

**Application Information for
 Nebraska Dental Assistant License**

License Fee: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Odd	\$25.00	\$25.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00
Even	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$95.00	\$25.00	\$25.00	\$25.00	\$25.00

LICENSE FEE WAIVER: Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee **is waived, (this does not waive** the fee for criminal background checks):

- Young Worker:** You are between the ages of 18 and 25 (under the age of 26).
- Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
 - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
 - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
 - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
- Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

Application Section A – Personal Information (Provide copies of the following documents)

- US Citizenship/Lawful Presence**
U.S. Citizens, a PHOTOCOPY of one of the following:
 - ____ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
 - ____ U.S. Passport (unexpired or expired).
 - ____ Certificate of Naturalization.
 - ____ Other documents that show U.S. Citizenship.

A Driver’s License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- ___ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- ___ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- ___ Employment Authorization Card **AND one of the following**
 - ___ An approved deferred action status (DACA);
 - ___ A pending application for asylum in the United States;
 - ___ A pending or approved application for temporary protected status in the United States; or
 - ___ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
- ___ Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security.

2. According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

Application Section B – Conviction and Licensure Information (Provide copies of the following documents)

1. **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

If you have convictions, you must submit:

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

If you had an alcohol and drug evaluation and/or completed treatment, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list	
<ul style="list-style-type: none">• MIP/ Tobacco Use by Minor• DUI / DWI / Open Container• Controlled Substance• Shoplifting / Theft / Burglary• Unauthorized use of a Financial Transaction• Disturbing the Peace• Assault / Prostitution• Disorderly Conduct / Disorderly House• Fail to Appear in Court	<ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• False Information or Reporting• Reckless Driving / Leave the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tabs• Park Rule Violation / Curfew Violation• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks / Bad Check

NOTE: If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

2. **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) our office may contact you and request that you contact that state and request a certification/verification of your license (**do not send a copy of your license**).

Application Section C – Education/Experience

1. **Diploma:** Proof of graduation from high school or its equivalent; and
2. **Education/Experience:** Official transcript showing your graduation date sent directly to our office from a dental assisting program accredited by the American Dental Association Commission on Dental Accreditation **OR** proof of substantially similar education, training, or service completed while a member of the armed forces of the United States **OR** employment or staffing records, or other reports from an employer, demonstrating a minimum of one thousand five hundred (1,500) hours of experience as a dental assistant during the five-year period prior to the date of this application.

Application Section D – Examination Information

1. Verification of your successful completion of the Certification Exam for Dental Assistants (CDA) will be confirmed by our office with the Dental Assisting National Board (DANB). If we are unable to verify that you have passed the CDA examination, you will be required to contact DANB and have verification of your examination sent directly to our office from DANB.
AND
2. **Jurisprudence Examination Information:** Each Applicant is required to take the State jurisprudence examination at <https://www.proprofs.com/quiz-school/story.php?title=nebraska-dental-assistant-jurisprudence-examination>

Application Section E – Practice Information (This section only needs to be completed by applicants that are applying by reciprocity)

1. **Practice Requirement for Reciprocity Applicants:** If you are applying for a dental license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of dentistry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
 - a) A copy of your W-2's;
 - b) A letter from your employer/practice partner on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Application Section F – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing such credential.

Application Section G – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Application Review: All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

Records Retention Schedule: When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

For Office Use Only
License #
Issue Date

NEBRASKA Application for a Dental Assistant License

LICENSE APPLICATION CATEGORY and FEES (All applicants must complete this section) Check the category that applies.

<input type="checkbox"/> Licensure by Examination \$95.00 <i>see fee chart</i> Applicants who qualify by education or experience and have passed a certifying examination.	<input type="checkbox"/> Licensure by Reciprocity - Another Jurisdiction (State) \$95.00 <i>see fee chart</i> Applicants who are certified in another state, have practiced dental assisting for three years, and one of those years of practice was within the three years immediately preceding the date of this application.
---	--

Fee Waiver:
 If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. **Check only ONE waiver:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
 - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
 - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

SECTION A – PERSONAL INFORMATION (All applicants must complete this section) Items 1-2 are displayed on the internet. <https://www.nebraska.gov/LISearch/search.cgi>

NOTE: To expedite communication, any notifications will be sent to the e-mail address you provide. If no e-mail address is provided, notification will be sent to the mailing address you provide. If you change either your e-mail or mailing address, you must advise this office.

1	Legal Name	First:	Middle/MI:	Last:
		Maiden:	Other Names you are or have been known as (AKA):	
2	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
3	Date of Birth	Month/Day/Year:	Place of Birth (City/State or Country):	
4	Check the appropriate box(es) and give the number requested. If you have both a SSN and an A# or I-94 number, you must report both.	<input type="checkbox"/> Social Security Number:		
		<input type="checkbox"/> Alien Registration Number ("A#"):		
		<input type="checkbox"/> Form I-94 Number:		
Nebraska Revised Statute 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
5	E-Mail address: (optional)	Phone number: (optional)		

OFFICE USE ONLY

CDA	Verified by	Date	NDEN	Checked by	Date	BOARD	Yes	No
-----	-------------	------	------	------------	------	-------	-----	----

SECTION B – CONVICTION AND LICENSURE INFORMATION (All applicants must complete this section)

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information

CONVICTION INFORMATION: You must list **ALL** misdemeanor or felony convictions (regardless of when they occurred).

