

Council of Interstate Testing Agencies Dental Hygiene Examination Restest Application 2010

Please affix one (1) 2" x 2" passport size photograph here and paperclip another 2" x 2" passport size photograph to the application.

Directions: Please complete the application in its entirety either typed or legibly printed with blue/black ballpoint pen ink. The application must be submitted with two (2) passport size photographs, certification of completion **OR** a letter from the registrar's office stating degree received and date of graduation **OR** an official transcript in a school sealed envelope and the appropriate examination fees.

- 1) First Name: _____ Middle Initial: _____
- 2) Last Name: _____
- 3) Maiden Name: _____
- 4) Social Security Number: _____ - _____ - _____
- 5) Date of Birth (mm/dd/yyyy) _____
- 6) Mailing Address: (Street/PO Box #): _____

- 7) City: _____
- 8) State: _____ Zip Code: _____
- 9) Contact Phone Number: () _____ Fax Number: () _____
- 10) Email Address: _____
- 11) Hygiene School of Graduation Code: _____ Date of Graduation (MM/YY): ____/____
- 12) Please check all applicable areas of education indicating the level of study completed:

High School Plus (please check box indicating the number of hours of course credit completed)

- 1-10 hours 10-20 hours Over 20 Hours

Some College (please check box indicating the number of hours of course credit completed)

- 1-10 hours 10-20 hours Over 20 Hours

Associate's Degree

School Name: _____ Date Received: _____

Bachelor's Degree _____

School Name _____ Date Received: _____

Some Post Graduate

(please check box indicating the number of hours of course credit completed)

1-10 hours 10-20 hours Over 20 Hours

Graduate Degree _____

School Name _____ Date Received: _____

13) Please indicate the testing facility site and session of your first choice: (Every attempt will be made to accommodate your request.)

Test Site

Alabama Louisiana Mississippi North Carolina South Carolina

Session

March 18 April 24 May 27 May 21 June 11-12 August 13 Sept 11

14) Please indicate the testing facility site and session of your second choice in the event your first choice cannot be granted. Session must be different than your first choice.

Test Site

Alabama Louisiana Mississippi North Carolina South Carolina

Session

March 18 April 24 May 27 May 21 June 11-12 August 13 Sept 11

15) Have you applied for the CITA examination before? Yes No

(If "yes," please indicate the last location and year of examination):

Test Site

Alabama Louisiana Mississippi North Carolina

Year

2005 2006 2007 2008

- 15) Do you have a latex allergy? Yes No
- 16) Are you left handed? Yes No
- 17) Do you have a physical challenge or learning disability which requires a reasonable deviation from the normal administration of the examination? Yes No
(If "yes," please provide required documentation to the CITA office.)
- 18) What state do you plan on practicing in? _____

By making application for a CITA examination, I understand that by checking each of the following:

- My scores may be released to my school of graduation if a Confidentiality Agreement has been signed by my School for CITA;
- My scores will be sent to the current member states of CITA once I achieve CITA status or in the event I fail any Part of the CITA examination three successive times;
- I will not be granted CITA Status until I successfully complete all Parts of the CITA examination and the CITA office has received an official copy of my National Board scores from the Joint Commission;
- Oral photographs may be taken randomly during the examination by an authorized photographer retained by CITA. The purpose is to capture a broad representation of actual procedures which can be used for examiner calibration exercises and student remediation. The photographs will include no identification of either the patients or candidates; and
- Before, during and after a CITA examination, I am expected to conduct myself in a manner that is appropriate for a dental hygiene licensure candidate. Therefore; if CITA should determine, at its sole discretion, that I have acted in a manner that raises doubts about my fitness for licensure, then I hereby release, discharge and exonerate CITA, its agents and representatives from any and all liability of every nature and kind that might arise out of its furnishing information about such activities to one or more state boards of licensure. Similarly, I hereby release, discharge and exonerate any state board, its agents and representatives from any and all liability of any nature and kind that might arise out of its utilization of such information as might be provided by CITA.

Signature

Date