

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Karen Rude-Evans, Bureau Assistant on Behalf of Executive Director Angela Hellenbrand		2) Date When Request Submitted: 10/21/2013 Items will be considered late if submitted after 4:30 p.m. on the deadline date: <ul style="list-style-type: none"> ▪ 8 business days before the meeting for paperless boards ▪ 14 business days before the meeting for all others 	
3) Name of Board, Committee, Council, Sections: Dentistry Examining Board			
4) Meeting Date: November 6, 2013	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Surrounding State's Standards - Report from Leo Huck	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes (Fill out Board Appearance Request) <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed: Dr. Leo Huck will review surrounding state's licensure standards with the Board.			
11) Authorization			
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda) Date			
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

INSTRUCTION SHEET

DENTIST

● Acceptance of Examination Endorsement of License Restoration

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the 4 steps below in the order that they are listed, then follow the directions as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. **THE APPLICATION WHICH YOU SUBMIT IS VALID FOR THREE YEARS FROM DATE OF RECEIPT.** If you are issued a license, please be advised that your license will expire on September 30 every three (3) years.

Step 1. Use the **REFERENCE SHEET (CHART I)** to select the appropriate Profession Name, 3 digit Profession Code, Licensure Method and Fee, and record that information in **PART I** (page one) of the **Application for Licensure and/or Examination**.

Step 2. Proceed with **PART II** (page one) and complete all applicable information requested on all 4 pages of the **Application for Licensure and/or Examination**.

NOTE: a) Indicate BOTH Pre-Dental and Dental Education in **PART III**, number 6, on the **Application for Licensure and/or Examination**.

b) In **PART V** on the **Application for Licensure and/or Examination**, indicate examination dates and examination results for NATIONAL BOARD and one of the following examinations: i.e., CRDTs, SRTA, WREB, NERB, and CITA.

c) **DO NOT COMPLETE PART VII** (page four) of the **Application for Licensure and/or Examination**.

Step 3. The remainder of this form contains specific instructions for each Licensure Method. Locate the instructions for the Licensure Method you recorded in **PART I** (page one) of the **Application for Licensure and/or Examination** and follow those instructions only.

All documents in a foreign language that are required to be submitted with an application or for any other purpose in connection with licensure must be accompanied by an original, notarized translation that has been performed by a person, other than the applicant, who is fluent in both English and the language of the document(s). The translator shall certify to the above requirements as well as to the accuracy of the translation.

Step 4. If needed, telephone numbers for assistance in completing the Application Package are provided on the **REFERENCE SHEET**.

NOTICE

The Illinois Controlled Substances Act requires a separate registration for each place of business or professional practice where controlled substances are located or stored. A separate registration is not required for every location at which a controlled substance may be prescribed. Enclosed is an application for controlled substance licensure.

Additional application forms can be downloaded from the IDFPF Web site at www.idfpr.com.

ACCEPTANCE OF EXAMINATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Complete and return this application and all supporting documents when you have been notified that you have successfully completed both the National Board and one of the following:

- a. The North East Regional Board (NERB). The passing score accepted by the Department shall be the passing score established by the testing entity.
- b. The Central Regional Dental Testing Service (CRDTS). The passing score accepted by the Department shall be the passing score established by the testing entity.
- c. The Southern Regional Testing Agency, Inc. (SRTA). The passing score accepted by the Department shall be the passing score established by the testing entity.
- d. The Western Regional Examination Boards (WREB). The passing score accepted by the Department shall be the passing score established by the testing entity.
- e. The Council of Interstate Testing Agencies Inc. (CITA). The passing score accepted by the Department shall be the passing score established by the testing entity.

NOTE: Illinois requires that examination scores be submitted to this office directly from the reporting entity. Be advised that scores submitted by the applicant will not be accepted and may cause a delay in processing your application for licensure.

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. The Certification of Education (**ED-DEN**) must be completed by the dean or registrar of the dental school from which you graduated and must have school seal affixed.
3. If you are a foreign educated dentist, you are required to present satisfactory evidence of graduation of dental education from the dental college or school located **outside** the United States or Canada.

You are also required to submit satisfactory evidence of completing a minimum of 2 academic years of general dental clinical training at a dental college or school in the United States or Canada approved by the Department; however, an accredited advanced dental education program approved by the Department of no less than 2 years may be substituted for the 2 academic years of general dental clinical training and an applicant who was enrolled for not less than one year in an approved clinical program prior to January 1, 1993 at an Illinois dental college or school shall be required to complete only that program.

The applicant must have received certification from the dean of an approved dental college or school in the United States or Canada or the program director of an approved advanced dental education program stating that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates of the college, school, or advanced dental education program..

4. If you have ever held a license in this progression, the Certification by Licensing Agency/Board (**CT**) form must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return the completed form to you for inclusion with your application.
5. **Direct the Secretary of the Council of the National Board of Dental Examiners, American Dental Association, to forward your National Board Grade Card DIRECTLY to the address indicated in Number 7 below.**
6. Instruct the reporting entity to provide proof of having successfully completed the regional examination by forwarding your examination score directly to the address indicated in No. 7 below.
7. Fee payment amount is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
8. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

ENDORSEMENT OF LICENSE

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

Any person who is so licensed to practice dentistry in another state or territory, and who has been lawfully engaged in the practice of dentistry for at least 3 of the 5 years immediately preceding the filing of his or her application to practice in this State, may be granted a license to practice dentistry in this State upon proof that the requirements for licensure in the other jurisdiction are at least equal to the requirements in Illinois.

NOTE: *If you have not actively practiced in 3 of the last 5 years, you may be required to complete additional testing, training, or remedial education as may be deemed necessary to establish your present capacity to practice dentistry in Illinois.*

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. The Certification of Education (**ED-DEN**) must be completed by the dean or registrar of the dental school from which you graduated and must have school seal affixed.
3. If you are a foreign educated dentist, you are required to present satisfactory evidence of graduation of dental education from the dental college or school located outside the United States or Canada.

You are also required to submit satisfactory evidence of completing a minimum of 2 academic years of general dental clinical training at a dental college or school in the United States or Canada approved by the Department; however, an accredited advanced dental education program approved by the Department of no less than 2 years may be substituted for the 2 academic years of general dental clinical training and an applicant who was enrolled for not less than one year in an approved clinical program prior to January 1, 1993 at an Illinois dental college or school shall be required to complete only that program.

The applicant must have received certification from the dean of an approved dental college or school in the United States or Canada or the program director of an approved advanced dental education program stating that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates of the college, school, or advanced dental education program.

4. The Certification by Licensing Agency/Board (**CT**) must be completed by the jurisdiction of original licensure and the jurisdiction of current licensure where you have most recently been practicing. You may photocopy this form if necessary. You must direct the licensing agency/board to return completed form **CT** to you for inclusion with your application.
5. The Verification of Employment/Experience (**VE-DEN**) must be completed by a licensed dentist(s) to provide documentation that you have been lawfully engaged in the practice of dentistry for at least three of the five years immediately preceding the filing of the application to practice. Direct your employer to forward the completed form to you in a sealed envelope.
6. Direct the Secretary of the Council of the National Board of Dental Examiners, American Dental Association, to forward your National Board Grade Card directly to the address indicated in number 8 below.
7. Instruct the reporting entity to forward directly to the address indicated in number 8 below, proof of having completed their examination: Central Regional Dental Testing Service, Southern Regional Testing Agency, Inc., Western Regional Examination Boards, North East Regional Board, or the Council of Interstate Testing Agencies, Inc.
8. Proof of current BLS (Basic Life Support) Certificate.
9. Fee payment amount is indicated on the **REFERENCE SHEET, CHART I**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
10. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

RESTORATION

***In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.***

These Restoration Instructions apply only to those dentists whose licenses have been on inactive status, or in non-renewed status, for five or more years.

If your license has been inactive, or in non-renewed status, for less than five years, you should contact the Department of Financial and Professional Regulation at 217-782-0458 for detailed instructions on how to restore it to active status.

NOTE: If you have not maintained an active practice in another U. S. jurisdiction, you will be required to take and pass one of the regional examinations; i.e., Central Regional Dental Testing Service (CRDTS), Southern Regional Testing Agency, Inc. (SRTA), Western Regional Examination Boards (WREB), or the North East Regional Boards (NERB), or Council of Interstate Testing Agencies, Inc. (CITA).

1. Supporting Document CCA **must** be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Supporting Document **RS** must be completed. (If this form was not included in the application packet, you must obtain one by contacting the Department of Financial and Professional Regulation at 217-782-0458.)
3. Supporting Document **CT** must be completed by the U. S. jurisdiction of current licensure where you have most recently been practicing. You must direct the licensing agency/board to return completed form **CT** to you for inclusion with your application.
4. Supporting Document **VE-DEN** must be completed to provide documentation of active practice in another jurisdiction for 3 of the last 5 years. Direct your employer to forward the completed form to you in a sealed envelope.
5. Submit proof of successful completion of 48 hours of continuing education relevant to the treatment and care of patients completed within 3 years prior to the restoration application.
6. Submit copy of DD214 if restoring after military service.
7. Proof of current BLS (Basic Life Support) Certificate.
8. Fee payment amount is indicated in the Official Use Only Box on Supporting Document **RS**. Fee payment must be in the form of a check or money order made payable to the Illinois Department of Financial and Professional Regulation.
9. Forward four-page application, supporting documentation, and fee payment to: Illinois Department of Financial and Professional Regulation, ATTN: Division of Professional Regulation, P.O. Box 7007, Springfield, Illinois 62791.

LICENSURE METHODS AND DEFINITIONS

Following are definitions of the various methods used in issuing licenses for professionals in the State of Illinois. Some of these licensure methods may not be applicable to your profession. Refer to the enclosed instruction sheet to determine the specific licensure methods/requirements for your profession.

<u>Licensure Methods</u>	<u>Definition</u>
Examination	Applicant has applied or is required to take and pass all or a portion of an exam scheduled and/or given by the Department or a representative of the Department.
Endorsement of License	Original license issued in another state and that state's requirements were substantially equivalent to Illinois requirements at time license was issued.
Acceptance of Examination	Applicant has taken a National Exam, referred to by Illinois statute, in any state. Applicant may or may not be licensed in another state.
Restoration	Applicant has previously been licensed in State of Illinois and has allowed license to lapse long enough to require reapplication. Possible exam passage and/or committee review.
Grandfather/Waiver	Applicant will be licensed without regard to current requirements because statute allows this based on past qualification and practices (for a specified time only).
Non-examination	Applicant is licensed by meeting qualifications required by statute. There is no exam for these professions. These can be either businesses or individuals.

