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WILLIAM H. TRICE III (1946-2014)

February 18, 2016

Via Email and US Mail

Mark Martin
Secretary of State
State Capitol Room 026
Little Rock, AR 72201-1094

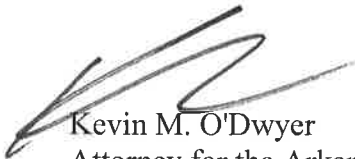
Re: My Client: Arkansas State Board of Dental Examiners
Amendment to Article VIII re Licensure

To Whom It May Concern:

Enclosed is an Arkansas Register Transmittal Sheet and a copy of the Amendment to Article VIII re Licensure.

Please file this accordingly.

Respectfully,



Kevin M. O'Dwyer
Attorney for the Arkansas State Board of Dental Examiners

KMO/ly
Enclosure

cc: register@sos.arkansas.gov
Donna Cobb, Executive Director, Arkansas State Board of Dental Examiners

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State
Mark Martin
500 Woodlane, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov



For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Arkansas State Board of Dental Examiners

Department _____

Contact Kevin M. O'Dwyer E-mail kodwyer@htolaw.com Phone 501-372-4144

Statutory Authority for Promulgating Rules ACA §17-82-208

Rule Title: Amendment to Article VIII re Licensure

Intended Effective Date
(Check One)

Date

Emergency (ACA 25-15-204)

Legal Notice Published

12/08/15

10 Days After Filing (ACA 25-15-204)

Final Date for Public Comment

01/15/15

Other _____
(Must be more than 10 days after filing date.)

Reviewed by Legislative Council

2/16/16

Adopted by State Agency

01/15/15

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Kevin M. O'Dwyer kodwyer@htolaw.com

Contact Person

E-mail Address

02/18/16
Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Dana Cobb

Signature

501-682-2085

asbde@arkansas.gov

Phone Number

E-mail Address

Executive Director, Arkansas State Board of Dental Examiners

Title

2.18.16

Date

ARTICLE AMENDED

Article VIII: REQUIREMENTS FOR LICENSURE OF DENTISTS AND DENTAL HYGIENISTS

- A. A dentist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated §17-82-304 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:
1. Completion of a Board application with photograph taken within the last six months, signed on the last page.
 2. Be a graduate of a school for the education and training of dentists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
 3. Final transcript of grades from the school of dentistry sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
 4. Successful completion of the National Board Examination for Dentistry, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
 5. Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the Arkansas State Board of Dental Examiners for the initial licensure of a dentist. Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.
 6. Completion of other forms as requested by the Board.
 7. A copy of a certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certification.
- B. A dental hygienist who desires to practice his/her profession in the State of Arkansas under Arkansas Code Annotated § 17-82-306 may apply to the Arkansas State Board of Dental Examiners for a license to practice pursuant to the following requirements:
1. Completion of a Board application with photograph taken within the last six months, signed on the last page.
 2. Be a graduate of a school for the education and training of dental hygienists approved by the Board and accredited by the American Dental Association, Commission on Dental Accreditation.
 3. Final transcript of grades from the school of dental hygiene sent directly from the school to the Board office. Transcript must bear the school seal and reflect the awarding of a degree.
 4. Successful completion of the National Board examination for Dental Hygiene, administered by the Joint Commission on National Dental Examinations. A copy of the results must be sent directly from the Joint Commission to the Board office. Copies of the card will not be accepted. Successful completion shall mean a minimum of 75% on each segment of the examination.
 5. Satisfactory completion of a clinical examination, which will be administered by the Arkansas State Board of Dental Examiners or any regional testing agency whose examination is accepted by the ASBDE for the initial licensure of dental hygienists. Satisfactory completion shall mean a minimum score of 75% on each segment of the examination.
 6. Completion of other forms as requested by the Board.
 7. A copy of a certificate showing current Healthcare Provider Level cardiopulmonary resuscitation (CPR) certification.