

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

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

DENTISTRY EXAMINING BOARD

INSTRUCTIONS TO APPLICANTS FOR A WISCONSIN TEMPORARY PERMIT TO PRACTICE DENTISTRY WITHOUT COMPENSATION

- Applicants applying for a temporary dentistry permit must hold a current license, which has not been suspended or revoked.

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Temporary Permit to Practice Dentistry without Compensation (Form #2850).**
2. **Evidence of Satisfactory Completion of Clinical and Laboratory Examination and National Board Examination:** Original score card(s) must be submitted directly from the testing agency. Both passing and failing scores are required. Copies sent from applicant, photocopies, online verifications, or faxes are not acceptable. You may submit an online request at <https://www.ada.org/1635.aspx>. Please request the testing agency to mail your scores directly to DSPS at the above address.

The Board accepts the following exams: CRDTS, WREB, CDCA, SRTA and CITA.
 - The Board accepts The Commission on Dental Competency Assessments (CDCA), formerly Northeast Regional Examination (NERB) taken after September 28, 2000.
 - OR the applicant has successfully completed a Board specialty certification examination of an American Dental Association accredited specialty within the previous 10 years.
3. **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 (**Form #2850**) or request them to send it directly to DSPS at the above address.
4. **Evidence of active practice:** You must have been engaged in the active practice of dentistry for at least 48 of the 60 months preceding application in one or more jurisdictions in which you hold a current license in good standing.
5. **Verification of Licensure in Other State(s):** You are required to have each state/country board 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. **Certificate of Proficiency in Cardiopulmonary Resuscitation/AED:** Submit a copy of the front and back of a current certificate. This certificate must be signed and dated. See DHS website at <http://dhs.wisconsin.gov> for a listing of approved programs.
7. **National Practitioner Data Bank:** Go to <http://www.npdb-hipdb.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 report you downloaded with their link. Please forward the email and the attached report directly to DSPSCredDentistry@wi.gov. Or, send the original report with the envelope by mail. Please allow 7-10 business days for processing once received here in the Department. Further questions regarding this process may be directed to the Data Bank Help Line at 1-800-767-6732.

Purpose of a Temporary Permit

The temporary permit will be issued only for dental practice 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. This permit may be renewed at the discretion of the Dentistry Examining Board.

Denial of a Temporary Permit

A temporary permit may be denied by the Board for good cause, including the following:

- a. any violations of the Wisconsin Administrative Code or Statutes relating to the practice of dentistry
- b. pending disciplinary action in another state
- c. fraudulent or misrepresented information on the application

Additional Information

All documentation must be received in this office prior to issuance of the temporary permit. **No** applicant may begin providing services in Wisconsin until the temporary permit is received.

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DENTISTRY EXAMINING BOARD

APPLICATION FOR TEMPORARY PERMIT TO PRACTICE DENTISTRY WITHOUT COMPENSATION

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 Your street address/ PO Box, e-mail address, and phone number are available to the public. Check box to withhold street address/ PO Box, e-mail address, and phone number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width:95%;" type="text"/>	First Name <input style="width:95%;" type="text"/>	MI <input style="width:95%;" type="text"/>	Former / Maiden Name(s) <input style="width:95%;" type="text"/>
Address (street, city, state, zip) <input style="width:95%;" type="text"/>		Daytime Telephone Number <input style="width:15%;" type="text"/> - <input style="width:15%;" type="text"/> - <input style="width:25%;" type="text"/>	
Mailing Address (if different) <input style="width:95%;" type="text"/>		Date of Birth <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> / <input style="width:20%;" type="text"/>	
Social Security # <input style="width:25%;" type="text"/> - <input style="width:5%;" type="text"/> - <input style="width:20%;" type="text"/>		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.	
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 style="width:150px;" type="text"/>	
Email Address <input style="width:95%;" type="text"/>			
School Name <input style="width:95%;" type="text"/>		School Address (street, city, state) <input style="width:95%;" type="text"/>	
Date Degree Conferred <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/> / <input style="width:20%;" type="text"/>		Degree <input style="width:150px;" type="text"/>	Specialty <input style="width:150px;" type="text"/>

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APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application (**Form #2850**)
- Certificate of Professional Education (**Form #1471**)
- Current CPR/AED Certificate
- Letters from all state board where licensed, active and inactive
- Evidence of satisfactory completion of clinical and laboratory examination and national board examination, original pass and fail
- National Practitioner Data Bank Report
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Convictions and Pending Charges (**Form #2252**), if applicable

Have you been tested by a Regional Dental Testing Service? Yes No If yes, submit original score card(s) of certification/notification of passing/failing and date.