IMPORTANT NOTICE

Elder and Child Abuse Reporting

"Pursuant to Public Act 91-0244, effective January 1, 2000, if you have reason to believe that an adult 60 years of age or older who resides in a domestic living situation who, because of dysfunction is unable to seek assistance for himself or herself has, within the previous 12 months been subject to abuse, neglect or financial exploitation, the mandated reporter shall, within 24 hours after developing such belief, report this suspicion to the Department on Aging. Reports should be made to **DEPARTMENT ON AGING AT 1-800-252-8966.**"

"Public Act 91-0244 also requires that if you have reasonable cause to believe a child known to you in your professional capacity may be an abused or neglected child you are required to report such possible neglect or abuse to the **DEPARTMENT OF CHILDREN AND FAMILY SERVICES AT 1-800-25abuse.**"

REFERENCE SHEET

ALL FEES ARE NONREFUNDABLE

Department reserves the right to change fees if prevailing circumstances necessitate such action.

CHART I - PROFESSION NAME, PROFESSION CODE, LICENSURE METHOD & FEE

<u>PROFESSION NAME</u>	<u>PROFESSION CODE</u>	<u>LICENSURE METHOD</u>	<u>APPLICATION FEE</u>
Dentist	019	Acceptance of Examination	\$250.00
Dentist	019	Endorsement of License	\$750.00
Dentist	019	Restoration	See Supporting Document RS

CHART II - EXAMINATION CODES AND FEES

NOT APPLICABLE FOR DENTIST
ENTER N/A IN PART VII a) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

CHART III - EXAMINATION DATES AND LOCATION

NOT APPLICABLE FOR DENTIST
ENTER N/A IN PART VII b) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

CHART IV - SCHOOL CODES

NOT APPLICABLE FOR DENTIST
ENTER N/A IN PART VII c) OF
APPLICATION FOR LICENSURE AND/OR EXAMINATION

* * * * * REQUEST FOR ASSISTANCE * * * * *

If assistance is needed, direct your request to one of the following telephone numbers:

217/782-8556

Telecommunicative Device for the Deaf (TDD) - **217/524-6735**

Please allow 3 weeks from mailing your application before making an inquiry concerning its status.

Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Application Checklist for Licensed Dentist

*In order for your application to be processed,
ALL REQUIRED SUPPORTING DOCUMENTATION MUST BE SUBMITTED
with the application and required fee unless otherwise directed in the instructions.*

Before you mail your application, check the following items to make sure your application is complete!

	COMPLETED
Part I. Application Category Information	
Part II. Applicant Identifying Information	
Part III. Education Information	
Part IV. Record of Licensure Information	
Part V. Record of Examination	
Part VI. Personal History Information	
Part VII. Examination Coding Information (if applicable)	
Part VIII. Child Support and/or Student Loan Information	
Part IX. Certifying Statement--Signed and Dated	
	SUBMITTED
Application / Fee	
Supporting Document CCA must be completed and submitted with each application. Your application will not be processed without completion of this form.	
ED-DEN Form with seal and signature affixed; and official transcripts with seal affixed	
CT (Certification of Licensure) Form (original and current state)	
Proof of National Board grade card requested (if applicable)	
Proof of Regional Dental Examination requested (if applicable) <input type="checkbox"/> CRDTS <input type="checkbox"/> NERB <input type="checkbox"/> SRTA <input type="checkbox"/> WREB <input type="checkbox"/> CITA	
VE-DEN (Verification of Employment) Form (Endorsement / Restoration only)	
Proof of Name Change (if applicable)	
RS (Restoration) Form (restoration method only)	
DD214 (restoration method only) if applicable	
Certificate of Attendance(s) for Continuing Education (restoration method only)	

All supporting documents *may not be required*. Please refer to application instructions

for your specific method of licensure.

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. **FEES ARE NOT REFUNDABLE.**
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMPLETING ITEMS 1 THROUGH 4

1. PROFESSION NAME	2. PROFESSION CODE ____ _	3. LICENSURE METHOD	4. FEE \$
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B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION

- | | |
|--|---|
| <input type="checkbox"/> This is the first time I have made application for this profession in Illinois. | <input type="checkbox"/> My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements. |
| <input type="checkbox"/> I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying. | <input type="checkbox"/> I have previously made application for this profession in Illinois. However, I am now applying under new statutory language. |
| <input type="checkbox"/> Other: _____ | |

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., D.D.S., etc.)	3. UNITED STATES SOCIAL SECURITY NO. ____ - ____ - ____
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4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
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5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY	ZIP CODE ____ - ____	COUNTY
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6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME
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8. PLACE OF BIRTH CITY STATE/COUNTRY	9. DATE OF BIRTH ____ / ____ / ____ Month Day Year	10. AGE ____ <input type="checkbox"/> Female <input type="checkbox"/> Male
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11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: (____) _____ - _____ Home: (____) _____ - _____ (Area Code) (Area Code) Fax: (____) _____ - _____ Fax: (____) _____ - _____ (Area Code) (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [If available]
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NAME (Last, First, MI):

SS#:

Profession:

PART III: Education Information

1. PRELIMINARY EDUCATION (Elementary and High School or G.E.D. Circle number of years completed)

1 2 3 4 5 6 7 8 9 10 11 12 Graduated High School? Yes No Received OR G.E.D.? Yes No

2. NAME OF LAST PRELIMINARY SCHOOL ATTENDED	3. LAST PRELIMINARY SCHOOL LOCATION (City and State)	4. DATE OF GRADUATION ____ / ____ / ____ Month / Year
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5. COLLEGE OR UNIVERSITY (Circle number of years completed)

1 2 3 4 5 6 7 8 Graduated? Yes No

6. COLLEGE OR UNIVERSITY NAME (Undergraduate and Graduate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE		TYPE OF DEGREE EARNED
		FROM Month/Year	TO Month/Year	

7. SPECIALIZED TRAINING (Residency, Professional Training, Vocational Training, Practical or Clinical Training)

INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		Did You Complete Training?
		FROM Month/Year	TO Month/Year	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

NAME (Last, First, MI):

SS#:

Profession:

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure				
State of Current Licensure where you most recently have been practicing.				
Other States of Licensure				

(If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
			(Passed, Failed, Absent)

(If additional space is needed, attach a separate sheet.)

PART VI: Personal History Information (This part must be completed by all applicants)

YES NO

- | | YES | NO |
|--|-----|----|
| 1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i> | | |
| 2. Have you been convicted of a felony? | | |
| 3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i> | | |
| 4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i> | | |
| 5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i> | | |
| 6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i> | | |

PART VII: Examination Coding Information (This part is for examination applicants only)

Refer to the REFERENCE SHEET enclosed with this application package and complete the following:

- a) CHART II - Select examination(s) you desire and enter Test Codes.

<input type="checkbox"/>					
<input type="checkbox"/>					

- b) CHART III - Select the examination site you desire and enter Test Center Code:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- c) CHART IV - Find your School of Graduation and enter school code:

<input type="text"/>

- d) Record the number of times you have taken this exam in Illinois or any other state:

<input type="checkbox"/>	<input type="checkbox"/>
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PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order.
- Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?
(NOTE: If you are not subject to a child support order, answer "no.")Yes No

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No **PART IX: Certifying Statement**

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant_____
Date**I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.** My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

HEALTH CARE WORKERS CHARGED WITH OR CONVICTED OF CRIMINAL ACTS

SUPPORTING DOCUMENT

CCA

1. NAME LAST FIRST MIDDLE

3. PROFESSIONAL LICENSE NUMBER (if any)
_____ - _____

2. ADDRESS STREET, CITY, STATE, ZIP CODE

4. SOCIAL SECURITY NUMBER
_____ - _____ - _____

Pursuant to 20ILCS 2105-165(a), the Department requires the following professionals to disclose information regarding convictions pertaining to certain offenses. **Please check applicable profession.**

- | | | |
|--|---|--|
| <input type="checkbox"/> Acupuncturists | <input type="checkbox"/> Naprapaths | <input type="checkbox"/> Physician Assistants |
| <input type="checkbox"/> Advanced Practice Nurses | <input type="checkbox"/> Nursing Home Administrators | <input type="checkbox"/> Podiatrists |
| <input type="checkbox"/> Athletic Trainers | <input type="checkbox"/> Occupational Therapists | <input type="checkbox"/> Professional Counselors |
| <input type="checkbox"/> Audiologists | <input type="checkbox"/> Occupational Therapy Assistants | <input type="checkbox"/> Prosthetists |
| <input type="checkbox"/> Clinical Psychologists | <input type="checkbox"/> Optometrists | <input type="checkbox"/> Registered Nurses |
| <input type="checkbox"/> Clinical Social Workers | <input type="checkbox"/> Orthotists | <input type="checkbox"/> Registered Surgical Assistants |
| <input type="checkbox"/> Dental Hygienists | <input type="checkbox"/> Pedorthists | <input type="checkbox"/> Registered Surgical Technologists |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Perfusionists | <input type="checkbox"/> Respiratory Care Practitioners |
| <input type="checkbox"/> Genetic Counselors | <input type="checkbox"/> Pharmacists | <input type="checkbox"/> Speech Pathologists |
| <input type="checkbox"/> Licensed Clinical Professional Counselors | <input type="checkbox"/> Physical Therapists | |
| <input type="checkbox"/> Licensed Practical Nurses | <input type="checkbox"/> Physical Therapy Assistants | |
| <input type="checkbox"/> Licensed Social Workers | <input type="checkbox"/> Physicians, including Medical Doctors (M.D.), Doctors of Osteopathic Medicine (D.O.), and Chiropractic Physicians (D.C.) | |
| <input type="checkbox"/> Marriage and Family Therapists | | |

Any other license issued by the Department under the Acts listed in this Section and the Controlled Substances Act [740 ILCS 40], except for pharmacy technicians, issued to a person subject to the Code and this Part.

