



COMMONWEALTH of VIRGINIA

Arne W. Owens
Director

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
PHONE (804) 367- 4400

TO: The Honorable Mark D. Sickles
Chair, House Committee on Health and Human Services

The Honorable Ghazala F. Hashmi
Chair, Senate Committee on Education and Health

FROM: Arne W. Owens
Director, Virginia Department of Health Professions

DATE: November 24, 2025

RE: Report Regarding Credentialing of Dentists and Dental Hygienists and Pathways
for Internationally Trained Dentists to Practice Dental Hygiene in the
Commonwealth

This report is submitted in compliance with Chapter 363 of the 2025 Acts of Assembly (SB1475) which required:

That the Board of Dentistry shall convene a work group of stakeholders including the Virginia Dental Association and the Virginia Dental Hygienists' Association to assess expedited pathways for licensure for dentists and dental hygienists and make recommendations on modernizing licensure for the provision of essential preventative and restorative dental care. In conducting its work, the work group shall (i) review the licensure by credentialing statutes governing dentists and the licensure statutes governing dental hygienists and make recommendations on how such statutes can be updated to reflect an expedited pathway for licensure, giving consideration to recent regulatory changes with the licensure by endorsement pathway at the Board of Medicine, and (ii) study options for and make recommendations on a pathway for qualified internationally trained dentists to practice dental hygiene under the

supervision of a licensed dentist. The work group shall report its recommendations to the Chairs of the Senate Committee on Education and Health and House Committee on Health and Human Services on or before November 30, 2025.

Should you have questions about this report, please feel free to contact me at (804) 367-4648 or arne.owens@dhp.virginia.gov.

AO/EB
Enclosure

CC: The Honorable Janet Kelly, Secretary of Health and Human Resources

Preface

This report is submitted in compliance with Chapter 363 of the 2025 Acts of Assembly (SB1475) which required:

That the Board of Dentistry shall convene a work group of stakeholders including the Virginia Dental Association and the Virginia Dental Hygienists' Association to assess expedited pathways for licensure for dentists and dental hygienists and make recommendations on modernizing licensure for the provision of essential preventative and restorative dental care. In conducting its work, the work group shall (i) review the licensure by credentialing statutes governing dentists and the licensure statutes governing dental hygienists and make recommendations on how such statutes can be updated to reflect an expedited pathway for licensure, giving consideration to recent regulatory changes with the licensure by endorsement pathway at the Board of Medicine, and (ii) study options for and make recommendations on a pathway for qualified internationally trained dentists to practice dental hygiene under the supervision of a licensed dentist. The work group shall report its recommendations to the Chairs of the Senate Committee on Education and Health and House Committee on Health and Human Services on or before November 30, 2025.

Contents

I.	Executive Summary	1
A.	Licensure by credentials	1
B.	Pathway for internationally trained dentists to practice as licensed dental hygienists	1
C.	Impact on the Dental and Dental Hygienists Compact	2
II.	2024 Workforce: Dentists and Dental Hygienists	4
A.	Dentists	4
B.	Dental Hygienists	4
III.	Active Practice Requirements for Dentists and Dental Hygienists	6
A.	Dentists	6
B.	Dental Hygienists	6
IV.	Licensure Pathway for Internationally Trained Dentists to work as Dental Hygienists	8
A.	Florida	8
B.	Massachusetts	8
C.	Workgroup discussion of potential pathways	8
V.	Conclusion	10

I. Executive Summary

Pursuant to SB1475, passed during the 2025 General Assembly Session, the Board of Dentistry convened a workgroup which met on August 22, 2025.¹ The workgroup reviewed and discussed the topics included in SB1475, which were as follows:

1. Licensure by credentialing² statutes governing dentists and the licensure statutes governing dental hygienists, including recommendations on how such statutes can be updated to reflect an expedited pathway for licensure; and
2. Options for and recommendations on a pathway for qualified internationally trained dentists to practice dental hygiene under the supervision of a licensed dentist.

A. Licensure by credentials

The workgroup found that current licensure by credential requirements for dentists in Virginia are generally comparable with most United States jurisdictions. The workgroup reviewed information that the number of dentists in Virginia has remained stable and that the number of licensees planning to retire in the next 10 years has likewise remained stable. The workgroup did not reach consensus on recommendations for changes in active practice requirements for licensure of dentists by credentials pursuant to Virginia Code § 54.1-2709(C).

