### New Hampshire

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<th>Initial Licensure Requirements</th>
<th>CITA, CDCA, CRDTS, SRTA, WREB</th>
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<td>Must include clinical periodontal/scaling component</td>
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| License by Credential: Clinical experience requirements (years and/or hours) | Maintained an active dental practice for the 3 year period prior to completing the licensure process for a New Hampshire license. Dental specialty training and active military dental service are considered active dental practice. |

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<th>Other License by Credential Requirements</th>
<th>Statute 317-A:7-a License by Endorsement. – Licensure by endorsement may be considered by the board for each applicant who holds a current, unrestricted license and registration certificate to practice dentistry or dental hygiene and who submits to the board the required credentials if, for the 3 years immediately preceding the application, the applicant:</th>
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<td>I. Has practiced clinical dentistry or practiced clinical dental hygiene in one or more states; or</td>
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<td>II. Has been in dental specialty training; or</td>
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<td>III. Has been in active military service as a dentist; or</td>
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<td>IV. Has been in any combination of these.</td>
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**Regulation Den 301.02 Application for Dental Licensure.**

(a) Each applicant for a license to practice dentistry in the state of New Hampshire shall provide the following on the "Dentist Application for Licensure" form:

1. Applicant’s name;
2. Applicant’s date of birth;
3. Applicant’s place of birth;
4. Applicant’s social security number;
5. Any other name by which the applicant has been known;
6. Applicant’s current residential address, telephone number, and primary email address either business or personal;
7. Applicant’s educational background, including:
   a. The names of the colleges attended;
   b. The date of graduation and degree, if any;
   c. The names of the dental schools attended;
   d. The dates of attendance and graduations;
   e. The types of post graduate dental programs completed; and
   f. The certificates or degrees, if any, including specialty training certificate;
8. Whether the applicant has taken and passed the examinations of the: a. National Board of Dental Examiners; and b. American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a clinical periodontal/scaling component;
9. A listing of the following:
   a. All places where the applicant has possessed a license to practice dentistry, including the state and license number, issue date, whether active or inactive and dates of practice; and
b. Professional employment history including the dates, locations, and status;
(10) Whether the applicant:
a. Has been convicted of a felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;
b. Has been convicted of the illegal practice of dentistry;
c. Has ever been denied dental licensure;
d. Has been or is currently subjected by a professional licensing body to any investigation, sanction, or disciplinary action including but not limited to probation or stayed probation, limitation or restriction, fine, reprimand or being required to submit to care, counseling, supervision or further education;
e. Possessed a dental license that has been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state;
f. Has had any physical or mental illness that impairs the ability to practice dentistry;
g. Has been advised by a health practitioner or mental health practitioner that a physical or mental illness impairs the ability to practice dentistry;
h. Has investigations or disciplinary actions pending against the applicant’s dental license;
i. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending;
j. Has had hospital privileges revoked, suspended, restricted, denied, not renewed, or involuntarily relinquished; or
k. Has ever had a DEA license revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by a state or federal licensing/regulatory board or agency, or which is currently involved in an investigation or disciplinary process;
(11) Whether the applicant has an addiction to alcohol, narcotics or other mind altering drugs which impairs the applicant’s ability to practice dentistry;
(12) A listing of the dental continuing education courses taken during the last 2 years;
(13) At least 3 signed certifications of good professional character, with at least 2 by a licensed dentist in good standing, if the applicant has previous dental employment;
(14) Signed certification of graduation by the dean or registrar of the dental college granting the applicant a degree; and
(15) Whether the applicant’s CPR certification is current, and if so, provide proof;
(b) By April 1, 2016, applicants shall be certified in basic life support for healthcare providers (BLS-HCP).
(c) An unmounted passport-type photograph of the applicant shall be:
(1) Attached to the form;
(2) Taken not more than 6 months before the date on the application;
(3) No smaller than 2 and 1/2 inches square; and
(4) Impressed or stamped by a portion of the seal of the dental school from which the applicant graduated.
(d) The form shall be signed by the applicant, notarized and filed with the board. Deceptive or false statements, knowingly made by the applicant shall result in denial of license. By signing the form, the applicant shall waive any confidentiality regarding disclosure to the board from any other jurisdiction about any pending complaints or action being taken against his or her license to practice dentistry and consents to a criminal background check.
(e) The form shall be accompanied by the following documents:
(1) A certified check or money order made payable to the “Treasurer, State of New Hampshire” for the application fee specified in Den 301.08, or if presented in person, the payment may be in cash; and
(2) Either of the following:
   a. An original or certified copy of the applicant’s birth certificate written in English or translated to English; or
   b. A certified copy of the applicant’s valid passport written in English or translated to English.
(f) The following documents shall be filed with the board directly by the issuing agency:
(1) An official copy of the applicant’s dental school transcript and, if applicable, a copy of a specialty training certificate bearing the registrar’s original signature and the school’s seal or a letter on school letterhead sent directly to the board’s office. An unofficial transcript and a diploma stamped with the dental school seal may be provided until the official transcript is ready;
(2) The applicant’s original grade card denoting successful completion of the examination of the National Board of Dental Examiners; and
(3) A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant’s license to practice in that state based on the records of the board, as follows:
   a. Has been subject to disciplinary action;
   b. Has disciplinary action pending;
   c. Has been under stayed probation; or
   d. Is under investigation.
(g) The board shall verify directly with the CDCA or other similar U.S. regional or state board that the applicant has taken and passed the board clinical examination for dentists, including a clinical periodontal/scaling component, within the 3 years immediately prior to submitting the application.
(h) Endorsement certification shall be considered for each applicant who holds a current, unsuspended, unrestricted license to practice dentistry who deposits with the board the required credentials if:
(1) The applicant has taken and passed the American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a periodontal/scaling exam; and
(2) Throughout the 3 years immediately prior to submitting the application, the applicant:
   a. Has practiced clinical dentistry in one or more states;
   b. Has been in dental specialty training;
   c. Has been in active military dental service; or
   d. Has been in any combination thereof.
(i) The education requirements specified in RSA 317-A:8 shall apply to all applicants for licensure under this section.
(j) Pursuant to RSA 317-A:8, an applicant shall be a graduate of a dental school general dentistry program which:
(1) Is of at least 2 years duration;
(2) Is accredited by the Commission on Dental Accreditation (CODA); and
(3) Awards the degree of Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS).
(k) When the required materials have been approved by the board, the applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association’s Principles of Ethics and Code of
The ADA attempts to keep this information current based on information from state dental boards, clinical testing agencies and state dental associations. Individuals seeking dental licensure are strongly urged to consult with the state board of dentistry and their professional advisors for current dental licensure information.

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<th><strong>Temporary License</strong></th>
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<td>Regulation Den 301.05 Application for Temporary Licensure.</td>
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<td>(a) A temporary dental or dental hygiene license shall be granted on an individual request basis for a professional education program using dental clinical procedures.</td>
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<td>(b) A temporary license shall be granted on an individual request basis for research projects having a clinical dental component.</td>
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<td>(c) Applicants shall meet the minimum requirements for licensure by examination or licensure by endorsement certification process in New Hampshire.</td>
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<td>(d) If the applicant does not meet the minimum requirements, the board shall require the applicant to obtain a license through the process utilizing the CDCA or other regional board clinical performance test or the endorsement certification application process.</td>
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<td>(e) A temporary license shall be valid for one year or the length of an educational program or research project, whichever occurs first.</td>
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