In order for your application to be evaluated, you must respond to each of the following questions:

- | | | |
|---|--------------------------|--------------------------|
| 1) Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act? * | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you currently charged with or have you been convicted of a criminal battery against any patient <i>in the course of patient care or treatment</i> , including any offense based on sexual conduct or sexual penetration? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Are you required, as part of a criminal sentence, to register under the Sex Offender Registration Act? * | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Are you currently charged with or have you been convicted of a forcible felony? * | <input type="checkbox"/> | <input type="checkbox"/> |

*If **YES** to any of the above, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.*

Certification Statement

Under penalties of perjury, I declare that I have examined this Form and all supporting documents and/or information submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant

Date

* DEFINITIONS

730 ILCS 150 et. seq.—Acts that require Sex Offender Registration:

(B) As used in this Article, "sex offense" means:

(1) A violation of any of the following Sections of the Criminal Code of 1961:

11-20.1 (child pornography),
11-20.3 (aggravated child pornography),
11-6 (indecent solicitation of a child),
11-9.1 (sexual exploitation of a child),
11-9.2 (custodial sexual misconduct),
11-9.5 (sexual misconduct with a person with a disability),
11-15.1 (soliciting for a juvenile prostitute),
11-18.1 (patronizing a juvenile prostitute),
11-17.1 (keeping a place of juvenile prostitution),
11-19.1 (juvenile pimping),
11-19.2 (exploitation of a child),
11-25 (grooming),
11-26 (traveling to meet a minor),
12-13 (criminal sexual assault),
12-14 (aggravated criminal sexual assault),
12-14.1 (predatory criminal sexual assault of a child),
12-15 (criminal sexual abuse),
12-16 (aggravated criminal sexual abuse),
12-33 (ritualized abuse of a child).

An attempt to commit any of these offenses.

(1.5) A violation of any of the following Sections of the Criminal Code of 1961, when the victim is a person under 18 years of age, the defendant is not a parent of the victim, the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act, and the offense was committed on or after January 1, 1996:

10-1 (kidnapping),
10-2 (aggravated kidnapping),
10-3 (unlawful restraint),
10-3.1 (aggravated unlawful restraint).

(1.6) First degree murder under Section 9-1 of the Criminal Code of 1961, when the victim was a person under 18 years of age and the defendant was at least 17 years of age at the time of the commission of the offense, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.7) (Blank).

(1.8) A violation or attempted violation of Section 11-11 (sexual relations within families) of the Criminal Code of 1961, and the offense was committed on or after June 1, 1997.

(1.9) Child abduction under paragraph (10) of subsection (b) of Section 105 of the Criminal Code of 1961 committed by luring or attempting to lure a child under the age of 16 into a motor vehicle, building, house trailer, or dwelling place without the consent of the parent or lawful custodian of the child for other than a lawful purpose and the offense was committed on or after January 1, 1998, provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act.

(1.10) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after July 1, 1999:

10-4 (forcible detention, if the victim is under 18 years of age), provided the offense was sexually motivated as defined in Section 10 of the Sex Offender Management Board Act,
11-6.5 (indecent solicitation of an adult),
11-15 (soliciting for a prostitute, if the victim is under 18 years of age),
11-16 (pandering, if the victim is under 18 years of age),
11-18 (patronizing a prostitute, if the victim is under 18 years of age),
11-19 (pimping, if the victim is under 18 years of age).

(1.11) A violation or attempted violation of any of the following Sections of the Criminal Code of 1961 when the offense was committed on or after August 22, 2002:

11-9 (public indecency for a third or subsequent conviction).

(1.12) A violation or attempted violation of Section 5.1 of the Wrongs to Children Act (permitting sexual abuse) when the offense was committed on or after August 22, 2002.

(2) A violation of any former law of this State substantially equivalent to any offense listed in subsection (B) of this Section.

(C) A conviction for an offense of federal law, Uniform Code of Military Justice, or the law of another state or a foreign country that is substantially equivalent to any offense listed in subsections (B), (C), (E), and (E5) of this Section shall constitute a conviction for the purpose of this Article.

* DEFINITIONS

A “**forcible felony**”, for the purposes of Section 2105-165 of the Code (section numbers are from the Criminal Code of 1961 [720 ILCS 5]) and 68 Illinois Administrative Code 1130.120 is one or more of the following offenses:

- a) First Degree Murder (Section 9-1);
- b) Intentional Homicide of an Unborn Child (Section 9-1.2);
- c) Second Degree Murder (Section 9-2);
- d) Voluntary Manslaughter of an Unborn Child (Section 9-2.1);
- e) Drug-induced Homicide (Section 9-3.3);
- f) Kidnapping (Section 10-1);
- g) Aggravated Kidnapping (Section 10-2);
- h) Unlawful Restraint (Section 10-3);
- i) Aggravated Unlawful Restraint (Section 10-3.1);
- j) Forcible Detention (Section 10-4);
- k) Involuntary Servitude (Section 10-9(b));
- l) Involuntary Sexual Servitude of a Minor (Section 10-9(c));
- m) Trafficking in Persons (Section 10-9(d));
- n) Criminal Sexual Assault (Section 11-1.20);
- o) Aggravated Criminal Sexual Assault (Section 11-1.30);
- p) Predatory Criminal Sexual Assault of a Child (Section 11-1.40);
- q) Criminal Sexual Abuse (Section 11-1.50);
- r) Aggravated Criminal Sexual Abuse (Section 11-1.60);
- s) Aggravated Battery (Section 12-3.05);
- t) Compelling Organization Membership of Persons (Section 12-6.5);
- u) Compelling Confession or Information by Force or Threat (Section 12-7);
- v) Home Invasion (Section 12-11);
- w) Robbery (Section 18-1);
- x) Armed Robbery (Section 18-2);
- y) Vehicular Hijacking (Section 18-3);
- z) Aggravated Vehicular Hijacking (Section 18-4);
- aa) Aggravated Robbery (Section 18-5);
- bb) Terrorism (Section 29D-14.9);
- cc) Causing a Catastrophe (Section 29D-15.1);
- dd) Possession of a Deadly Substance (Section 29D-15.2);
- ee) Making a Terrorist Threat (Section 29D-20);
- ff) Falsely Making a Terrorist Threat (Section 29D-25);
- gg) Material Support for Terrorism (Section 29D-29.9);
- hh) Hindering Prosecution of Terrorism (Section 29D-35);
- ii) Boarding or Attempting to Board an Aircraft with Weapon (Section 29D-35.1);
- jj) Armed Violence (Section 33A-2); and
- kk) Attempt (Section 8-4) of any of the above specified offenses.

PART III - CERTIFICATION OF EXAMINATION SCORES

A1. National or other Profession Specific Examination
(Record all available information)

Date of Examination _____

Scaled Score	_____	Raw Score	_____
Standard Deviation	_____	Corrected Score	_____
National Mean	_____	Percent Score	_____

A 2.

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

B. State Constructed Examination

SUBJECT	DATE	SCORE	SUBJECT	DATE	SCORE

PART IV - FORMAL ACTIONS

- A. Is there now or has there ever been any formal action commenced against the applicant? Yes No
- B. Have there ever been any formal sanctions imposed against the applicant as a matter of public record including but not limited to fine, reprimand, probation, censure, revocation, suspension, surrender, restriction or limitation? **(If yes, attach a certified copy of disciplinary action.)** Yes No

PART V - RECIPROCAL REGISTRATION

This state does does not grant the same privilege of reciprocal registration to Illinois registrants.

I certify that the information contained herein is true and correct according to the official records of the State.

S E A L	_____	_____
	Print Name	Signature
	_____	_____
	Title	Date
	_____	_____
_____	Area Code ()	
Agency/Board Street Address	Telephone Number	
_____	_____	
City, State, ZIP Code		

Attention Licensing Agency/Board: RETURN THIS FORM TO THE APPLICANT.

Attention Applicant: FOR INCLUSION WITH APPLICATION PACKET.

NAME (Last, First, MI):

SS#:

Profession:

NAME (Last, First, MI):

SS#:

Profession:

O. PRE-PROFESSIONAL UNDERGRADUATE EDUCATION

NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year	CREDIT HOURS <input type="checkbox"/> ____ Semester <input type="checkbox"/> ____ Quarter
NAME OF INSTITUTION	LOCATION (City and State)	DATES OF ATTENDANCE From ____ / ____ / ____ Month Day Year To ____ / ____ / ____ Month Day Year	CREDIT HOURS <input type="checkbox"/> ____ Semester <input type="checkbox"/> ____ Quarter

P. USE THIS SPACE TO RECORD ANY OTHER INFORMATION THAT YOU FEEL WOULD ASSIST THE DEPARTMENT IN EVALUATING THE APPLICANT'S EDUCATIONAL EXPERIENCES.

I certify that the information recorded herein is true and correct according to the official records of this institution. I also certify that the applicant has achieved the same level of scientific knowledge and clinical competence as required of all graduates of this institution.

Print Name of School Official

Signature of School Official

Title

Date

SCHOOL SEAL OR NOTARY SEAL

NOTE: If the institution does not have a school seal, this form must be notarized.

Subscribed and sworn before me this ____ day of _____, 20____.

Date of Expiration

Signature of Notary Public

RETURN THIS FORM TO APPLICANT

INSTRUCTIONS FOR CONTROLLED SUBSTANCES REGISTRATION

****READ AND FOLLOW INSTRUCTIONS CAREFULLY****

If you hold a non-renewed controlled substances registration, you must reinstate that registration. Do not apply for a new registration.

To expedite the processing of your controlled substances application,
SUBMIT THE APPLICATION AND FEE WITH YOUR PROFESSIONAL APPLICATION.

Every person who prescribes and/or stores and dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.

1. If you do not properly complete Parts I through VII (front and back) of the application, the application will be returned to you and licensure will be delayed.
2. It is **mandatory** that the permanent mailing address and/or business address be a street address. **P.O. boxes are not acceptable.**
3. If your professional application is pending, write "pending" in Part IV. A controlled substances registration **will not** be issued until your professional license has been issued. A controlled substances registration **will not** be issued to individuals holding a temporary license.
4. You **must** circle the drug schedules for which you are applying in Part III.
5. Submit the \$5 application fee. Make check or money order payable to the Department of Financial and Professional Regulation (IDFPR). **The fee is non-refundable.** Mail the completed application and fee to:

Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
P.O. Box 7007
Springfield, Illinois 62791

A State controlled substances registration is a **prerequisite** for Federal controlled substances registration. The address on your Illinois controlled substances registration must be exactly the same address as your Federal registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
Telephone: 312/353-7875
Web site: www.deadiversion.usdoj.gov

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.com.