The workgroup did not reach a consensus regarding potential changes to the existing licensure by credentials requirements for dental hygienists. Licensed dental hygienist workgroup members requested that the workgroup make a recommendation to remove existing active practice requirements found in 18VAC60-25-150 for licensure by credentials as a dental hygienist. That regulation requires an applicant to submit evidence of active clinical practice for 24 of the 48 months preceding the application for licensure. The remaining workgroup members did not support a recommendation to change the active practice requirements for licensure by credentials.

B. Pathway for internationally trained dentists to practice as licensed dental hygienists

The workgroup did not reach a consensus regarding a potential pathway for internationally trained dentists to work as licensed dental hygienists in Virginia. Workgroup members representing licensed dental hygienists opposed the creation of a pathway for internationally trained dentists that did not require training as a dental hygienist in a program accredited by the Commission on Dental Accreditation (“CODA”). These workgroup members suggested a recommendation that mirrored the current pathway for any applicant seeking licensure as a dental hygienist. Licensed

¹ The agenda for the workgroup contained information regarding the topics the workgroup discussed. The agenda may be found at: https://townhall.virginia.gov/L/GetFile.cfm?File=Meeting\21\40631\Agenda_DHP_40631_v1.pdf. The agenda is referenced hereinafter as “Workgroup Agenda.”

² Dentistry, as a profession, refers to licensure by endorsement as “licensure by credentials.” This report refers to licensure by credentials consistent with that usage. Reciprocity is a separate licensing mechanism in which an applicant is granted a license to practice in a state based solely on holding another state license to practice in the same profession.

dentist and dental association representative workgroup members suggested pathways that may include some or all of the following:

- Passage of the national exam and/or regional clinical examinations;
- Evaluation of education received from international schools through an evaluation service such as World Education Services, Educational Credential Evaluators, or National Association of Credential Evaluation Services;
- Provision of proof of licensure and work history;
- Passage of an English proficiency exam such as the Test of English as a Foreign Language (“TOEFL”) or the International English Language Testing System (“IELTS”); and
- Passage of a refresher course program.

Because the workgroup could not reach consensus, the workgroup did not recommend a potential pathway for licensure of internationally trained dentists as dental hygienists.

C. Impact on the Dental and Dental Hygienists Compact

Finally, the workgroup examined the requirements of the Dental and Dental Hygienists Compact (“DDH Compact”), of which Virginia is a member state. The DDH Compact contains no active practice requirements and no clinical examination requirements for dentists or dental hygienists. The DDH Compact does require graduation from a CODA-accredited educational program. Therefore, Virginia’s participation in the DDH Compact would not be affected by any alteration of active practice requirements for licensure by credentials or implementation of a pathway for internationally trained dentists to work as licensed dental hygienists.

Workgroup Members

Sultan E. Chaudhry, D.D.S., Chair
President
Virginia Board of Dentistry

Marge Green
Licensed Dental Hygienist Representative
Virginia Dental Hygiene Association

Alf Hendricksen, D.D.S.
Vice-President
Virginia Board of Dentistry

Emelia McLennan,
Licensed Dental Hygienist
Virginia Board of Dentistry

Benjamin H. Traynham, Esq.
Representative
Virginia Dental Association

Staff Participants

Erin L. Barrett
Director of Legislative and Regulatory Affairs
Department of Health Professions

Arne Owens
Agency Director
Department of Health Professions

Jamie C. Sacksteder
Executive Director
Virginia Board of Dentistry

Erin T. Weaver
Deputy Executive Director
Virginia Board of Dentistry

II. 2024 Workforce: Dentists and Dental Hygienists

To assist the workgroup in identifying licensure trends in Virginia, Dr. Yetty Shobo, Director of the Healthcare Workforce Data Center at DHP, presented 2024 workforce information for dentists³ and dental hygienists.⁴

A. Dentists

Dr. Shobo, using the 2024 report as a basis, demonstrated the following:

