



Texas State Board of Dental Examiners

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 Austin, Texas 78701-3942
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 www.tsbde.texas.gov

**CENTRAL REGIONAL DENTAL TESTING SERVICES (CRDTS)
 Texas Dental Hygiene Examiner Appointment Application**

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank.** Be sure to sign when completed. In consideration of this application, the Texas State Board of Dental Examiners or the Dental Hygiene Advisory Committee does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. **Resumes will not be accepted in lieu of applications.** Include a Curriculum Vitae (CV) and two (2) professional letters of recommendation with this application. This application becomes public record and is subject to disclosure in accordance with the Public Information Act.

Last Name:		First Name:		Middle:		Social Security #:	
Mailing Address:		City:		State:		Zip:	
Home Phone:		Home Fax:		E-mail Address:			
List any other names used if different from name on this application:							
Date of birth (DD/MM/YYYY):		Work Phone:		Work Fax:			
Are you a Texas Resident?:						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been adjudged mentally incompetent by a court?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have did you learn of this appointment?		<input type="checkbox"/> Friend		<input type="checkbox"/> Professional Association or School			
				<input type="checkbox"/> If so, which one?			
Have you ever been convicted of a felony or subject to a deferred adjudication on a felony charge? (If your answer is "Yes" explain in concise detail on a separate sheet of paper, giving the dates and nature of offense, the name and location, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will. This agency may require additional information related to the convictions of misdemeanors.						YES <input type="checkbox"/>	NO <input type="checkbox"/>

VOLUNTEER EXPERIENCE Do you possess any previous, or ongoing volunteer experience?			
Organization	Title/Position	Organization	Title/Position

Name: _____ Social Security #: _____

Education: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.
 Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10
 11 12

Types of School	Name and Location of School	Dates Attended				Month/Year Graduated	Expected Graduation Date	Semester/Clock Hours Completed	Type of Diploma or Degree	Major/Minor Fields of Study
		From		To						
		Month	Year	Month	Year					
Undergraduate Colleges or Universities										
Graduate Schools										
Technical Vocational, or Business Schools										

LICENSE/CERTIFICATION Please list all licenses/certifications held

License / Certification (RDH., RN, Attorney, CDA, CPA, etc.)	Date Issued	Date Expired	Issued By/Location of Issuing Authority (State or other authority) (City and State)	License Number

MEMBERSHIPS Professional, Technical, or other bodies

Organization	Title/Position	Organization	Title/Position

Name: _____ Social Security #: _____

EMPLOYMENT HISTORY Include ALL employment within the last five (5) years. Begin with your current or last position and work back to your first. Employment history should include each position held even those with the same employer. Employer Address must include a complete mailing address, including zip code.

Position Title: Employer: Mailing Address: City, State, Zip: Employer's Telephone Number: ()						Immediate Supervisor's Name:	Type of Practice Setting (General, Perio, Pedo, etc.)	
Starting Date			Leaving Date			Reason for Leaving:	Immediate Supervisor's Telephone No. ()	Average Number of Hours Worked Per Week:
Month	Day	Year	Month	Day	Year			

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Month	Day	Year	Month	Day	Year			

Name: _____ Social Security #: _____

REFERENCES

List the Name, Address and Telephone Number of five (5) references who are <i>not</i> relatives or former employers.			
Full Name	Complete Address	Telephone	Relationship
		()	
		()	
		()	
		()	
		()	

MISCELLANEOUS INFORMATION

1. Have you or your spouse ever been registered as a lobbyist or received compensation to present someone before a local, state, or federal government?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self or Spouse	Entity Represented	Entity Lobbied	Dates	

2. Are you or your spouse related to a local, state, or federal public official?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Official and Title		Relationship	

3. To the best of your knowledge, has any federal, state, or local law enforcement or regulatory agency (on behalf of itself or any other person or entity) filed or investigated any grievance or complaint against you, your spouse, or an entity in which you have a material interest and have you ever been a party to a civil action, or activities, that might create a conflict of interest?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agency	Date	Details and Disposition		

4. To the best of your knowledge, have you, your spouse, or any company in which you have a material interest been investigated, reprimanded, fined or suspended from doing business with any state or federal agency?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Agency	Date	Details and Disposition		

5. Do you currently serve, or have ever served, on any local, state or federal government board, commission or committee or in any elected appointed office?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Entity	Position	Dates	Compensated	Reimbursed	