<h2 style="margin: 0;">APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION</h2>	<p>FOR OFFICIAL USE ONLY</p>
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IMPORTANT NOTICE: Completion of this form is required by 720 ILCS 570/1 et. seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

Disclosure of your U.S. social security number, if you have one, is **mandatory**, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

1. PROFESSIONAL NAME Controlled Substances	2. PROFESSIONAL CODE - Check applicable box <input type="checkbox"/> 319 Dentist <input type="checkbox"/> 336 Physician <input type="checkbox"/> 316 Podiatrist <input type="checkbox"/> 390 Veterinarian	3. LICENSURE METHOD Registration	4. FEE \$5
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PART II: Applicant Identifying Information

1. NAME LAST FIRST MIDDLE	2. TITLE (e.g., M.D., O.D., etc.)	3. UNITED STATES SOCIAL SECURITY NO. - - - - - - - - - - - -	
4. PERMANENT MAILING ADDRESS	CITY	STATE/COUNTRY	ZIP CODE COUNTY - -
5. NAME OF BUSINESS AND LOCATION (STREET / CITY / STATE / ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED _____			

6. If you will not be storing or dispensing controlled substances, check the box below. Your license will be issued to your permanent mailing address. <input type="checkbox"/> I will not be storing or dispensing controlled substances, including samples.	7. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S) 8. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY Work () FAX () Area Code Area Code Home () FAX () Area Code Area Code
--	---

PART III: Drug Schedule

Circle the schedules for which you are applying:

II
IIN
III
IIIN
IV
V

PART IV: Professional Activity

Practitioner--Check and complete one of the following:

Professional License Number

Dentist 019 - _____
 Physician 036 - _____
 Podiatrist 016 - _____
 Veterinarian 090 - _____

PART V: Personal History Information (<i>This part must be completed by all Applicants</i>)	YES	NO
1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? <i>If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office.</i>		
2. Have you been convicted of a felony?		
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.		
4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.		
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation.		
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation.		

PART VI: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order?

Yes No

(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State; however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State?

Yes No

PART VII: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Date of Application

Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

***Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.***

Dr. Huck,

Good morning. Indiana's statute regarding foreign trained dentists just went into effect July 1, 2013. Here is the language:

IC 25-14-1-4.5 Requirements if degree is from unaccredited dental college outside of United States

Sec. 4.5. (a) An applicant for a license under this article who has been awarded a doctoral degree in dentistry or an equivalent degree from an unaccredited dental college located outside the United States must meet the following requirements in order to be granted a license:

- (1) The applicant must apply for a license on a form prescribed by the board.
 - (2) The applicant must pass an English proficiency examination approved by the board.
 - (3) The applicant must be at least twenty-two (22) years of age.
 - (4) The applicant must not have been convicted of a crime that has a direct bearing on the applicant's ability to practice competently.
 - (5) The applicant must pass the following examinations:
 - (A) Part I and Part II of the United States National Board Dental Examination and a written jurisprudence examination.
 - (B) A basic science and laboratory examination, at the discretion of the board.
 - (6) The applicant must have successfully completed a clinical training program of at least two (2) years in one (1) of the following:
 - (A) An accredited institution that reasonably ensures a level of competency equal to that of graduates of accredited dental colleges, as determined by the board.
 - (B) A minimum 2 years master's degree program at an accredited institution.
 - (7) The applicant must satisfy at least one (1) of the following requirements:**
 - (A) Receive a passing score on a clinical examination that has been approved by the board.**
 - (B) Possess a license in good standing from another state and be legally engaged in the practice of dentistry in:**
 - (i) the other state;**
 - (ii) the United States Armed Services;**
 - (iii) the United States Public Health Service; or**
 - (iv) the United States Department of Veterans Affairs;**

for the five (5) years immediately preceding the application.
 - (b) The board, at its discretion, may waive the requirements of subsection (a)(2).**
- As added by P.L.264-2013, SEC.8.*

I can say most of our language evolved from Ohio's law regarding foreign trained dentists. The State Board of Dentistry is in the process of promulgating rules to define the statute. If you have any other questions or need further assistance, please do not hesitate in contacting our office.

Sincerely,

Heather Hollcraft

[Heather Hollcraft](#), Assistant Board Director
Indiana Professional Licensing Agency
State Board of Dentistry
Indiana Optometry Board
Board of Chiropractic Examiners
Respiratory Care Committee

Indiana Board of Veterinary Medical Examiners
Behavioral Health and Human Services Licensing Board
402 West Washington Street, Room W072
Indianapolis, IN 46204
Phone: (317) 234-2054
Website: www.pla.in.gov



***Effective July 1, 2011, criminal background checks are required for all dentists, dental hygienist, veterinarians, veterinary technicians, optometrists, chiropractors and respiratory care practitioners for an initial license. Any application received by our office with a postmark on or after July 1, 2011 shall submit to a national criminal history background check at the cost of the practitioner. Criminal background checks completed prior to receipt of an application will be considered invalid. Complete information regarding criminal background checks can be found on our website at www.pla.in.gov.**

Statement of confidentiality: The information in this message is privileged and confidential and it is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that you are prohibited from disseminating, distributing, or copying the information contained in this message. If you have received this message in error, please notify the sender and destroy all copies of the original message.

 Please consider the environment before printing this email.

Jurisprudence Examination

Applicants for a permanent dental license must also take the Iowa jurisprudence examination. After you have submitted your application for licensure, the Board office will send you authorization to sit for the jurisprudence examination, as well as a list of testing sites. To take the examination, make arrangements directly with one of the [Iowa community college testing sites](#). Please note that a proctor fee set by the community college testing site for the jurisprudence exam will be paid directly to the community college testing site. After taking the examination, the testing site will mail or fax the answer sheet to the Board office for scoring. You will then receive written confirmation of your score. Please note that due to confidentiality provisions in state law, exam results cannot be provided over the phone.

The jurisprudence exam is based on information contained in [Iowa Code chapters 147, 153, 272C, and 650 Iowa Administrative Code](#). To study for the exam, it is recommended that you download a copy of the Board rules from this website. [A written copy of the rules](#) may also be ordered for a [small fee](#). The exam consists of multiple choice and true or false questions.

[Top](#)

Graduates of Foreign Dental Schools

The Board finalized a rule in March 2004 that establishes a pathway for foreign dental graduates to obtain licensure in Iowa. To be eligible, graduates of foreign dental schools must complete two years of undergraduate education at an accredited dental school. While the foreign dental school graduate does not need to be awarded a DDS or DMD degree, the dean of the undergraduate dental education program must verify that the applicant has achieved the same level of didactic and clinical education as a graduate of the dental college. A diploma, degree or certificate must be awarded to the applicant upon successful completion of the program.

According to the American Dental Association, there are a number of U.S. dental schools that offer the type of education program described in the Board's rules. These programs are designed specifically for international dentists and differ from "advanced standing" programs. In addition to these programs, about half of the accredited U.S. dental schools consider graduates of foreign dental schools for advanced standing admission – meaning the graduate may be eligible to be admitted to the regular dental degree program as a second or third year student. For more information about any of these programs, contact the dental school directly.

In addition to two years of undergraduate dental education at an accredited school, to be eligible for licensure in Iowa graduates of foreign dental schools must also provide verification that they were licensed or eligible for license in their home country and must also demonstrate English proficiency. The graduate must also meet all other requirements for licensure, including completion of the National Board examination and a clinical licensing examination.

For more information about licensure of foreign dental graduates in other states, visit the [website of the American Dental Association \(ADA\)](#). The ADA publishes an excellent resource for international graduates called *United States Licensure for International Dentists*, 2005. This document includes information on admission to the United States, dental licensure, basic dental education and advanced dental education, licensure information for

each state, as well as contact information for all of the international programs mentioned above. The document is available on the [ADA's website](#).

Board of Dentistry

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**DENTIST LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended

This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Dentistry. Questions regarding your application can be directed to the Michigan Board of Dentistry at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

GENERAL INSTRUCTIONS:

Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application. Please provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.

DENTIST LICENSURE BY EXAMINATION:

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid. Applications submitted without the required licensing fee, applicant's signature and date will be returned.
2. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. Arrange for a verification and/or certification to be sent directly to the Michigan Board from any state or province where you currently hold or have ever held a permanent license or registration. Copies of licenses are not acceptable.
4. Submit a FINAL, OFFICIAL transcript of dental education. This transcript must be sent to the Michigan Board office by the school and must show the date of graduation, the degree or certification earned, and have the seal of the school. **It is the applicant's responsibility to arrange to have the transcript mailed directly to the Board office by the school.** (Copies, student transcripts or incomplete transcripts are not acceptable.)
5. Contact the Joint Commission on National Dental Examinations, 211 E. Chicago Avenue, Ste 600, Chicago, Illinois 60611-2637, telephone (800)232-1694, or website: www.ada.org/1635.aspx, to request that an OFFICIAL REPORT of your National Board scores be sent directly to the Board office. You may also send an e-mail to nbexams@ada.org.
6. If you have taken and passed the Northeast Regional Board Examination (NERB), the Board office should have your examination score reports. If you have not taken the NERB examination, contact the office of the Northeast Regional Board of Examiners, 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910, telephone (301) 563-3300, or website: www.nerb.org, for information on registering for the next examination.

A LICENSE CANNOT BE ISSUED UNTIL ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET.

GRADUATES OF NON-ACCREDITED AND FOREIGN SCHOOLS:

Michigan Board of Dentistry Administrative Rules require that graduates of a non-accredited, foreign dentistry school complete either a two-year dental program in an ADA-accredited school that leads to the awarding of a DDS or DMD degree **or** successfully complete a minimum 2-year master's degree or certificate program in an ADA approved dental specialty program.

Upon successful completion of the two-year program, the Board must receive a final, official transcript directly from the non-accredited, foreign school and the ADA-accredited program. If the transcripts are not in English, a translated copy must also be provided. The Board must receive your passing National Board scores as described in #5 on the previous page. The applicant will then be made eligible for the NERB examination. Passing NERB exam scores are required for licensure.

