

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53705  
Phone Number: (608) 266-2112

License Portal: <https://license.wi.gov/>  
Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
Website: <http://dsps.wi.gov>

## DENTISTRY EXAMINING BOARD CREDENTIALING INFORMATION FOR DENTAL APPLICANTS

The following documents must be on file with the Dentistry Examining Board to complete licensure requirements in the State of Wisconsin and must be on file thirty days prior to the date on which you wish to be granted permanent licensure.

1. **Application for Dental License** Submit applicant and pay fee(s) online via LicensE, <https://license.wi.gov/>. There is a \$60.00 credential fee and a \$75.00 Wisconsin Law Exam fee.
2. **National Board Score(s)** Original score(s) must be submitted directly from the National Board of Dental Examiners (NBDE). **Both passing and failing scores are required.** Copies sent from applicants are not acceptable. Go to ADA website: <http://www.ada.org/dentpin> and submit a request to have your results sent electronically to Wisconsin.
3. **Regional Examination Requirements** Original score(s) must be submitted directly from the testing agency. Both passing and failing scores are required. Copies sent from applicants are not acceptable. Contact the testing agency and request that your scores be mailed directly to DSPS at the above address, faxed with fax cover sheet to 608-251-3036, or emailed directly to [DSpscDentistry@wisconsin.gov](mailto:DSpscDentistry@wisconsin.gov).
4. **Certificate of Professional Education (Form 1471)** Have your dental school accredited by the American Dental Association Commission on Dental Accreditation complete this form and submit it (still in the unopened/sealed envelope) along with your application, or ask the school to mail it directly to DSPS at the above address, fax it, with fax cover sheet, to 608-251-3036, or email it directly to [DSpscDentistry@wisconsin.gov](mailto:DSpscDentistry@wisconsin.gov).
5. **Verification of Licensure in Other State(s) and/or Jurisdiction(s)** You are required to have each state board, jurisdiction, territory of the United States, and/or country in which you have ever been licensed submit letters of verification to the Wisconsin Dentistry Examining Board. The letters must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. These letters will be required in order to complete your application for licensure.
6. **Examination on Wisconsin Law** An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of dentistry before a license can be issued in Wisconsin. Examination information will be provided to an applicant after his or her application for licensure has been received at the Department.
7. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED** Submit a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
8. **National Practitioner Data Bank (NPDB)** Go to <https://www.npdb.hrsa.gov/>. Follow the directions on the website to complete the Self-Query process. If you receive this report electronically directly from the reporting agency, you must forward the original email you received from them with the link to access the report along with the attachment of the original PDF file of the report you downloaded with the link. Please forward the email and the attached report directly to [DSpscDentistry@wisconsin.gov](mailto:DSpscDentistry@wisconsin.gov) or mail the original report with the envelope to the above address. Please allow 7-10 business days for processing once received at the Department. Questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.
9. **Convictions and Pending Charges (Form 2252)** Submit form following form instructions, if applicable.
10. **Malpractice Suits or Claims (Form 2829)** Submit form and copies of malpractice suit, court documents with allegations and settlement, if applicable.
11. **Is Name on ALL Credentials the Same?** If not, submit certified copy of marriage certificate, divorce decree, etc.

**EXAMINATION CANDIDATES:** Applicants who have taken and passed a Board-approved testing service examination within one (1) year immediately preceding application for Wisconsin licensure may apply as an examination candidate.

**ENDORSEMENT CANDIDATES:** Applicants who hold a valid license in good standing issued by the proper authorities of any other jurisdiction of the United States or Canada and meets requirements listed in [Wis. Admin. Code § DE 2.04\(1\)](#) may apply as an endorsement candidate.

**GRADUATES OF FOREIGN DENTAL SCHOOLS:** An applicant for a license as a dentist who is a graduate of a foreign dental school shall submit the following to the board evidence of one of the following:

- a) Verification of having been awarded a DDS or DMD degree from an accredited dental school, or
- b) Verification of having received a dental diploma, degree or certificate from a full time, undergraduate supplemental dental education program of at least two (2) academic years at an accredited dental school. The program must provide didactic and clinical education to the level of a DDS or DMD graduate.

In addition, a graduate of a foreign dental school applying as an **Examination Candidate** must submit evidence satisfactory to the board of having graduated from a foreign dental school and the same information required of non-foreign-trained dentists as listed in [Wis. Admin. Code § DE 2.01\(1m\)](#). A graduate of a foreign dental school applying as an **Endorsement Candidate** must hold a valid license in good standing issued by the proper authorities in any other jurisdiction of the U.S. or Canada and must submit the same information as non-foreign-trained dentists as listed in [Wis. Admin. Code § DE 2.04\(1\)](#).

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## ADDITIONAL INFORMATION

PLEASE NOTE OTHER APPLICATION TYPES AND INFORMATION AVAILABLE ON THE DEPARTMENT'S DENTIST WEBPAGE: <https://dsps.wi.gov/Pages/Professions/Dentist/Default.aspx>.

- Form 2759, Credentialing Information for Permit to Administer Anesthesia or Conscious Sedation Applicants: Dentists administering moderate or deep sedation must obtain a permit from the Board.
- Form 2650, Credentialing Information for Dental Faculty Applicants: Available to applicants who have been offered employment as a full-time faculty member from an accredited post-doctoral dental residency training program or accredited school of dentistry in this state.
- Form 2850, Credentialing Information for Practice Dentistry without Compensation Permit: A temporary permit for applicants who wish to practice dentistry without compensation for a specific area where services will improve the welfare of Wisconsin residents. The temporary permit will be issued for 10 calendar days during the 12-month period immediately following its effective date unless otherwise approved by the Board.