



BOARD OF DENTISTRY	APPLICATION FOR CREDENTIALS REVIEW FOR GRADUATES FROM NON-ACCREDITED DENTAL COLLEGES OR SCHOOLS DENTAL HYGIENE LICENSURE (Client 702)			DO NOT WRITE IN THIS SPACE FOR OFFICE USE ONLY	
1. APPLICANT PROFILE DATA ➤ Please print or type or Application will be returned					
Name:	Last	First	Middle	Primary Telephone: Area Code ()	Business Telephone: Area Code ()
Mailing Address	Street and No.		Apt. No.	Email Address (optional)	
	City	State	Zip	Place of Birth: (City, State, Country)	
<small>We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.</small>					
RACE:		Caucasian African-American Hispanic Asian Native American Other		SEX: Male DATE OF BIRTH Female / /	
2. DENTAL EDUCATION DATA					
Name of Dental School you attended:			Date of Graduation _____		
Degree: DDS DMD BDS (Circle one)					
Location	City	State	Country		
3. APPLICANT AFFIRMATION					
I understand that this review is solely for the purpose of approval to sit for the ADEX dental hygiene licensing examination and does not guarantee licensure as a dental hygienist in the state of Florida or any other state.					
Applicant Signature _____			Date _____		

DH-MQA 1253, 10/11, Rules 64B5-2.014 and 64B5-2.0144, FAC

Board of Dentistry
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For Office Use Only

Reviewer Name and Position _____

Date of Review _____

Additional Documentation Required Yes No

Approval for Examination Yes No

Approver Signature _____

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REVIEW AND SHOULD BE MAILED TO THE ADDRESS LISTED BELOW

1. Credentials Evaluation – Subject Analysis Evaluation Report completed by the Educational Credentials Evaluators Inc. (ECE). Copies are not acceptable.
2. Proof of completion of dental degree in accordance with s. 466.007(3), Florida Statutes and Rule 64B5-2.0144, Florida Administrative Code (transcripts and copies of dental diploma; all documents must be translated).