LIMITED LICENSE:

The Public Health Code of Michigan (1978 PA 368, as amended) provides that the Michigan Board of Dentistry may grant the following types of limited licenses:

1. Educational Limited License - to a person who is enrolled in post-graduate education.
2. Non-clinical Academic Limited License - to a person who functions **ONLY** in a non-clinical academic, research or administrative setting and who does not represent himself or herself as being actively engaged in the practice of dentistry or otherwise solicit patients.
3. Clinical Academic Limited License - to a person practicing only in a clinical academic setting and who does not represent himself or herself as being actively engaged in the practice of dentistry or otherwise solicit patients.

The Board of Dentistry Administrative Rules and procedures require the submission of the following for each type of limited license:

1. A final, official transcript showing the date of graduation sent directly from an ADA approved dental education program **OR** a certified copy of the diploma and transcript sent directly from an unapproved school of dentistry. The latter shall be translated into English, if necessary.
2. An official letter verifying appointment to a clinical or non-clinical academic setting or enrollment in a post-graduate educational program. This letter must include:
 - a. Name, address and division/department of institution in which the applicant is being appointed/enrolled;
 - b. Name, degree and title of applicant's supervising dentist;
 - c. Description of duties, responsibilities or courses of the applicant; and
 - d. Beginning date of employment or the beginning and anticipated ending date of the educational program.

Limited dental licenses are valid for a one-year period and are renewed annually.

GENERAL INFORMATION:

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Dentistry in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Dentistry in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

PLEASE NOTE: You will not be required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full three-year period.

5. ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

CRIMINAL BACKGROUND CHECK FINGERPRINT REQUEST FORM INSTRUCTIONS – (Michigan Locations only)

Applicants for a Michigan health professional license must have their fingerprints taken under an Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan. Fingerprints may be taken by either Identogo (formerly L-1 Enrollment) or another agency listed at www.michigan.gov/lsvendor. Whether you use Identogo or another agency, you must use an Agency ID Number for a Health Professional licensing board. These Agency ID numbers **MUST** be used in order to have the fingerprint report sent to the Health Professions Division. Receipts **should not** be mailed to the office, but kept for your own records.

You must bring the Livescan Fingerprint Request Form with a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprint agency when registering and/or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Health Professions Division will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.

Information about fees and scheduling your fingerprint appointment with Identogo can be found at www.identogo.com or by calling 1-866-226-2952.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. There are two ways you can have your fingerprints taken:
 - * Option 1 (Preferable) - Contact Identogo at www.identogo.com or by calling 1-866-226-2952 or another LiveScan vendor in the state where you reside, take the completed form, have your fingerprints taken digitally, and have them **PRINTED OUT**.
 - * Option 2 - Contact a local law enforcement, governmental, or private fingerprint agency to perform an ink fingerprint on an FBI (FD-258) card or on another state's or country's official fingerprint card. The ink fingerprint must be completed on card stock paper.
2. Submit the digital printout or the ink fingerprint card along with the completed Livescan Fingerprint Request Form and a business check or money order for \$62.75, made payable in U.S. Funds, to Identogo to the following address:

Identogo/Livescan Processing Unit
1650 Wabash Ave Suite D
Springfield IL 62704

3. Please include a daytime telephone number or e-mail address with your request where you can be reached if there are any questions.
4. Identogo will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Health Professions Division will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Health Professions Division for review.
7. Call Identogo toll-free at 1-866-226-2952 (8am - 5pm EST) if you have any questions.
8. Identogo is under contract with the Michigan State Police to provide fingerprint services. For questions, call the Michigan State Police at (517) 241-0606.
9. Applicants for a Michigan health professional license must have their fingerprints taken under the Agency ID Number specific for the board for which they are applying. Fingerprints taken for any other agency will not fulfill fingerprint requirements for a health professional license in Michigan.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD
DIRECTOR

Applicant Instructions: Please complete the top section of this form then print it and take it along with your picture ID to your scheduled appointment.

First Name:		Middle Name:		Last Name:	
Street Address:				Apt/Bldg.#:	
City:		State:		ZIP Code:	
Daytime Telephone Number w/ Area Code:			State or Country of Birth:		
Date of Birth (MM/DD/YYYY):			Race:		Sex:
Height:	Weight:		Eye Color:		Hair Color:
Please select the type of license/registration you are applying for (MD, DO, RPH, LPN, RN, PT, etc.):					
<input type="checkbox"/> Acupuncture 90889P		<input type="checkbox"/> Medicine 90897K		<input type="checkbox"/> Physical Therapy 90906M	
<input type="checkbox"/> Athletic Trainer 90890J		<input type="checkbox"/> Nursing- LPN 90899J		<input type="checkbox"/> Physician Assistant 90907E	
<input type="checkbox"/> Audiology 90891P		<input type="checkbox"/> Nursing- RN 90898T		<input type="checkbox"/> Podiatry 90908L	
<input type="checkbox"/> Chiropractic 90892H		<input type="checkbox"/> Nursing Home Admin 90901K		<input type="checkbox"/> Psychology 90909A	
<input type="checkbox"/> Counseling 90893M		<input type="checkbox"/> Occupational Therapy 90902T		<input type="checkbox"/> Respiratory Care 90910L	
<input type="checkbox"/> Dentistry 90894E		<input type="checkbox"/> Optometry 90903J		<input type="checkbox"/> Social Work 90912K	
<input type="checkbox"/> Marriage & Family Therapy 90895L		<input type="checkbox"/> Osteopathic Medicine 90904P		<input type="checkbox"/> Speech-Lang Pathology 90913T	
<input type="checkbox"/> Massage Therapy 90896A		<input type="checkbox"/> Pharmacy 90905H		<input type="checkbox"/> Veterinary Medicine 90914J	

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE FINGERPRINTING AGENCY

Fingerprint Date:	TCN:
Type of ID Presented:	

REQUESTING AGENCY INFORMATION

Agency Name:	Reason Fingerprinted:	Cost:
MI DEPT OF LARA-	LHP – Licensed Health Care Professional (MCL333.16174)	

Board of Dentistry

P.O. Box 30670
 Lansing, MI 48909
 (517) 335-0918
 www.michigan.gov/healthliconso

APPLICATION FOR DENTIST LICENSE

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Dentist License by Examination Fee: \$120.00 71-2901-01
- Dentist Clinical Academic License Fee: \$50.00 71-2901-03
- Dentist Non-Clinical Academic License Fee: \$50.00 71-2901-03
- Dentist Educational Limited License Fee: \$50.00 71-2901-05
- Controlled Substance Fee: \$65.00 71-5315-3757

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under rules promulgated by the Department.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-Mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Michigan Health Professional Permanent I.D./License Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? Yes No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held a full dental license (other than an educational, temporary or limited license) in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

10. Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

Name

11. Have you passed all parts of the National Board Exams? Yes No

If No, please list the date you are scheduled to take the exam: _____

Have you ever taken the Northeast Regional Board Examination (NERB) or the Combined Regional Exam (CORE)?

Yes No Date Scheduled: _____

If Yes, complete the following:

Examination Date: _____ Pass Fail

Reexamination Date: _____ Pass Fail

Reexamination Date: _____ Pass Fail

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
------------------------	------

**PENNSYLVANIA STATE BOARD OF DENTISTRY
P.O. BOX 2649
HARRISBURG, PA 17105-2649**

APPLICATION FOR A LICENSE TO PRACTICE DENTISTRY

Instructions and Application Form

Introduction:

Please read the following instructions in their entirety. These instructions will assist in the application process for an initial license to practice dentistry in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

There are two methods by which you may apply for your Pennsylvania dental license.

Licensure by Examination is for applicants who have successfully completed one of the following regional board clinical examinations: **NERB, CRDTS, WREB, SRTA, or CITA.**

Licensure by Criteria Approval is for applicants who have obtained a license in another state based on completion of that state's clinical examination. That state must:

- 1) Provide information that the State clinical examination required for licensure is comparable to the North East Regional Board Examination.
- 2) Provide certification of your examination scores.
- 3) Have requirements for licensure that meet or exceed the standards for licensure in Pennsylvania.
- 4) Submit certification that it will reciprocate with Pennsylvania on the basis of criteria approval.

Instructions Checklist

The following documents are required for a license to practice dentistry:

A. **Application Forms – Pages 1 & 2**

Page 1 – Method of Application

Examination (For applicants who have completed a REGIONAL CLINICAL examination)

Submit a check or money order in the amount of \$20.00 made payable to the “**Commonwealth of PA**”.

OR

Criteria Approval (For applicants who have completed a STATE CLINICAL examination, and who are currently licensed in another state that meets the criteria approval requirements)

Submit a check or money order in the amount of \$35.00 made payable to the “**Commonwealth of PA**”.

Note: Do not send cash. Application fees are non-refundable. Check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Page 1 – Applicant Information

Verification of Name:

If any document required for licensure is in a name **other** than the name under which you applied, a photocopy of the appropriate name change document must be attached. The only documents accepted by the Board are a marriage certificate, a divorce decree that reflects the retaking of a maiden name, or court issued legal name change document.

Social Security Number:

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) **cannot** be accepted. **A license will not be issued without a valid U.S. Social Security Number.**

Federal and state laws require you to disclose your Social Security Number on your application. It is **mandatory** in order for the Board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). Section 301.1(a) (2) of Act 124 of 1996 amends the Domestic Relations Code. All government agencies are mandated under the Act to require the social security number of an individual on any application for a professional or occupational license. The Act also requires government agencies, including the Bureau of Professional and Occupational Affairs, to provide a licensee's name, address, and social security number to the Department of Public Welfare. The amendments were authorized under the Federal Welfare Reform Act known as the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Additionally, disclosing the number is **mandatory** in order for the Board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. All reports to the HIPDB must include the licensee's social security number. A social security number is mandated under Section 1128E of the Social Security Act.

Page 1 – Current or Previous Licensure History

List each state, territory, or country where you have ever held a license to practice dentistry whether the license(s) is active or inactive, current or expired.

Page 2 – Practice Activity

List in chronological order your practice activities since graduation from dental school. All time periods should be documented. If you did not practice dentistry during a specific time period, the timeframe should be documented as “no practice in dentistry”. Note: Practice activity should include any advanced education/training programs.

Page 2 – Personal History Information

If you respond “**YES**” to any of the personal history questions, you must submit the following:

- A written letter of explanation must be submitted to the Board outlining the details of the “**YES**” response(s).
- Certified copies of the record relating to the action taken. It is your responsibility to request and submit certified copies of court documents directly to the Board office. If you have been disciplined by another state licensing board, certified copies of the disciplinary record must be submitted directly to the Board office in a sealed official state board envelope.

