



Application for Dental Hygiene Licensure by Credentials

Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400 / Fax: (512) 463-7452
Website: www.tsbde.texas.gov
E-Mail: info@tsbde.texas.gov

Fee: \$641
**Military Active Duty, Veterans,
Military Active Duty Spouses:
No Fee**

PERSONAL INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Mailing Address: _____ Social Security #: _____

City: _____ State: _____ Zip: _____

Military Status: Not Military Active Duty Retired Military Spouse Telephone: _____

Daytime Phone: _____ E-Mail Address: _____

* - The TSBDE requires an applicant to provide a SSN as a part of the licensure, certification or registration process. The SSN of an applicant for a license, certificate, or registration or other legal authorization issued by the TSBDE is confidential and not subject to disclosure under Chapter 552 of the Texas Government Code.

REQUIRED DOCUMENTATION

Attach the following documents and appropriate fee to this application and submit to the Texas State Board of Dental Examiners office at the address above. Applications not having these documents will be returned to the applicant.

- Letter from PBIS to you confirming your package has been forwarded to the State Board of Dental Examiners.
- Proof of Social Security Card. Photo copy of card is acceptable.
- Proof of successful completion of SBDE Jurisprudence Assessment dated within the preceding 12 months. The Jurisprudence Assessment can be purchased and taken online at: www.tsbde.texas.gov/Jurisprudence
- Twelve hours of continuing education taken within the preceding 12 months in accordance with Chapter 104 of the TSBDE Rules and Regulations.
- Military Active Duty, Veterans, Military Active Duty Spouses must provide a copy of Military Orders or Military I.D. Card.

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any questions may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I accept the laws and rules of the Dental Practice Act and State Board of Dental Examiners Rules and Regulations as the basis for lawful dental hygiene practice in the State of Texas.

APPLICANT'S SIGNATURE

DATE

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct. Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

(Seal)

NOTARY PUBLIC