

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

CREDENTIALING INFORMATION FOR DENTAL FACULTY APPLICANTS

The Dentistry Examining Board shall grant a dental faculty license to an applicant who is **licensed in good standing to practice dentistry in another jurisdiction approved by the Board** upon presentation of the license and who submits the following information to the Board at the above address:

1. **APPLICATION FOR DENTAL FACULTY LICENSE** Please submit application and pay fee(s) online via LicensE, <https://license.wi.gov/>. The credential fee is \$60.00.
2. **VERIFICATION OF LICENSURE IN ANOTHER JURISDICTION** Please request the state/country board where you hold a current dental license to submit a letter of verification to the Wisconsin Dentistry Examining Board. This letter must indicate your license number, date of issuance, status, and a statement regarding disciplinary actions. This letter is required in order to complete your application for licensure.
3. **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.
4. **NATIONAL PRACTITIONER DATA BANK** Go to <https://www.npdb.hrsa.gov/>. Follow the directions on the website to complete the Self-Query process. Once received, upload the report into your LicensE application. Questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.
5. **FACULTY DENTIST CERTIFICATION OF OFFER OF EMPLOYMENT (Form 2653)** Complete the top portion of this form and submit the form to the school for further completion. The Department must receive this form directly from the school.
6. **INITIAL INTERVIEW** Once items 1-5 are complete, this application will be submitted for initial review. You may be scheduled to appear before the Board at the next regularly scheduled meeting.
7. **CONVICTIONS AND PENDING CHARGES (Form 2252)** Submit form following form instructions, if applicable.
8. **MALPRACTICE SUITS OR CLAIMS (Form 2829)** Submit form and copies of malpractice suit(s), court documents with allegations and settlement(s), if applicable.
9. **IS NAME ON ALL CREDENTIALS THE SAME?** If not, submit certified copy of marriage certificate, divorce decree, etc.

Please see [Wisconsin Administrative Code § DE 2.015](#) for further information about the Dental Faculty License.