

STATE LICENSURE BY CREDENTIALS/ENDORSEMENT CHART

State	Licensure by Credential Endorsement	Practice Years Required *	Special Requirements	Temporary License	Teacher License	Retired/ Inactive License	Background Check	Clinical Exam for Initial License #	CPR for License
AL	Yes	5 Years or 5,000 hours immediately preceding their application.	Affidavits from 2 DDS or RDH; written statement agreeing to be interviewed; Jurisprudence Exam (See Rule: 270-X-2.19 Licensure By Credentials).	No	No	No	Yes-Extensive (See Rule: 270-X-2.19 Licensure By Credentials).	CITA CRDTS CDCA SRTA WREB	Y
AK	Yes	At least 2,500 hours during the five years immediately preceding the date of application	Affidavit from 3 licensed DDS or RDH verifying active clinical practice, documenting 2,500 hours during the 5 years preceding their application; Certificates showing completion of 30 hours of CE during the 3 years immediately preceding application date.	Courtesy License	No	No	Transcripts; Passed National and Regional/State Exams; License Verification, Current Status and Disciplinary History Verification.	WREB	Y
AR	Yes	Five years or more.	Letters of recommendaqtion from 2 DDS; Jurisprudence Exam.	No	No	No	Official Transcripts; License Verification, Criminal Background Check, Proof of successfully passing a clinical exam & National Board.	CITA CRDTS CDCA SRTA WREB	Y
AZ	Yes	Minimum of 1,000 hours during the 2 years immediately preceding application.	Clinical Exam documentation; Jurisprudence Exam.	No	No	Inactive: No Retired: Yes	Fingerprint Clearance Card; Citizenship/Alien Status Statement; National Board Scorecard; DH Transcripts; License Verification; National Practitioner Data Bank.	CITA CRDTS CDCA SRTA WREB	Y
CA	Yes	750 hrs/year for 5 years in Clinical Practice or Full-time faculty in an accredited DH program; 750 hrs/year for 3 years pending contract to practice in a clinic and 2 years committed to practice in certain settings or locations in CA.	Certification of completion of training in Soft Tissue Curettage, Nitrous Oxide & Oxygen, and Local Anesthetic to CA state standards; Certification of completion of an ADA Radiation Safety Program; Proof of 25 hours of CE.	No	Special Permit	Yes	Live Scan Fingerpring Submission Form; Out-of-State Licensure Certification Form; National Boards DH Exam Scorecard; Proof of Legal Name Change.	CRDTS WREB	Y

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CO	Yes	Active practice or Teaching DH or dentistry: minimum of 300 hours/year for a minimum of 1 year out of 3	Obtain professional liability insurance; list and provide written explanation of any acts that would be grounds for disciplinary action under the Dental Practice Act; provide information pertaining to any final or pending disciplinary action by any state/jurisdiction previously licensed and any pending or final malpractice actions.	Yes	No	Yes	Sealed transcripts; License Verification; Disciplinary action; National and Regional/State Exams; Background incl. in fee.	CITA CRDTS CDCA SRTA WREB	Y
CT	Yes		Other state/territory's admission requirements are determined by the department to be similar to or higher than the requirements of CT.	No	No	No	License Verification; Disciplinary action pending; Unresolved complaint; Professional Liability Insurance; Education.	CITA CRDTS CDCA SRTA WREB	Y
DC	Yes	May require 3 years immediately preceding the application, and at least 150 hours of active dental hygiene practice (See municipal regulation 4309).	Certified Letters of Good Standing all states/jurisdictions where licensed; Certificate of Completion of Administration of Local Anesthesia and Nitrous Oxide or Local Anesthesia or Nitrous Oxide; DC Dental Law Examination.	No	No	No	License Verification; 2 recent passport photos; SSN; Character Reference List; Official Transcript; National Board and Clinical Exam results.	CITA CDCA	Y
DE	Yes	Proof of 3 year active practice.	Jurisprudence exam; Letter of good standing where licensed.	No	No	No	License Verification; Criminal History Record; Letter of Reference; Official Transcript; National Board Score Report.	STATE	Y
FL	No			No	No	Yes		CITA CDCA	Y
GA	Yes	2 years immediately preceding application; Full time clinical practice minimum 1,000 hours per year in hands on treatment of patients.	Employment Affidavit; Jurisprudence exam.	Yes	Yes, Faculty License	Yes, see Board Rule: 150-3-.7	License Verification; Official Transcripts; National Board Scores; National Practitioner Data Bank; Criminal History; Malpractice Questionnaire; Copy of Court Document/Affidavit explaining any name discrepancies.	CRDTS	Y
HI	Limited (Community service license)	1000 hours per year for the past 3 years.	May practice only within the employment of an eligible organization; Must renew annually; Letter of employment from employer.	Yes, but only in qualifying institution	No	Yes	License Verification; Proof of Graduation from a CODA institution; National Board Score; Copy of an Active, unrestricted DH license; Previous and pending legal or regulatory action relating to claims of malpractice, personal or professional misconduct.	CRDTS CDCA SRTA WREB	N

