

Texas State Board of Dental Examiners

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www.tsbde.texas.gov

CENTRAL REGIONAL DENTALTESTING 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	Middle: Social S		ecurity #:				
Mailing		City	:	State:		Zip:			
Address:									
Home Phone:	Home Fax:	E-m	ail Address:						
List any other names used if									
different from name on this application:									
Date of birth		Wor	k Phone:	V	Work Fax:				
(DD/MM/YYYY):									
Are you a Texas Resident?:		•			YES	6 🗆	NO		
Have you ever been adjudged	YES	6 🗆	NO						
Have did you learn of this	Have did you learn of this								
appointment?									
Have you ever been convicte (If your answer is "Yes" exp	•	S 🗆	NO						
nature of offense, the name a	nd location, and the disp	osition of the c	ase(s). A convicti	ion may not	:				
disqualify you, but a false statement will. This agency may require additional information related to the convictions of misdemeanors.									
to the convictions of misdein	ourors.								
VOLUNTEER EXPERIENCE Do you possess any previous, or ongoing volunteer experience?									
Organization		Title/Position							

Name:							Social Secur	rity #:			
Education: Appl Circle Highest Gra	icants may be de Completed	required to p		roof of o	diploma, d		ranscripts, lic	enses, certific	cations and re	egistrations.	10
				Dates .	Attended					m . c	
Types	Name and Location of School		Fr	rom	To	•	Month/Year Graduated	Expected Graduation Date	Semester/ Clock Hours Completed	Type of Diploma or	Major/Mino r Fields of Study
of School			Month	Year	Month	Yea r				Degree	
Undergraduate											
Colleges or Universities											
Graduate Schools											
Technical Vocational, or											
Business Schools											
LICENSE/CER	TIFICATIO	ON Please li	st all lice	enses/ce	rtification	s held					
License / Certi	fication	Date		Date	:	Issued	By/Location	of Issuing A	uthority	Lice	nse
(RDH., RN, Attorney, CDA, CPA. etc.)		Issued		Expire			or other autho		Number		
MEMBERSHIE	PS Profession	nal, Technical	, or othe	r bodies							
MEMBERSHIE Organiza		nal, Technical		r bodies			Organiz	zation		Title/Positi	on
		nal, Technical					Organiz	zation		Title/Positi	ion
		al, Technical					Organiz	zation		Title/Positi	ion

Name: _						So	ocial Security #:	
back to y	our first.	Employi	TORY Incoment historical	ry should incl	nploy ude e	ment within the last five (ach position held even the	(5) years. Begin with your current ose with the same employer. Emp	or last position and work sloyer Address must include a
Position Employe Mailing A City, Stat	r: Address: te, Zip:	hone Nur	nber: (,			Immediate Supervisor's Name:	Type of Practice Setting (General, Perio, Pedo, etc.)
	arting Da			eaving Date		Reason for Leaving:	Immediate Supervisor's	Average Number of Hours
Month	Day	Year	Month Day Year			Telephone No.	Worked Per Week:	
				<i>y</i>		-	()	
Position Employe Mailing A	r: Address:						Immediate Supervisor's Name:	Type of Practice Setting (General, Perio, Pedo, etc.)
Employe)		I		
Month Sta	arting Da Day	Year	Month	Day Y	ear	Reason for Leaving:	Immediate Supervisor's Telephone No.	Average Number of Hours Worked Per Week:
Position Employe Mailing A City, Star	r: Address: te, Zip:	ı v	1 (Immediate Supervisor's Name:	Type of Practice Setting (General, Perio, Pedo, etc.)
Employer's Telephone Number: () Starting Date Leaving Date Reason for Leaving:						Immediate Supervisor's	Average Number of Hours	
Month	Day	Year	Month		ear	Reason for Leaving.	Telephone No.	Worked Per Week:
			l.	l l				
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	Average Number of Hours	
Month	Day			Day Year		C	Telephone No.	Worked Per Week:
					-1		1	
Position Employe Mailing A City, Star Employe	r: Address: te, Zip:	hone Nur	mber: ()			Immediate Supervisor's Name:	Type of Practice Setting (General, Perio, Pedo, etc.)
Sta	arting Da	te	I.e	eaving Date		Reason for Leaving:	Immediate Supervisor's	Average Number of Hours
Month	Day	Year	Month		ear		Telephone No.	Worked Per Week:

Name:	Social Security #:						
REFERENCES							
List the Name, Address and Tele	ephone Number of five (5) re	eferences who are no	ot relatives of	r former employers.			
Full Name	Compl	lete Address		Telephone	Relationship		
			()			
			()			
			()			
			()			
MISCELLANEOUS INFO 1. Have you or your spouse ev	ver been registered as a lobb		m-	Yes 🗍	No 🗆		
pensation to present someone be		<u> </u>					
Self or Spouse	Entity Represented	d	Entity Lobb	oied	Dates		
2. Are you or your spouse relate		public official?		Yes	No 🗌		
Nar	me of Official and Title			Relatio	onship		
3. To the best of your knowledge or regulatory agency (on behalf investigated any grievance or cowhich you have a material interest or activities, that might create a compact of the comp	If of itself or any other pers complaint against you, your s est and have you ever been a	son or entity) filed spouse, or an entity	or	Yes	No 🗌		
Agency		Date	\neg	Details and	d Disposition		
· · · · · · · · · · · · · · · · · · ·					*		
4. To the best of your knowle which you have a material in suspended from doing business v	nterest been investigated, re	reprimanded, fined		Yes	No 🗌		
Agency		Date		Details and Disposition			
				, in the second second			
5. Do you currently serve, or government board, commission of				Yes	No 🗌		
Entity	Position	1	Dates	Compensated	Reimbursed		

Na	me:Social Security #:
	TATEMENT OF INTEREST
Ple	asse state why you are interested in serving as a CRDTS Examiner. (Please print or type your response)
	PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED
1.	I Certify that all the information provided by me in connection with my application, whether on this documen or not, is true and complete, and I understand that any misstatement, falsification, or omission may be ground for refusal to be appointed, if appointed, termination.
2.	I understand that as a condition of appointment, I will be required to provide legal proof of authorization to work in the U.S.
3.	I understand that some state agencies will check with the Texas Department of Public Safety, the Federa Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statues.
4.	I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal of otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.
5.	I understand that disclosure of my Social Security Number (SSN) is optional. The agency to which I an applying may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C. 662a Section 7(b).
	a.
TF	Sign HIS APPLICATION MUST BE SIGNED Here
	Signature – Applicant Date