Page 2 - Certification Statement

Please read the certification statement in its entirety, sign and date.

B. **Certification of Graduation – Page 3**

The dentistry school must complete the Certification of Graduation form, (page 3) of the application and return the completed form directly to the Board office in a sealed official school envelope. Do not submit transcripts. **Note:** The form cannot be completed, signed, or postmarked **prior** to graduation.

Candidates for licensure as a dentist **must** have graduated from a dentistry program accredited by the Commission on Accreditation of the American Dental Association. Certification of Graduation from a foreign educational program **does not** meet the educational qualifications for licensure in Pennsylvania. A candidate that has received their professional education outside of the United States in a non-accredited school must conform to Section 33.102(a)(2) of the Board’s Regulations.

C. **Clinical Examination**

Applicants by EXAMINATION – For applicants who have successfully completed **NERB, WREB, CRDTS, SRTA, or CITA** – follow the instructions outlined below for **Examination Results**. (If you completed a State clinical examination, please follow the instructions for **Criteria Approval** listed below).

Examination Results

NERB: The Pennsylvania State Board of Dentistry has **NERB** examination scores from 1979 through the present on file in the Board office. Therefore, scores should be available upon receipt of your application. If you took the North East Regional Board examination **prior** to 1979, you must request the North East Regional Board of Dental Examiners, Inc. to forward a report of your grades directly to the Pennsylvania State Board of Dentistry. To make your request, contact the North East Regional Board Examiners, Inc., 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910. Telephone Number: (301) 563-3300.

CRDTS, CITA, SRTA or WREB: You must contact the testing agency to have your detailed examination results submitted directly to the Pennsylvania State Board of Dentistry.

To make your request, contact:

CRDTS	Central Regional Dental Testing Service 1725 Gage Blvd. Topeka, KS 66604	785-273-0380
CITA	Council of Interstate Testing Agencies 1003 High House Road, Suite 101 Cary, NC 27513	919-460-7750
SRTA	Southern Regional Testing Agency 4698 Honeygrove Road, Suite 2 Virginia Beach, VA 23455	757-318-9082
WREB	Western Regional Examining Board 23460 N 19 th Avenue, Suite 210 Phoenix, AZ 85027	602-944-3315

OR

Applicants by CRITERIA APPROVAL – For applicants licensed in another state, who have completed a State clinical examination for licensure in that state:

- Request the Dental Board in the state where you are licensed to forward a certification directly to the Pennsylvania State Board of Dentistry in a sealed official envelope confirming that the state would consider Pennsylvania applicants for licensure in that state on the basis of criteria approval (reciprocity). The certification letter must be signed by an authorized official of the State Board contain the official seal of the state licensing board.

- Request the Dental Board in the state where you are licensed to forward the requirements for licensure in that state.
- Request an official certification of your examination scores for the clinical examination you completed for licensure in that state. The scores must include the specific components of the examination, the score obtained in each section of the examination and the maximum points possible in each section of the examination.

D. **National Board Scores**

The applicant must request the Joint Commission on National Dental Examinations to forward a report of your written grades directly to the Pennsylvania State Board of Dentistry. **A photocopy or candidate copy is not acceptable.** Scores are retained in the Board office for one (1) year from the date the scores are received. If you previously requested scores be sent to the Pennsylvania State Board of Dentistry more than one (1) year ago, you must request a new report of your written grades to be forwarded directly to the Board office. To make your request, contact the Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, IL 60611. Telephone Number: (312) 440-2678.

E. **Verification of Licensure**

Request a letter of good standing from each state or territory where you hold or have ever held a license to practice dentistry, whether active, inactive, current or expired. The letter(s) of good standing must contain the proper signature, date and seal of the licensing authority and must be sent **directly** to the Pennsylvania State Board of Dentistry in a sealed official envelope of the state licensing board.

Note: If you have been disciplined by a state licensing board, the letter of good standing must include certified copies of the disciplinary record.

F. **Letter of Recommendation**

If you do not hold a license to practice dentistry in another state, and you are enrolled in a residency program, or in the military service, you must request the Residency Program Director or Commanding Officer in the military service submit a letter of recommendation. The official letter must be submitted directly to the Board office in a sealed official envelope.

G. **National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank**

If you hold or have held a license to practice dentistry (active or inactive, current or expired) in another state(s), you must request a self-query. You would need to obtain the Self-Query at www.npdb-hipdb.hrsa.gov.

Once the report is completed and available, you must print the report from the above-listed website and submit directly to the Board office.

H. **CPR Certification**

Attach a photocopy of your current CPR certification card (front and back). The card must show current certification in Infant, Child and Adult CPR through an approved provider in accordance with the Board's Regulations. **Note: Online CPR certification courses are not accepted.** The photocopy must be submitted on an 8 ½ x 11 sheet of paper.

I. **Board Office**

Mail your fee, pages 1 and 2 of your application, CPR certification, data bank self-query response, and if necessary, a copy of your name change document, directly to the Board office:

Mailing Address

State Board of Dentistry
P.O. Box 2649
Harrisburg, PA 17105-2649

Street Address (Courier Delivery)

State Board of Dentistry
One Penn Center
2601 North Third Street
Harrisburg, PA 17110

All other documentation must be submitted directly from the certifying state board, educational institution and/or organization.

IMPORTANT INFORMATION

- You may not practice dentistry in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Dentistry has issued a license.
- **Under the Dental Law, in order to practice dentistry in the Commonwealth of Pennsylvania, you are required to have medical professional liability insurance in the minimum of one million dollars (\$1,000,000) per occurrence or claim and three million dollars (\$3,000,000) per annual aggregate.**

Acceptable coverage shall include:

- 1) Personally purchased medical professional liability insurance;
- 2) Self-insurance;
- 3) Medical professional liability insurance coverage provided by the dentist's employer; or
- 4) Medical professional liability insurance coverage provided by the community-based clinic for dentists with a volunteer license.

Therefore, **you have 60 days from the date your license is issued to provide proof of acceptable coverage** which may include a certificate of insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy. For professional liability insurance coverage through the dentist's employer, documentation must reflect you as a named insured. Failure to do so may result in your professional license being refused, revoked or suspended by the Board.

- It is your responsibility to maintain a copy of this application for future reference.
- The Board's application forms must be submitted in their original format and may not be altered. Altered forms will be rejected and cause further delay in the processing of your application.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 10-15 business days. However, during busy periods (i.e. renewal, graduation, etc.) and for applications that require Board review, processing times may exceed the 10-15 business days.
- Once your application has been processed, you may check on the status of your application and/or issuance of your license through the Board's website at www.mylicense.state.pa.us.
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, regardless of the date of issuance, expire on March 31st of the odd-numbered years.
- The Dental Law and Regulations requires that you maintain current infant, child and adult CPR certification.
- The Board's Regulations require dentists to complete 30 credit hours each biennial period. The specific regulations pertaining to continuing education are available at www.dos.state.pa.us/dent.
- You are required to notify the Board within 10 days of an address change. Changes of address may be submitted in writing by mail, fax, or online at www.mylicense.state.pa.us. Acknowledgement and information on using the Board's online services will be sent to you on receipt and input of your application. A change of address will **not** be accepted by email.

PRACTICE ACTIVITY

Have you engaged in the practice of dentistry since graduation from dental school? Yes No
 (This includes advanced education/post-graduate training)

If yes, please list in chronological order your practice activities since graduation from dental school. All time periods should be documented. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dentistry". If additional space is needed, please attach on a separate 8½ x 11 sheet of paper.

Employment Information (Name, City, State)	Dates		Description of practice activity
	From (Month/Yr)	To (Month/Yr)	

PERSONAL HISTORY INFORMATION

Please check Yes or No to each of the following questions:

	YES	NO
1) Has any action involving your licensed profession, disciplinary or otherwise, been taken against you or your license (including a voluntary surrender of a license) in any state or jurisdiction or charges filed against you that have not been resolved?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license, had an application for a license denied or refused or agreed not to apply for a license in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you been convicted, found guilty or pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any State or Federal Court?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you had practice privileges (denied, revoked, suspended or restricted in lieu of discipline in a hospital or any health care facility)?	<input type="checkbox"/>	<input type="checkbox"/>
5) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment for dependency or abuse or arrests for chemical-use-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION STATEMENT

I hereby certify that I have read the Pennsylvania Dental Law, Act 216 and Regulations, Pennsylvania Code, Title 49. Professional and Vocational Standards and I will abide by the Board's Laws and Regulations while practicing in the Commonwealth of Pennsylvania.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S. §4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit or certificate.

Signature of Applicant: _____ Date: _____



FLORIDA

Board

of

Dentistry

Dentist

Click on the appropriate tab below to see the **Initial Licensing Requirements, Process, Fees, Statutes and Administrative Rules** for a **Dentist**.

- [Requirements](#)
- [Process](#)
- [Fees](#)
- [Statutes & Rules](#)

The requirements for licensure by examination are as follows and can be found in Section 466.006, F.S.:

1. Is at least 18 years of age
2. Has graduated from a dental school accredited by the American Dental Association Commission on Dental Accreditation or its successor agency;

OR

3. Is a dental student in the final year of a program at such an accredited dental school who has completed all the coursework necessary to prepare the student to perform the clinical and diagnostic procedures required to pass the examinations. With respect to a dental student in the final year of a program at a dental school, a passing score on the examinations is valid for 365 days after the date the examinations were completed. A

dental school student who takes the licensure examinations during the student's final year of an approved dental school must have graduated before being certified for licensure pursuant to s. 466.011.

4. If an applicant is a graduate of a dental college or school not accredited in accordance with s. 466.006 (2)(b) or of a dental college or school not approved by the board, the applicant is not entitled to take the examinations required in this section to practice dentistry until she or he satisfies one of the following:

1. Completes a program of study, as defined by the board by rule, at an accredited American dental school and demonstrates receipt of a D.D.S. or D.M.D. from said school

OR

2. Submits proof of having successfully completed at least 2 consecutive academic years at a full-time supplemental general dentistry program accredited by the American Dental Association Commission on Dental Accreditation. This program must provide didactic and clinical education at the level of a **D.D.S. or D.M.D. program** accredited by the American Dental Association Commission on Dental Accreditation.