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ID	Yes	Licensed for 1 year, and have practice a minimum of 1,000 hours in the two years immediately preceding the date of application.	Active license in good standing to practice in another state; Interview at the Board's discretion; Jurisprudence Exam.	No	No	Yes	License Verification; Proof of Graduation; Completed board approved clinical exam; Local Anesthesia: satisfactory completion of a Board-approved examination; Passed National Board Exam; PBIS Level II Background Report.	CITA CRDTS CDCA WREB	Y
IL	Yes	3 of the 5 years immediately preceding filing of application.	If you have not actively practiced in 3 of the last 5 years, you may be required to complete additional testing, training, or remedial education as may be deemed necessary to establish your present capacity to practice in Illinois.	No	No	Yes	License Verification; Proof of Graduation; National Board Grade Card; National Practitioners Databank.	CITA CRDTS CDCA SRTA WREB	Y
IN	Yes	Two out of last five years. Actively practiced in DH for at least an average of 20 hours per week for 2 years.	3 letters of reference; must have 14 hours of CE during previous two years; Jurisprudence exam.	No	No	Yes	License Verification; National Practitioner Data Bank; Healthcare Integrity and Protection Data Bank; National Board Score; Proof of Legal Name Change; Criminal Background Check.	CRDTS CDCA SRTA WREB	Y
IA	Yes	Obtained a DH license in another state by examination (e.g. CRDTS, WREB, SRTA, or ADEX), or have been licensed and practicing for a minimum of three (3) consecutive years immediately prior to the date of application.	Other state must accept Iowa licensees; applicant have not failed a clinical exam within past three years; Jurisprudence Exam.	Yes (short-term/specific locations): urgent need, education or volunteer service.	Yes	No	License Verifications; National Board Card w/ scores; NPDB/HIPDB results; Proof of Education; Notarized copy of marriage certificate or divorce decree.	CITA CRDTS CDCA SRTA WREB	Y
KS	Yes	3 years immediately preceding the date of application.	Successfully passed a licensure examination in another jurisdiction equivalent to the requirements in the state of Kansas; One (1) letter of recommendation from a licensed hygienist or dentist; Proof of CE taken within the last two (2) years; Jurisprudence Exam.	No	No	Yes	License Verification; Proof of graduation; Recent photo; National Board Scores; Clinical Board Scores; Official Transcript; NPDB/HIPDB results.	CITA CRDTS CDCA SRTA WREB	Y
KY	Yes	Must have practiced 5 out of the past 6 years.	Qualifications equal to or higher than Kentucky; Not currently subject to disciplinary action; Jurisprudence Exam.	Yes. Temporary license to provide medical care to indigent populations.	No	Yes	Proof of graduation; Proof of passing National Board and Clinical Exams; Criminal background check; National Practitioners' Databank. License Verification.	CITA CRDTS CDCA SRTA WREB	Y

