAL APPLICATION INCOMPLETE AND RETURN IT TO YOU. CONTINUED FAILURE OR REFUSAL TO PROVIDE YOUR SOCIAL SECURITY NUMBER IS GROUNDS FOR DENIAL OF YOUR APPLICATION.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

1. Locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
2. Identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

1. for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
2. to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
3. to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
4. to verify licensure with another state's licensing authority for reciprocity licensure;
5. for identification purposes in national disciplinary databases (the discovery of a disciplined license in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
6. for test identification purposes.

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193.