All applicants for licensure must successfully complete the following examinations:

1. Dental National Board Examination Part I and II
2. ADEX Dental Licensing Examination administered in Florida;

OR

3. ADEX Dental Licensing Examination administered in a jurisdiction other than Florida, if the examination was completed after October 1, 2011 Florida Laws and Rules Examination Applicants are required to submit the following documents for licensure:

1. National Board Dental Examination scores mailed to the Board office directly from the American Dental Association
2. Final official transcripts sent to the Board office by the registrar's office with appropriate stamps, seals, degree and signatures. All final transcripts must indicate the matriculation date, graduation date, degree earned, and be embossed with the school seal. We will not accept any transcript that has "issued to student" stamped on the transcript. Any transcript, which does not conform to these standards, shall be deemed unofficial and unacceptable.
3. Proof of completion of a minimum two hour course in the prevention of medical errors within the past two years. Information regarding board approved providers and courses can be viewed at www.cebroker.com.
4. If applicable, a certification of licensure from each state in which applicant currently holds or has held a dental or dental hygiene license. The certification should state that your license is in good standing; appropriate signatures and embossed seal of the certifying Board are needed for validation.
5. Current proof of training in cardiopulmonary resuscitation (CPR) at the basic support level, including one – rescuer and two rescuer CPR for adults,

children, and infants; the use of an automatic external defibrillator (AED) and the use of ambu-bags. All such training shall be sufficient for and shall result in current certification or recertification by the American Heart Association, the American Red Cross or an entity with equivalent requirements.

Health Care Fraud; Disqualification for License, Certificate, or Registration

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department shall refuse to issue a license, certificate or registration and shall refuse to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed. Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

1. For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
2. For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
3. For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;

3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;

5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

- [Apply](#)

[Apply for a License](#)

- [Renew](#)

[Renew a License](#)

- [Status](#)

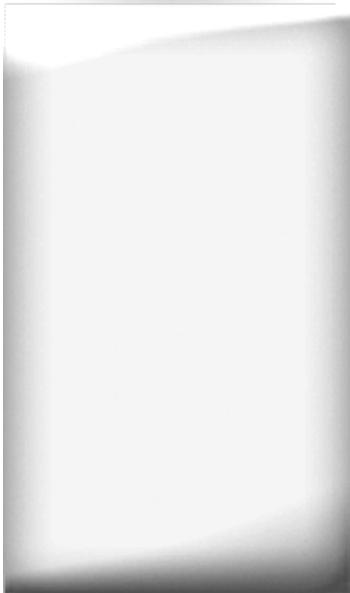
[Check Application Status](#)

- [Lookup](#)

[Verify a License](#)

- [Complaints](#)

[File a Complaint](#)



Continuing Education
INFORMATION





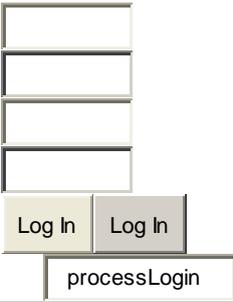
International Dentists

A graduate of a dental college in another country may not be disqualified from examination solely because of the applicant's foreign training. International Dentist Programs (IDP) are available which grant a DDS or DMD degree and are acceptable. Programs which grant a certificate of completion do not satisfy the licensure eligibility requirements of the NDSBDE. Two-year programs offering certificates will not be accepted. **A dental applicant who has received a DDS degree or a DMD degree from a dental school accredited by the ADA Commission on Dental Accreditation is eligible for licensure. The application and application fee must be received by the Board 30 days prior to the next meeting of the Board.** All other licensure requirements must be fulfilled. (See requirements for licensure on [Licensure page](#) page).

Canadian Dental Applicant: The Canadian National Board is accepted in lieu of the National Board Part I and II. However, a regional clinical exam accepted by the ND Board is required for ND licensure by examination. Applicants must be a graduate of a dental program accredited by the American Dental Association's Commission on Dental Accreditation. All other licensure requirements must be fulfilled (See requirements for licensure on [Licensure](#) page).

Please check the Licensure Page for the date of the next Board meeting.

[Click here: ADA.org: U.S. Licensure for International Dentists](#)



[Home](#)[Contact Us](#)[Licensure](#)[Verify Licensee](#)[Complaints](#)[Dental Board](#)[Statutes and Rules](#)

Licensure

The South Dakota State Board of Dentistry licenses Dentists, Dental Hygienists, Advanced Dental Assistants and Dental Radiographers.

Dentists and Dental Hygienists:

Applicants may apply for licensure in South Dakota by using one of the following license applications:

The Regular License Application is for recent graduates of an accredited dental or dental hygiene school who are not currently licensed in another state or individuals that are licensed in another state but have been practicing less than three (3) years.

The Application by Credential Verification is for individuals that are currently licensed in another state and have been practicing a minimum of three (3) out of the last five (5) years.

Advanced Dental Assistants:

Any dental assistant who performs expanded functions in a dental office must be licensed by the State Board of Dentistry as an Advanced Dental Assistant.

Dental Radiographer:

Any dental assistant who takes x-rays in a dental office must be licensed by the State Board of Dentistry as a dental radiographer.

Licensing Information for Foreign-Trained Dentists/Dental Hygienists:

20:43:03:04.01. Requirements for foreign-trained dentists and dental hygienists. A foreign-trained dentist or dental hygienist who graduated from a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation must meet the following requirements:

- (1) Meet all requirements of § 20:43:03:01 or 20:43:03:04 for a dentist or a dental hygienist; and
- (2) In lieu of graduation from a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation, the applicant must submit certification from a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation stating that the applicant has been tested and received the training necessary for the school's graduation, that the applicant is equal in knowledge and ability to a graduate of a dental or dental hygiene school accredited by the American Dental Association Commission on Dental Accreditation in the United States or Canada within the five years preceding the date of graduation.

*Note: The State Board of Dentistry does not accept certification from Educational Credential Evaluators, Inc. (ECE).

July 21, 2009

Dear Dentists,

On behalf of the Minnesota Board of Dentistry we need to inform you of some statutory changes to our process of licensure for Dentists from Non-Accredited Dental Schools. The Minnesota Board of Dentistry has been evaluating Dentists from Non-Accredited Dental Schools for educational equivalency since 2001. The process that is outlined on our website is still in effect. However, the following language has been adopted and added in Statute and will go into effect as of August 1, 2008.

Effective 8/1/2009, the Minnesota Board of Dentistry will be implementing a charge of \$200 for a credential review of any dentist from a non ADA/CODA accredited dental school. The procedures outlined below are in addition to the current process and will apply to all applicants who have not presented to the Board a completed application for licensure along with all requirements necessary for licensure, by the August 1, 2008 date. The required documents would include completion of a Board approved clinical examination, Minnesota Jurisprudence examination and documentation of successful completion of both. Please note the other requirements for licensure as stated on the Board's website.

*Passed by the 2008 Legislature and effective August 1, 2008 Subd. 9 **Graduates of non-accredited dental programs.** A graduate of a non-accredited dental program who successfully completes the clinical licensure examination, and meets all other applicant requirements of the board shall be licensed to practice dentistry and granted a limited general dental license by the Board. The Board shall place limitations on the licensee's authority to practice by requiring the licensee to practice under the general supervision of a Minnesota-licensed dentist approved by the Board. A person licensed under this subdivision must practice for three consecutive years in Minnesota pursuant to a written agreement, approved by the Board, between the licensee and a Minnesota-licensed dentist who may limit the types of services authorized. At the conclusion of the three year period, the Board shall grant an unlimited license without further restrictions if all supervising dentists who had entered into written agreements with the licensee during any part of the three year period recommend unlimited licensure, and if no corrective action or disciplinary action has been taken by the Board against the licensee.*

Dentists Who Have Graduated from a Non-Accredited Dental Program

During the 2001 legislative session, M.S. 150A.06, Subd. 1 was passed and signed into law. The law, which became effective on August 1, 2001, allows internationally-educated dental graduates to apply for Minnesota licensure. Specifically, the law states that:

A graduate of a dental college in another country must not be disqualified from examination solely because of the applicant's foreign training if the board determines that the training is equivalent to or higher than that provided by a dental college approved by the Commission on Dental Accreditation of the American Dental Association or a successor organization.

Applications will not be processed until all documentation has been received.

Therefore, it is recommended that an applicant regularly visit this section of the Web site in order to be up to date with what is necessary to complete the application before it is processed and reviewed. The review of completed applications by the Credentialing and Licensure Committee will be done strictly on a time available basis.

NOTE: When reviewing the education of a dental graduate from a non-accredited dental program, the Minnesota Board of Dentistry considers the course content and credit hours from pre-dental, dental didactic, clinical and lab credit hours required by dental colleges accredited by the Commission on Dental Accreditation of the American Dental Association to be critical. The Minnesota Board requires passing grades in all subjects (defined as U.S. grade C or higher).

Process for Non-Accredited Dental Graduates to become Licensed in Minnesota

(Please carefully read the information below)

The Board has developed considerations to enable qualified candidates to apply for licensure under this statute. There are no formal rules for the request for licensure process. The requested documents provide *considerations* for licensure, and the Board will review application materials on a case-by-case basis.

The Credentials Committee of the Board meets approximately every six weeks (see schedule) to review submitted materials on a first-come, first-served basis. You must submit all of the documents on the checklist to begin the process. Please review the list carefully as your interview with the Committee will not be scheduled until we have received all the documents.

Below are 3 different types of decisions the Committee will make at this time:

1. Licensure Eligible Status Granted.

You will be notified that you have met all the considerations to take the clinical exam.

2 Request "Tabled."

If the Committee determines that you need to provide additional documentation, your application will be tabled. You will need to provide the necessary information within sixty (60) days or repeat the entire process.

There are two common scenarios where this might happen: (1) the Committee will request additional information regarding your education or experience if they feel the documentation submitted does not clearly describe your professional background and/or (2) the Committee will request materials that are missing or incomplete.

A tabled application does not guarantee that you are eligible for licensure. If the Committee votes to "table" your application, you will be notified of your legal options to agree or not agree to meet the Committee's request.

3. Request Denied.

The Committee may determine that you do not meet the minimum considerations for licensure, and deny licensure. In this case, you will be notified of the decision and have the option of an appeal.

Please understand that you may NOT practice dentistry in Minnesota until you have been granted a license number.

If you have any questions regarding eligibility based on circumstances that the board has not anticipated, please feel free to contact [Joyce Nelson, Licensing Coordinator](#).

PROCESS OUTLINE

Each application is considered on a case-by-case basis.

