



State of Nebraska
 Department of Health and Human Services
 Division of Public Health
 Licensure Unit
 P O Box 94986
 Lincoln NE 68509-4986

APPLICATION FOR PUBLIC HEALTH AUTHORIZATION FOR DENTAL HYGIENISTS

SECTION A - PERSONAL INFORMATION (All applicants must complete this section) **This section is public information and will be displayed on the Department's website (<http://www.dhhs.ne.gov/lis/lisindex.htm>)**

1	Legal Name:	Last:	First:	Middle/Maiden:
2	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Date of Birth:		4	Place of Birth:
5	Telephone Number: (Optional)		6	E-mail/Fax: (Optional)
7	Social Security Number (The SSN is NOT public information and will NOT be disclosed)			
8	Nebraska Dental Hygiene License:			

SECTION B – CLINICAL EXPERIENCE (All applicants must complete this section)

- I have submitted proof that I have 3,000 hours of clinical experience as a dental hygienist in at least four of the preceding five calendar years.

You must attach an affidavit of clinical experience from your employing dentist, proof of employment by submitting a copy of your W-2's, or a letter from your employer on their letterhead, stating the beginning and ending dates of employment and the total number of hours worked during that time period.

SECTION C – PROFESSIONAL LIABILITY COVERAGE (All applicants must complete this section)

- I have submitted proof that I carry professional liability insurance.

You must attach a copy of your professional liability insurance coverage.

SECTION D – ATTESTATION (All applicants must complete this section)

I attest that I am the person named making application and that I completed this application; and that the information I provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date