- **Workforce Growth:** The number of licensed dentists in Virginia has increased 22% since 2013, showing a positive trend in workforce expansion.⁵
- **Full-Time Engagement:** There was a notable rise in full-time equivalency units of 13% since 2013, suggesting an increase in workforce participation and provider availability.
- **Population Coverage:** Virginia maintains a more favorable dentist-to-population ratio than the national average, indicating better access to dental care.⁶ The United States reports 60.4 dentists per 100,000 in population. Virginia reports 72.1 dentists per 100,000 in population.
- **Regional Distribution:** The highest density of dental professionals is found in Northern and Central Virginia, highlighting potential geographic disparities in service availability.⁷

B. Dental Hygienists

Dr. Shobo, using the 2024 report as a basis, demonstrated the following:

- **Workforce Growth:** The number of licensed dental hygienists in Virginia has increased 17% since 2013.⁸ There is, however, a low dentist-to-hygienist ratio throughout much of the Commonwealth.⁹

³ For the full report, see Virginia's Dentistry Workforce 2024, available at [0401Dentists2024.pdf](#).

⁴ For the full report, see Virginia's Dental Hygienist Workforce 2024, available at [0402DentalHygienists2024.pdf](#).

⁵ See Workgroup Agenda at page 8.

⁶ See Workgroup Agenda at page 9.

⁷ See Workgroup Agenda at page 19.

⁸ See Workgroup Agenda at page 24.

⁹ See Workgroup Agenda at page 38.

- **Regional Distribution:**

- Northern Virginia has the highest overall concentration of dental hygienists.¹⁰
- Hampton Roads shows a higher per capita concentration of full-time equivalency units, indicating a stronger workforce presence relative to population.¹¹

- **Workforce Balance:**

- The dentist-to-hygienist ratio is least favorable in the Northern Virginia and Hampton Roads regions, suggesting potential strain on collaborative care.
- The Northern Virginia region reports 0.67 dentists per 1,000 residents and 0.35 – 0.38 dental hygienists per 1,000 residents.¹²
- The Hampton Roads region reports 0.67 dentists per 1,000 residents and 0.45 – 0.48 dental hygienists per 1,000 residents.¹³

¹⁰ See Workgroup Agenda at page 35.

¹¹ See Workgroup Agenda at page 35.

¹² Compare Workgroup Agenda at pages 19 and 35.

¹³ Compare Workgroup Agenda at pages 19 and 35.

III. Active Practice Requirements for Dentists and Dental Hygienists

Both dentists and dental hygienists may obtain licensure through the licensure by credentials process. Consistent with terminology used by the dental profession across the United States, Board of Dentistry regulations refer to this licensure pathway as “licensure by credentials.”¹⁴

A. Dentists

Virginia Code § 54.1-2709(C)(iv) requires that applicants for licensure by credentials as a dentist in Virginia demonstrate continuous clinical practice for five of the six years immediately preceding their application. This requirement has been in the Code since 2005. A review of all 50 states¹⁵ showed that Virginia shares its current active practice requirements with 27 other states. The workgroup noted that the DDH Compact does not include an active practice requirement. The workgroup additionally examined regulatory changes made by the Board of Medicine to physician licensure by endorsement requirements, which reduced the active practice requirement from five years of active practice to two out of the last five years of active practice. Notably, the Board of Medicine is not hindered by licensure by endorsement requirements in statute.

The workgroup considered removing the requirement from the Virginia Code and placing any active practice requirement solely in regulation. This change would give the Board flexibility to adjust the requirement through its own regulatory process, similar to the Board of Medicine’s existing flexibility. No consensus was reached, however, on this proposal. As it stands, the Board does not have the authority to change the active practice requirement because it is codified in state law.

B. Dental Hygienists

Unlike dentists, dental hygienist active practice requirements are established by regulation rather than by statute. According to 18VAC60-25-150(2), applicants for licensure by credentials must have engaged in active clinical practice for at least 24 of the past 48 months prior to applying for licensure.

A review of all 50 states¹⁶ found that Virginia’s active practice requirement is lower than that of 24 other states. The workgroup noted that the DDH Compact does not include any active practice requirements.

¹⁴ See 18VAC60-21-210(B) and 18VAC60-25-150.

¹⁵ See Workgroup Agenda at pages 44 – 53, 55 – 56.

¹⁶ See Workgroup Agenda at pages 44 – 53, 59 – 61.