Below is an outline of the process for a non-accredited dental graduate to become licensed in Minnesota. Details of the documents requested can be found elsewhere in this packet.

Step 1 Applicant provides documents to International Credentialing Association (ICA) for review. ICA sends a course-by-course report to the Minnesota Board of Dentistry.

Step 2 Applicant submits the following documents to our office:

- a. Affidavit of applicant
- b. Non-refundable fee of \$200.00 (check or money order made payable to the Minnesota Board of Dentistry)
- c. Completed internationally-educated dentist questionnaire
- d. Curriculum vitae or résumé
- e. Proof of actively practicing, clinical dentistry for a sufficient period of time based on the following criteria:
 1. Duration
 2. Verifiability
 3. Scope of practice
 4. Recency
- f. Dental diploma (and certified translation, if not in English)
- g. Other diplomas or certificates (with translations)
- h. Letter from the American Dental Association (ADA) showing completion of their Infection Control course (letter needs to indicate how many questions were answered correctly and incorrectly)
- i. National Board Examination score report (shows breakdown of

individual scores), Parts I and II (notarized copy)

j. Proof of passing the TOEFL or English proficiency examination

Please do not submit these documents until you have all that are listed above.

Step 3 The committee evaluates the documents above as submitted, and if approved, contacts you by mail to schedule an interview.

Step 4 Possible interview, including submitting patient records, with the Committee at the Board office in Minneapolis, MN.

***If your interview has been successful,
the Board will give you permission to take a clinical exam:***

Step 5 Complete and submit the results of the CRDTS, WREB, or SRTA exam (if not previously submitted). The Committee considerations are that these exams be passed within eighteen (18) months from date of the Board's approval letter.

Step 6 Complete the Minnesota Jurisprudence Exam (Contact the Minnesota Board of Dentistry to schedule).

Once the Board receives proof that you have passed these examinations, you will be sent the LGL application form.

Step 7 Complete the LGL license application form and submit it to our office with your written agreement for Committee review and check for \$295.

Step 8 Your application will be processed within two weeks. If all is in order, you will receive a letter with your license number. The actual license could take two to three months to arrive.

***As you can see, this is a lengthy process.
We appreciate your patience.***

If you are an:
Internationally-educated General Dentist
or
Internationally-educated Dental Specialist

1) You must have completed dental education equivalent to or greater than the dental education provided at a school that is accredited by the American

Dental Association's Commission on Dental Accreditation (CODA), and

- 2) It is recommended you graduate with at least a 2.5 Grade Point Average (GPA). Regardless of GPA, if you failed the same course twice, you will not be eligible for licensure.

The Minnesota Board of Dentistry has chosen an evaluation service, International Credentialing Associates, Inc. (ICA) that will assess your education. Please contact ICA at 727-549-8555, or email: customerservice@icaworld.com to request their Application for *Evaluation of Foreign Educational Credentials*. Submit their completed application form and all requested documents to ICA. On your application, you must request that the report be sent directly to the Minnesota Board of Dentistry. The Credentials Committee of the Board will use ICA's educational evaluation to determine whether your education is equivalent to an accredited program.

While ICA is doing the evaluation, you can submit the documents listed on the process outline to our office. ALL of the documents listed must be submitted for your file to be reviewed by the Committee. All documents become part of your permanent file with the Board and cannot be returned to you. Please note that all photocopies that you send must be certified by a notary public to be true copies of the original documents *and* have the signature and stamp of the notary public. Photocopies that are not notarized will not be considered by the Committee:

- A notarized photocopy of proof of passing the **TOEFL** and **Test of Spoken English (TSE)** within the past two years. For information contact:
Educational Testing Service
English Language Institute
TOEFL Exam
609-921-9000
www.toefl.org

TOEFL scores (typical for admission to CODA-accredited programs)

	Total Score	Listening	Essay	Reading	Speaking
Computer	213	21	4.5	NA	NA
Written	550	55	4.5	NA	NA
IBT	92	20	20	20	20

TSE must be passed with a minimum score of 45+.

For more information contact their website:

<http://www.ets.org/portal/site/ets/menuitem.fab2360b1645a1de9b3a0779f1751509/?vgnnextoid=b5d7d898c84f4010VgnVCM10000022f95190RCRD>

DOCUMENT DETAILS

IT IS YOUR RESPONSIBILITY TO PERIODICALLY REVIEW OUR WEBSITE AT

www.dentalboard.state.mn.us

FOR CHANGES TO THIS PROCESS

Every foreign trained dentist submitting a request to be considered for licensure to practice as a dentist in Minnesota is asked to submit the following information/documents:

- **“Affidavit of Applicant”** - Must be signed before a notary public.
- **Internationally-educated Dentist Questionnaire** – Be sure to give specific dates (mo/yr) of residency. Must be signed before a notary public.
- **Personal letter, curriculum vitae, or résumé** that describes what you have been doing professionally since graduation from dental school. Please give specific dates and information.
- **Dental Diploma** - A notarized photocopy of your **dental diploma** and, if not in English, an original or notarized photocopy of its official/certified translation.
- **Proof of Practice** - Notarized photocopies of documenting active, clinical practice of dentistry. Acceptable documents may include tax statements, patient billings, pay stubs or passport. If you do not have these specific documents, please submit what you do have available; the Committee will then determine if they are acceptable.
- **Credentials** - Notarized photocopies of all **diplomas or certificates** that you have been awarded for advanced education in dentistry and if not in English, original or notarized photocopies of official/certified translations.
- **Infection Control Training** - Complete the ADA's 8 credit course “Effective Infection Control: A Training Program for your Dental Office.” Contact the ADA at 312-440-2500 for the workbook and video. Submit documentation of successful completion of this training.
- **National Boards** - A notarized photocopy of your **National Board Examination score, Part I and Part II** passed in the five years prior to submission of your completed application. This examination is offered throughout the United States and Canada. For information contact:
American Dental Association
Commission on National Board Examination
211 East Chicago Avenue
Chicago, IL 60611
(800) 621-8099 or (312) 440-2500
www.ada.org
- Please have all photocopies notarized as true copies of the original documents. When originals are not in English, please include an official

translation (the original or notarized photocopy).

To Obtain Minnesota Licensure:

After the Committee has accepted your documents and you have had the interview, you must complete the following examinations (if not already taken).

- A notarized photocopy of your **passing score on the clinical examination** administered by CRDTS, WREB, NERB, SRТА or CITA passed in the five years prior to submission of your final application.

CRDTS	WREB	NERB	SRТА	CITA
785-273-0380 www.crdts.org	602-944-3315 www.wreb.org	301-563-3300 www.nerb.org	757-428-0215 www.srta.org	919-460-7750 www.citaexam.com
Board accepts if passed after 9/25/2009. If you have passed any of these exams prior to that date, contact the Board office to verify acceptance.				

- **Minnesota Jurisprudence Examination:** This examination tests your knowledge of the Minnesota statutes and rules that pertain to dentistry. You will be granted permission to take this examination after the committee decides favorably regarding your dental education. Information and study materials will be mailed to you at such a time. Contact the MN Board Dentistry to schedule a time to take the test.

To help you track your progress toward a MN dental license, we have provided a checklist of the documents needed.

As you can see this is a lengthy process.

Please be patient!

We wish you the best of luck!

CHECKLIST OF CONSIDERATIONS FOR BOARD PERMISSION TO SIT FOR A CLINICAL EXAM

IT IS YOUR RESPONSIBILITY TO PERIODICALLY REVIEW OUR WEBSITE AT

www.dentalboard.state.mn.us

FOR CHANGES TO THIS PROCESS.

Case by case review supported by the following:

- θ Nonrefundable fee of \$200 to review Credentials
- θ ICA Educational Evaluation
- θ Affidavit of applicant
- θ Completed internationally-educated dentist questionnaire
- θ Personal letter / résumé / CV
- θ Diploma – original or notarized copy and the official translation into English
- θ Other diplomas / certificates - originals or notarized copies and the official translations into English
- θ ADA letter of completion of Infection Control Course
- θ Proof of sufficient actively practicing, clinical dentistry
- θ National Board Examination score, Parts I and II (notarized photocopy)
- θ TOEFL / MELAB certification

PLEASE DO NOT SUBMIT YOUR REQUEST FOR CONSIDERATION UNTIL ALL THE ABOVE DOCUMENTS CAN BE INCLUDED.

TO COMPLETE LICENSE APPLICATION PROCESS

You will also need to submit your scores for the following exams, after your successful interview with the committee:

- θ A notarized photocopy of your passing score on CRDTS, WREB, NERB or SRTA
- θ A notarized photocopy of your passing score on the MN Jurisprudence Exam

Once we have received the above scores, we will send you the LGL license application form.

- θ LGL LICENSE APPLICATION and fee
- θ Written Agreement for Committee review
- θ Notarized copies of documents as listed in application

Forms

[Affidavit of Applicant](#)

[Internationally-Educated Dentist Questionnaire](#)

The Licensure and Credentials Committee evaluates each candidate for licensure on a case-by-case basis. The Committee utilizes the guidelines listed below, and the application materials submitted by dental professionals who graduate from non-accredited and/or international dental schools.

The Minnesota Board of Dentistry also utilizes data evaluated by the International Credentialing Association (ICA). This evaluation provides information about an applicant's dental education, including subject content of courses completed, estimated US semester credit hours, estimated US grade levels, and estimated grade point averages. The evaluation also confirms dates of attendance, the length of the academic program, passes and/or failed examinations, verification of the completion of internship training, verification of the primary source of all academic documents, verification of professional standing in the country of education and/or dental registration.

The evaluation does not provide a statement of equivalency. The guidelines listed below demonstrate some of the items used by the Committee for a case-by-case consideration of the information provided by the candidate, the ICA, the dental school/s attended and the dental community of origin. The numbers listed on the forms beside the courses are credit hours from accredited dental school programs and are based upon averages from the dental schools in the Minnesota geographical region. The numbers are listed for pre-dental, dental didactic and dental clinical courses.

The Minnesota Board of Dentistry shall make the sole judgment in determination whether the educational credentials are equivalent to those in the United States, and whether they meet the considerations of the Board. The ICA evaluation and all other information are advisory to the Board, and are not intended to supersede the authority of the Board.

Guideline Forms

- [IED Review Process Considerations](#)
- [IED Data Review Source \(Dental Education Credit Hours\)](#)