

Council of Interstate Testing Agencies, Inc.

Dental Hygiene
Candidate Qualification Form

Candidates are responsible for meeting all of the Dental Hygiene Licensure exam application requirements. By signing below, candidates confirm they meet the requirements of at least one of the following qualifying category statements at the time they take the exam.

Candidates understand and swear that if at any time they no longer meet the requirements to take the Dental Hygiene Licensure exam, candidates have an ethical obligation to suspend their testing cycle until they are able to meet one of the testing requirements.

Qualifying Categories
(Initial only one)

- I. Candidates who are enrolled in a CODA or CDAC accredited dental hygiene program and have approval from their Program Director to take their CITA administered Dental Hygiene Licensure exam.

INITIAL if APPLIES

Signature is required for all pre-graduation dental hygiene candidates:

Dental Hygiene School: Anticipated Graduation Date:

Designated School Signature:

- II. Candidates who have graduated from a CODA or CDAC accredited dental hygiene program may take the CITA administered Dental Hygiene Licensure exam. Verification of graduation from a CODA or CDAC accredited dental hygiene program (I.E. copy of diploma, unofficial transcript, letter from the registrar's office) is required and must be submitted with this form if this is the candidate's initial qualifying category.

INITIAL if APPLIES

- III. Candidates who are foreign trained dental hygienists may take the CITA administered Dental Hygiene Licensure exam if they are able to obtain a letter from a State Dental Licensing Board which states that they would qualify for a dental hygiene license in that state and they may therefore take the CITA administered Dental Hygiene Licensure exam. This letter must be mailed directly to the CITA office.

INITIAL if APPLIES

I, acknowledge and swear that I qualify under one of the above listed categories to take the CITA administered Dental Hygiene Licensure exam. The signature from a school (if required) only reflects my standing with that school at the time of signature. I have read the Dental Hygiene Manual and understand the application process, refund policy, 18 month, and three-time failure rule. Failure to register for the correct exam may result in an administrative fee of \$200 for any changes made after initial payment has been made.

CITA reserves the right to deny admission to its examination should, in CITA's sole discretion, should it have any concern regarding a candidate's mental, physical, or emotional well-being, or questions regarding a candidate's preparedness or educational training to the extent that the candidate may endanger patients engaged in the examination process. By signing this application, I consent to CITA providing to all its member states, ADEX (if an ADEX exam) and other testing agencies information about me, including my exam results, any discrepancies, alleged exam misconduct and other pertinent information.

NOTARY

Candidate Signature Date

State of County of

The statements on this document are subscribed and sworn to before me this day of, 20

Notary Public

My Commission Expires