If yes, please indicate which examination:

- | | |
|--|--|
| <input type="checkbox"/> The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB) | <input type="checkbox"/> Central Regional Dental Testing Score (CRDTS) |
| <input type="checkbox"/> Western Regional Examining Board (WREB) | <input type="checkbox"/> Southern Regional Testing Agency (SRTA) |
| | <input type="checkbox"/> Council of Interstate Testing Agency (CITA) |

If no, please explain:

Have you taken and passed the National Boards? Yes No If yes, submit original score card(s) from the National Boards

ACTIVE PRACTICE: Applicants for temporary permit to practice dentistry without compensation must hold a current license, which has not been suspended or revoked.

PRACTICE: Account for all activities and practice starting from the date of graduation to the present time. Must include professional and nonprofessional activities. <u>All time and dates must be accounted for.</u> (Attach additional sheets, if necessary.)				
Employer Institution Activity	Location of Employment (City/State)	Dates Employed (Month/Year)	# of Hours per Week	The Capacity in Which You Are/Were Employed
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> (To) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 50px; height: 50px;" type="text"/>	
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> (To) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 50px; height: 50px;" type="text"/>	
	(City) <input style="width: 100%;" type="text"/> (State) <input style="width: 50%;" type="text"/>	(From) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/> (To) <input style="width: 50%;" type="text"/> / <input style="width: 50%;" type="text"/>	<input style="width: 50px; height: 50px;" type="text"/>	

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I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S): (include all active and inactive states)

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For each credential listed above, you are required to have each State Board or territory of the United States submit a letter of verification to the Wisconsin Dentistry Examining Board. The verification letter(s) must state your date of birth, credential number, date of issuance, and a statement regarding disciplinary actions.

SPECIFIC AREA OF STATE OR EVENT WHERE YOU WILL WORK: (List the location and dates you will be working (not to exceed 10 days in one year).

Location of Employment (City/State)	Dates Employed (Month/Year)
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
(City) <input style="width: 95%;" type="text"/> (State) <input style="width: 15%;" type="text"/>	(From) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> (To) <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

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ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) 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, national board examination? If yes, provide details below: (Original pass/fail cards required.) <div style="border: 1px solid black; height: 20px; width: 100%;"></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, felony, or other violation of federal, state, or local law or do you have any felony, misdemeanor or other violation of federal, state, or local law charges pending against you in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea, or verdict. 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, 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 hygiene licensing examination? If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)	<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%;"></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%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Has the Drug Enforcement Administration 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

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice dentistry" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned dentistry judgments and to learn and keep abreast of dentistry developments; and
2. The ability to communicate those judgments and dental information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform medical tasks such as physical examination and surgical procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to, orthopedic, visual, speech and hearing impairments, Cerebral Palsy, epilepsy, Muscular Dystrophy, Multiple Sclerosis, cancer, heart disease, Diabetes, intellectual disability, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical Substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of Controlled Dangerous Substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances, which are not obtained pursuant to a valid prescription, or not taken in accordance with the directions of a licensed health care practitioner.

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12.	Do you have a medical condition, which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? If no, you may skip questions 13 and 14. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12, are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 12, are the limitations or impairments caused by your medical condition reduced, or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Does your use of chemical substance(s) in any way impair, or limit your ability to practice dentistry with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	If yes to question 17, are you currently participating in a supervised rehabilitation program or professional assistance program, which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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>.

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.

Signature: Date: / /

(Print and Sign Form)