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LA	Yes	One year practice; or 1,000 hours per year for the year immediately prior to applying.	Personal interview with board; Cannot be HIV or HBV positive; Jurisprudence Exam.	Yes (See Chapter 1 #120, Dental Practice Act).	No	No	License Verification; PBIS and LSBD (fingerprint/background check); NPDB-HIPDB Self-Query; Official Transcripts; National Board and Clinical Exam results.	CITA CDCA	Y
ME	Yes	3 years prior to application.	Personal interview with board (dental board may waive); Jurisprudence Exam.	Yes (valid for 6 months).	Yes (limited to DDS, DH or denturism school settings).	No	Proof of graduation; License Verification; National Board scores; Clinical Exam scores; NPDB Self-Query Report; Criminal background check report.	CITA CRDTS CDCA SRTA WREB	Y
MD	Yes	Actively practice for 3 years and actively engaged in dh for at least 150 hours per year for a total of at least 450 hours.	Passed the CDCA and Jurisprudence Exams	Yes	Yes	Yes	Photograph; Original National Board score card; Certified proof of education; License Verification via certified letter; Identify employers for the 3 year period immediately preceding application date; Evidence of legal name change.	CDCA	Y
MA	Yes	One year.	Proof of regional or state clinical examination; Proof of 20 CEU obtained 24 months prior to application; Jurisprudence Exam; Physician's Statement.	No	No	No	Proof of Graduation; National Board Certification; License Verification (letters of standing from 2 DDS); Practice history; National Practitioner Data Bank Self-Query.	CITA CDCA CRDTS SRTA WREB	Y
MI	Yes			No	Yes	No	Fingerprint report and criminal background check; Official Transcripts; Official report of National Board scores; Official report of Regional or State Exam scores; License Verification/Certification.	CITA CRDTS CDCA SRTA WREB	Y
MN	Yes	Active practice for 2,000 hours of the previous 36 months.	Requires interview; Canadian licensees eligible; Must have five hours of infection control within previous five years; Provide two character references; Summary of CE courses taken in the last 5 years; Jurisprudence Exam.	Yes- "Guest License for Public Health \$50.00 (application & renewal fee).	No	No	Education. Clinical and National Boards verification; Physician's and Optometrist's statements.	CRDTS CDCA WREB	Y

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MS	Yes	Minimum of 5 years from the date of application is received.	Jurisprudence Exam; Personal interview; Sworn statements/affidavits from all employers during the past 5 years.	No	Yes Rule 7	No	License Verification; Official Transcripts; Proof of education; Proof of liability insurance; National Board Exam grade; NPDB and HIPDB information; Names, addresses and phone numbers of 3 patients treated within the previous 6 months.	CITA CDCA SRTA WREB	Y
MO	Yes	Two consecutive years preceding application.	Not eligible if ever failed a clinical exam or had action against license; CPR.	No	No	No	Photo; Official Transcripts; National Board and Regional Exam scores; License Verification.	CITA CRDTS CDCA SRTA WREB	Y
MT	Yes	Minimum of 1,000 hours during the 2 years prior to application.	CPR/ACLS/PALS Certification; Jurisprudence Exam	No	No	Yes	License Verification; National Practitioner Data Bank (NPDB) Self-Query; Proof of graduation; Official Transcripts; Original National Board Exam Score Card; Verification of Clinical Exam passage; Two letters of moral character (no relatives).	CITA CRDTS CDCA SRTA WREB	Y
NE	Yes	Three years, one prior to application.	Oral exam if not passed CRDTS; also need 15 hours of CE.	No	No	Yes	License Verification.	CRDTS WREB	Y
NV	No		(Limited License See NRS 631.271).	No	Yes	Yes		CITA CDCA WREB	Y
NH	Yes	Three years immediately prior to submitting application.	Passed the ADEX, or other similar U.S. regional or state board clinical examination acceptable to the Board; Jurisprudence Examination.	No	Yes	Yes	License Verification; Letter of Good Standing; Education; National Board and Clinical Exam scores; Birth Certificate; Criminal background.	CITA CRDTS CDCA SRTA WREB	N
NJ	Yes			No	No	Yes	Employment history; License Verification; Exam scores; Education; Criminal.	CDCA	N