Because the active practice requirements for licensure by credentials as a dental hygienist are in regulation rather than statute, the Board can modify the requirements through the regulatory process without legislative action. The workgroup did not, however, reach a consensus regarding a recommendation to alter the active practice requirement.

IV. Licensure Pathway for Internationally Trained Dentists to work as Dental Hygienists

The workgroup reviewed the American Dental Association’s (“ADA”) and the American Dental Hygiene Association’s (“ADHA”) position statements regarding internationally trained dentists working as dental hygienists. The ADA supports creating a pathway for internationally trained dentists to become licensed dental hygienists.¹⁷ The ADHA strongly opposes such a pathway, citing concerns about insufficient education and clinical training.¹⁸ The ADHA argues that such a pathway to practice could compromise patient safety and lower professional standards in dental hygiene.

The workgroup examined licensure structures in states that allow internationally trained dentists to become licensed dental hygienists. Only Florida¹⁹ and Massachusetts²⁰ currently offer a direct pathway.

A. Florida

Florida requires a credential evaluation to confirm an applicant’s education is equivalent to a dental hygiene program in the United States. Florida also requires passage of the National Board Dental Hygiene Examination (“NBDHE”), passage of a regional clinical examination (specifically the American Board of Dental Examiners exam (“ADEX”)), and passage of a jurisprudence exam. Florida additionally requires an applicant to obtain cardiopulmonary resuscitation (“CPR”) certification.

B. Massachusetts

Massachusetts passed legislation in January 2025 that allows internationally trained dentists with at least five years of experience to practice as dental hygienists. Regulations and specific licensure requirements have not yet been implemented, however, so the impact of this law remains uncertain.

C. Workgroup discussion of potential pathways

Dental hygiene representatives on the workgroup emphasized that all dental hygienists practicing in Virginia should complete a CODA-accredited educational program and additionally pointed out that Virginia had very few dental hygiene programs in existence. Representatives of the Virginia Dental Association (“VDA”) proposed allowing internationally trained dentists to attend a CODA-accredited refresher course prior to licensure to practice. This approach could address the concerns raised by dental hygienists that foreign-trained dentists may displace applicants currently on waitlists for Virginia dental hygiene programs. This approach, however, would require legislative changes. Currently, Virginia Code § 54.1-2712(6) permits graduates of accredited dental programs or accredited dental hygiene programs to engage in clinical practice under the supervision of a licensed faculty member while participating in a CODA-accredited program. Internationally trained dentists would not be considered graduates of an accredited dental

¹⁷ See Workgroup Agenda at pages 84 – 87.

¹⁸ See Workgroup Agenda at pages 88 – 89.

¹⁹ See Workgroup Agenda at page 104.

²⁰ See Workgroup Agenda at pages 90-92 and 104.

hygiene program under that statute and therefore could not participate in a CODA-accredited refresher course.

The workgroup discussed the implications of requiring an internationally trained dentist to take a CODA-accredited program as opposed to taking the ADEX or a refresher course to ensure patient safety. The workgroup discussed the following potential requirements for a foreign trained dentist to obtain licensure as a dental hygienist:

- Passing the national exam and/or regional clinical examinations, such as the ADEX;
- Evaluation of a degree or credentials from an international school through an evaluation service such as World Education Services, Educational Credential Evaluators, or National Association of Credential Evaluation Services;
- Proof of licensure and, potentially, work history in another country; and
- Passage of an English proficiency exam, such as TOEFL or IELTS.

While the discussion generally encouraged exploring various licensure pathways,²¹ dental hygiene representatives only supported internationally trained dentists becoming licensed as dental hygienists in Virginia if they followed the traditional dental hygiene licensure process. The dental hygiene representatives on the workgroup did not support recognizing the prior training or experience obtained by internationally trained dentists. The workgroup did not reach a consensus regarding a recommendation for a pathway for internationally trained dentists to practice as licensed dental hygienists.

²¹ See Workgroup Agenda at pages 62 – 106.

V. Conclusion

The workgroup could not reach a consensus on recommended changes to the current law or regulations regarding active practice requirements for licensure by credentials for dentists or dental hygienists. Additionally, the workgroup did not reach a consensus on a recommended method to create a pathway for internationally trained dentists to be licensed as dental hygienists.