



# DENTAL HYGIENE FACULTY LICENSE APPLICATION

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

**Instructions:** Submit all required documents as indicated below with this application and fee to the TSBDE at the address listed above.

**Required Documents Include:**

- Photocopy of Proof of Graduation from Dental School (i.e., diploma or a certificate from school)
- Copy of Social Security Card (photocopy acceptable)
- Proof of Successful Completion of the TSBDE Jurisprudence Assessment

# FEE: \$126

**SELECT ONE:** \_\_\_\_\_ DENTAL FACULTY LICENSE \_\_\_\_\_ DENTAL HYGIENE FACULTY LICENSE

\_\_\_\_\_  
Date of Birth Social Security Number \* Applicant E-Mail Address

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Mailing Address City State Zip Code Telephone (\_\_\_\_\_) \_\_\_\_\_

Military Status: \_\_\_\_\_ Not Military \_\_\_\_\_ Active Duty Military\*\* \_\_\_\_\_ Military Veteran\*\* \_\_\_\_\_ Military Active Duty Spouse\*\*

\_\_\_\_\_  
Employing School City Assigned Department

\* - 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.

\*\* - If you are military or a veteran include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.

**EDUCATION:**

\_\_\_\_\_  
Name of School Degree Awarded Year Graduated

\_\_\_\_\_  
Name of School Degree Awarded Year Graduated

**TO BE COMPLETED BY DEAN, DEPARTMENT CHAIR, OR PROGRAM DIRECTOR:**

I, \_\_\_\_\_, verify that the above-named applicant holds a \_\_\_\_\_ Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ Salaried position with the following teaching institution: \_\_\_\_\_ and is a fit and proper candidate to be issued a faculty license to provide direct patient care within this institution or its adjunct facilities.

\_\_\_\_\_  
Signature of Dean, Department Chair, or Program Director Date

**IN ADDITION TO THE FOREGOING:**

- I hereby give my permission for the TSBDE to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.
- I further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.
- I, the applicant herein, state that all facts, statements and answers contained in this application are true and correct. I am not omitting any information, which might be of value to the TSBDE in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding or pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if it is not discovered until after issuance.

\_\_\_\_\_  
Signature of Applicant 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