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NM	Yes	Licenses held by applicant must have been in good standing for 2 years prior to application.	Proof of Infection Control technique course within the past 12 months; Completed 15 hours of approved continuing education during the past year; must meet qualifications as defined in 16.5.1.15 NMAC; Jurprudence Exam.	Yes (See 16.5.21.8 NMAC).	Yes	Yes	Proof of Graduation; License Verification; Passed National Board; Background Status Report through PBIS.	CITA CRDTS CDCA SRTA WREB	Y
NY	Yes	Two years (full-time) following initial licensure; 8 months of such practice must have been in the 2-year period preceding application.	Completed approved coursework or training in Infection Control and barrier precautions, including engineering and work practice controls; Must not have failed New York exam; Department may license by endorsement on an individual basis.	No	No	No	Education; Professional Moral Character.	CDCA	N
NC	Yes	Active clinical practice at least 1,000 hours per year in clinical direct patient care during the two years immediately preceding application.	No history of disciplinary action or pending disciplinary action; No felony convictions and no other criminal convictions that would affect applicant's ability to render competent dental hygiene care; Not failed a licensure examination administered by the NC State Board of Dental Examiners.	Yes, with two years practice.	No	No	Official Transcripts and Proof of Graduation; Pass National Board and Clinical Exams; License Verification; Report from the National Practitioner Databank; Report of any pending or final malpractice actions; Complete Fingerprint Record Card.	CITA CDCA	Y
ND	Yes	Three years preceding application.	License in good standing and active practice in jurisdiction where requirements equivalent to ND; Evidence of 16 hours of CE; 3 references sent directly from reference; local anesthesia permit application if applicant intends to utilize the expanded duty; proof of physical health and visual acuity.	No	No	Yes	Official Transcripts; Proof of Name Change Document; Pass National Board and Clinical Exam; License Verification; Jurisprudence & Ethics Exam.	CITA CRDTS CDCA WREB	Y
OH	Yes	Actively practice for 5 years immediately preceding application.	Jurisprudence Exam; Letter of good standing where licensed.	No	Teacher's license by reciprocity.	Yes	Proof of Graduation; "National Board Final Report Card"; Grade cards from regional boards; License Verification; Proof of inoculation against Hep B; BCI&I and FBI Criminal Records check.	CRDTS CDCA SRTA WREB	Y
OK	Yes	Active practice for two years immediately prior to application.	Interview with board; 3 current letters of recommendation with original signature; Jurisprudence Exam.	Yes, unless failed Oklahoma clinical.	Yes	Yes	Original National Board Scores, Regional Exam Scores; Official Transcripts; National Practitioner Databank Report; License Verification; Proof of Citizenship; Legal Documentation to show name change(s).	CDCA WREB	Y

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OR	Yes	3,500 hours of licensed clinical practice in past 5 years.	Verification of 24 hours of continuing education taken within 2 years immediately preceding application submission; Jurisprudence Exam.	No	Yes	Yes	Transcript (with degree posted); License Verifications; Proof of Clinical Exam; Fingerprints - Live Scan; Verification of Clinical Practice Hours.	CITA CRDTS CDCA SRTA WREB	Y
PA	Yes		Proof the State clinical exam is comparable to the CDCA exam; Submit certification that it will reciprocate with PA on the basis of criteria approval.	No	No	Yes	License Verification/History; Certification of Graduation; Certification of exam and National Board scores; National Practitioner Databank; Disciplinary action.	CITA CRDTS CDCA SRTA WREB	Y
RI	Yes			No	No	Yes	Reciprocity Release Form(s) - Licensure Verification; Official Transcripts; Official National Board and Regional or State Board Exam Results.	CITA CRDTS CDCA SRTA WREB	Y
SC	Yes	Active license and practice 3 out of the last 5 years.	Licensed in another state with similar examination requirements as SC within the past 2 years; Jurprudence Exam; Completed a minimum of 14 hours of Board-approved Continuing Education, including an infection control course, within the past 2 years; Board may require interview.	No	No	No	Verification of license; 3 Original Letters of Reference; National Practitioners Database; Education Verification; National Board scores; Personal history.	CITA CRDTS CDCA SRTA	Y
SD	Yes	Completed a minimum of 3,000 DH clinical hours within the five years immediately preceding application date.	Jurisprudence Exam; If applicable, application(s) to administer local anesthesia, nitrous oxide oxygen sedation or monitor patients under anesthesia.	Yes		No	Physician's statement; National and Regional Board Exam grades; License Verification; Certified Transcripts; Birth Certificate; Document of name change; Recent notarized photo.	CITA CRDTS CDCA SRTA WREB	Y
TN	Yes	3 of the 5 years immediately preceding applicationl.	If requested, ability to provide patient care on a continuing basis; Current CPR certification; Must not have failed any Board-approved exam unless failed exam is subsequently retaken and passed.	No	Yes	Yes	Certificate of Graduation (transcripts and degree/diploma conferred); Criminal; Education; Disciplinary actions; License Verification and status; 2 Letters of Reference; Proof of citizenship/age.	CITA CRDTS CDCA SRTA WREB	Y