1	Have you EVER been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides **SOME** examples of convictions; this is **NOT** a complete list

- | | |
|--|---|
| <ul style="list-style-type: none"> • MIP/ Tobacco Use by Minor • DUI / DWI • Controlled Substance • Open Container • Shoplifting / Theft / Burglary • Unauthorized use of a Financial Transaction • Disturbing the Peace • Assault / Prostitution • Disorderly Conduct / Disorderly House • Reckless Driving | <ul style="list-style-type: none"> • Driving under Suspension / Revocation • License Vehicle without Liability Insurance • Fail to Appear in Court • False Information or Reporting • Leave the Scene of an Accident • Operator not Carrying License • Unlawful Display of Plates/Renewal tabs • Park Rule Violation / Curfew Violation • Dog at Large / Fail to Vaccinate Animal • Littering / Fireworks / Bad Check |
|--|---|

LICENSE INFORMATION: The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska.

1	Do you hold or have you held a license in any other state(s)?	If yes, what state(s)?	What type of license?	License Number
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If YES, has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of State Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

SECTION C – Education/Experience

DIPLOMA (All applicants must complete this section)

Proof showing graduation/completion of high school (or its equivalent) must be provided to our office.

Accredited High School (or Equivalent Agency) Attended	Name of School:		
	Date of Graduation:	City:	State:

EDUCATION APPLICANTS ONLY: An individual applying for licensure by education must have a certified transcript showing graduation date sent directly from the accredited dental assistant program/college/school to our office.

Accredited Dental Assistant Program/College/School Attended	Name:		
	Date of Graduation:	City:	State:

EXPERIENCE APPLICANTS ONLY: An individual applying for licensure by experience must answer the following questions and submit the required documentation. You may submit proof of employment on an employment verification form (see page 9) or a letter from your employer on their letterhead stating the beginning and ending dates of employment, approximate number of hours worked per week, and duties performed.

Have you been actively engaged as a dental assistant for at least one thousand five hundred (1,500) hours within the five (5) years immediately preceding the date of this application?	YES	NO
---	-----	----

SECTION D – EXAMINATION (All applicants must complete this section)

1	I have taken the Certification Exam for Dental Assistants (CDA) offered by the Dental Assisting National Board (DANB).	YES	NO	Date CDA exam was taken (Month/Year):
2	I have taken the Nebraska jurisprudence exam and passed it with a score of 75% or greater.	YES	NO	

If no, List what practical examinations, locations and dates that you have failed on two occasions:

Please note that if you failed on two occasions you are required to complete a remedial course in dental assisting approved by the Board before the Department will consider the results of the third examination as valid.

Examination	Location	Date

SECTION E – RECIPROCITY APPLICANTS ONLY: An individual applying for licensure by reciprocity must answer the following questions and submit the required documentation. You may submit proof of employment on an employment verification form or a letter from your employer on their letterhead stating the beginning and ending dates of employment, approximate number of hours worked per week, and duties performed.

1	Have you been actively engaged as a dental assistant for at least three (3) years?	YES	NO
2	Was at least one (1) of the years within the three (3) years immediately preceding the date of this application?	YES	NO

SECTION F – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section)

An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000 or such other action as provided in the statutes and regulations governing the credential.

1	Have you performed functions as a licensed dental assistant dental assistant in Nebraska after January 1, 2018, and before submitting this application?	YES	NO
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location, and telephone number of the practice?	Name of Business:	
		City:	
		Telephone Number:	Number of Days:

SECTION G - ATTESTATION

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

I attest that:

- I am a citizen of the United States.
- OR**
- I am a qualified alien under the Federal Immigration and Nationality Act.
- I am a nonimmigrant lawfully present in the United States.
- Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation and Signature: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____ Date: _____

Contact Information:

Telephone: 402-471-2118
 Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
 Licensure Unit – 1st Floor
 P.O. Box 94986
 Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
 Licensure Unit- 1st Floor
 301 Centennial Mall South,
 Lincoln, Nebraska 68508

State of Nebraska, Department of Health and Human Services
Division of Public Health, Licensure Unit
301 Centennial Mall South, PO Box 94986
Lincoln NE 68509-4986 (402) 471-2118
[Dental Assistant Experience Verification](#)

To qualify by work experience for a dental assistant license, the applicant must have completed at least 1,500 hours of experience as a chairside dental assistant within the five years prior to the date on the application for licensure. You may submit multiple experience verification forms or letters from more than one dentist. Verification forms or letters verifying experience must be signed by the supervising licensed dentist where clinical experience as a dental assistant occurred. Letters must be on dental office letterhead and include the dentist's name, the month, day, and year the assistant began and ended employment, the number of hours worked, and that the assistant worked as a chairside dental assistant.

Name of Applicant: _____

Name of Dental Office: _____

Street Address of Dental Office: _____

Dates of employment: From

Month/Day/Year

 to

Month/Day/Year

Total Hours worked during the above timeframe providing chairside dental assistance to licensed dentist:

_____ Total hours

Print Name of Supervising Licensed Dentist

-----Bottom half to be completed by supervising licensed dentist-----

I verify that, to the best of my knowledge, this applicant's information regarding work experience (and is demonstrated by office employment, scheduling, and/or treatment records) while under my supervision and that the duties performed while employed were comprised of those specified for a dental auxiliary in regulations 172 Chapter 53 which were effective as of March 4, 1998 (https://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-172/Chapter-053.pdf):

Signature: _____ Date: _____
Supervising Licensed Dentist

Print Name: _____ Dental License Number: _____

Phone Number: _____ Alternate Phone Number (optional): _____

Name of Alternate Office Contact Name (optional): _____