

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 251-3036
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DENTISTRY EXAMINING BOARD

DENTAL FACULTY LICENSE APPLICATION INFORMATION

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 (FORM #2650)** Please complete a current application including all applicable fees. Checks or money orders are to be made payable to the Department of Safety and Professional Services.
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. 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 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.
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.

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DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL FACULTY LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address or PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name		First Name		MI	Former / Maiden Name(s)		
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address (street, city, state, zip code)				Daytime Telephone Number			
<input type="text"/>				<input type="text"/> - <input type="text"/> - <input type="text"/>			
Mailing Address (if different)				Date of Birth (mm/dd/yyyy)			
<input type="text"/>				<input type="text"/> / <input type="text"/> / <input type="text"/>			
Social Security Number			Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.				
<input type="text"/> - <input type="text"/> - <input type="text"/>							
Ethnicity/gender status information is optional.							
ETHNICITY: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other							
SEX: <input type="checkbox"/> M <input type="checkbox"/> F							
Have you ever been licensed in Wisconsin as a Dentist?						<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list your credential number:
							<input type="text"/>
E-mail Address							
<input type="text"/>							
School Name				School Address (street, city, state, country)			
<input type="text"/>				<input type="text"/>			
Date Degree Conferred (mm/dd/yyyy)				Degree		Specialty	
<input type="text"/> / <input type="text"/> / <input type="text"/>				<input type="text"/>		<input type="text"/>	
School Name [List other school(s), if applicable. Attach additional sheets if needed.]				School Address (street, city, state, country)			
<input type="text"/>				<input type="text"/>			
Date Degree Conferred (mm/dd/yyyy)				Degree		Specialty	
<input type="text"/> / <input type="text"/> / <input type="text"/>				<input type="text"/>		<input type="text"/>	

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form 3071](#).

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|--|--|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver
(for Initial Credential Fee only, see page 2 for further information) | <input type="checkbox"/> Faculty Dentist Applicants
\$60.00 Initial Credential Fee
\$60.00 Total Fee Attached |
|--|--|

For Receiving Use Only (875)

Wisconsin Department of Safety and Professional Services

IMPORTANT NOTE: YOUR APPLICATION IS NOT COMPLETE UNTIL ALL REQUIRED DOCUMENTS LISTED ON PAGE i OF THIS FORM (#2650) HAVE BEEN RECEIVED.

ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination or national board examination? If yes, provide details below: (Original pass/fail scores required.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have you ever been convicted of a misdemeanor or a felony, or do you have any felony or misdemeanor charges pending against you? If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form (#2829).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you failed to pass the Central Regional Dental Testing Service Clinical examination, or any other dental licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail scores required.) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has the Drug Enforcement Administration (DEA) ever withdrawn your DEA number or warned you, or have you been denied a DEA number? If yes, give details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

CERTIFICATION OF LEGAL STATUS

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, **or**
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov> , **or**
- I am applying for a VISA as I am applying for a faculty dentist license and 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 Wisconsin.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Applicant Signature: Date: / /

(Print and Sign Form)