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TX	Yes	Minimum of 3 of the 5 years immediately preceding application; or as a dental educator for the 5 years immediately preceding application in Texas.	Complete 12 CE taken within the preceding 12 months; No disciplinary actions or felony convictions; Current CPR; Jurisprudence Exam.	Yes (See Secs. 256.1015 and 256.1016).	Yes	Yes	Proof of Graduation; National Board and Regional Clinical Exams; License Verification; Level II PBIS Background Check; National Practitioner Data Bank (NPDB) Self-Query.	CITA CRDTS CDCA WREB	Y
UT	Yes	Minimum of 2,000 hours in the two years immediately preceding application date.	Document having met all requirements for licensure under 58-69-302 Subsection (3); Licensed in another state/jurisdiction upon which licensure by endorsement requirements were equal to requirements in Utah.	No	No	Yes	License Verification; Evidence of identity, qualifications, and good standing.	CITA CRDTS CDCA SRTA WREB	N
VT	Yes		License in good standing; Must have taken office emergency procedures; Jurisprudence Exam.	No	No	No	Education; License Verification; National Board scores.	CITA CRDTS CDCA WREB	Y
VA	Yes	Active practice for 24 of the past 48 months immediately preceding application.	Notarized statement from each DDS and/or agency employed within four years immediately preceding application date; Current active license obtained by passing clinical competency exam comparable to exam required in Virginia; Submit original scorecard or letter from the comparable exam or testing agency.	Yes, if employed in state public health.	Yes	Yes	Education; National Board and Clinical Exam; License Verification; National Practitioner Data Bank Self-Query; Release of Confidential Information; Documentation of Name Change.	CITA CRDTS CDCA SRTA WREB	N
WA	Yes	Currently in practice within the last year.	Licensed in a qualifying state which is verified by the state board; Complete seven clock hours of AIDS education; Demonstrate knowledge of Washington dental hygiene practice law.	No	No	Yes	License Verification; Proof of graduation; Expanded function education training for anesthesia, nitrous oxide and restorative; National Board and Clinical exams.	CITA CRDTS CDCA SRTA WREB	Y
WV	Yes		Complete WV Dental Law Exam; Two letters of recommendation; Personal interview with the WV Board of Dentistry and/or appointed person by the Board.				License Verification; National Board and Regional/Clinical Exam; National Practitioners Databank.	CITA CRDTS CDCA SRTA WREB	N

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WI	Yes	350 hours in the 12-month period preceding application.	Not failed any dental hygiene licensing exam within the previous 3 years; Jurisprudence Exam; Satisfactory responses during any personal interview with the Board.	No	No	No	Board scores; Education; License Verification; CPR.	CITA CRDTS CDCA SRTA WREB	Y
WY	Yes	800 hours in 1 year.	Successful completion of regional clinical exam within 12 months; Completion of 10 hours of CE for each year not actively practicing; Jurisprudence Exam.	No	No	No	Proof of lawful presence; PBIS background check; Expanded Function Certification (if applicable).	CITA CRDTS CDCA WREB SRTA	Y

Licensure by Credential: States may use the terms; "licensure by endorsement", "licensure by criteria approval", or "reciprocity" to mean provisions in the law that allow out of state licensees to be licensed without a clinical examination.

Years of Practice: Refers to active practice requirements in the year(s) immediately preceding licensure by credential application.

Special Requirements: Requirements that are in addition to graduation from an accredited dental hygiene program, passing the Joint Commission on National Boards Dental Hygiene Examination, and proof that the applicant has a license in good standing in another state. (Most states will require licensure applicants to pass a Jurisprudence Exam on the laws governing the practice of dental hygiene in that state. Contact state licensing agency for application forms and fee information.)

Temporary, Teacher, Inactive or Retired License: Special licenses often have specific time-limits, restrictions, or additional requirements. Contact the state licensing agency for information.

Certain examinations are only accepted within certain year periods. Candidates are encouraged to contact the State Board where they wish to seek licensure to confirm information.

Source: State Dental Boards: Statutes and rules, licensure requirements/applications.

Note: WREB and CDCA signed a memorandum of understanding on June 15, 2021 outlining their intent to merge and will begin to administer the ADEX exam at all locations for the class of 2023.