

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 LICENSE INFORMATION

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 (Form #512)** Please complete application including applicable fees. Checks or money orders are to be made payable to the Department of Safety and Professional Services.
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 DSPSCredDentistry@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 (**Form #512**), 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 DSPSCredDentistry@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 DSPSCredDentistry@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.
12. **Temporary License** See page ii for details. If an applicant would like to apply for a temporary license, indicate and submit an additional \$10 non-refundable fee on page 1.

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\(1\)](#).

Wisconsin Department of Safety and Professional Services

TEMPORARY LICENSE CANDIDATES: A temporary license may be granted to an applicant who meets all of the requirements for licensure except the clinical examination. **A person who has taken the clinical exam and failed is not eligible.**

- A person holding a temporary license is required to practice under the supervision of a licensed dentist. Supervision is defined as a person of immediate availability to coordinate, direct, and inspect the practice of the holder of the temporary license either by being on site or available to collaborate through the use of communication technology.
- The temporary license is valid for a period of three (3) months or until the holder receives a regular license or notification of failing the clinical exam.

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, Application for Permit to Administer Anesthesia or Conscious Sedation](#): Dentists administering anesthesia or sedation, other than nitrous oxide inhalation or anxiolysis, must obtain a permit from the Board.
- [Form 2650, Application for Dental Faculty License](#): 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, Application to Practice Dentistry without Compensation](#): 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.

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DENTISTRY EXAMINING BOARD DENTAL LICENSE APPLICATION

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, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address 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: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 45%;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>	
Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 5%;" type="text"/> - <input style="width: 65%;" 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: <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>			
E-mail Address <input style="width: 95%;" type="text"/>			
School Name <input style="width: 95%;" type="text"/>		School Address (street, city, state, country) <input style="width: 95%;" type="text"/>	
Date Degree Conferred <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>		Degree <input style="width: 95%;" type="text"/>	Specialty <input style="width: 95%;" type="text"/>
School Name [List other school(s), if applicable. Attach additional sheets if needed.] <input style="width: 95%;" type="text"/>		School Address (street, city, state, country) <input style="width: 95%;" type="text"/>	
Date Degree Conferred <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>		Degree <input style="width: 95%;" type="text"/>	Specialty <input style="width: 95%;" type="text"/>

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- | | |
|---|--|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver
(for Initial Credential Fee only, see page 2 for further information)
\$00.00 Initial Credential Fee
\$75.00 State Law Exam
\$75.00 Total Fee Attached | <input type="checkbox"/> Exam Applicants
\$74.00 Initial Credential Fee
\$75.00 State Law Exam
\$149.00 Total Fee Attached |
| <input type="checkbox"/> Temporary License Fee (See pg. ii for details)
\$10.00 Temporary License Fee (additional, non-refundable fee) | <input type="checkbox"/> Endorsement Applicants
\$74.00 Initial Credential Fee
\$75.00 State Law Exam
\$149.00 Total Fee Attached |

For Receiving Use Only (15)

Wisconsin Department of Safety and Professional Services

IMPORTANT NOTE: Application is not complete until all required documents listed on page i of this form (#512) have been received at the Department.

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for eligibility requirements.

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

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

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.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

CONTINUING EDUCATION and RENEWAL REQUIREMENTS: View the Department website at <http://dsps.wi.gov> and select "Professions" then click on the "Dentist" hyperlink.

Have you been tested by a Regional Dental Testing Service? Yes No

If yes, submit original score(s) of certification/notification of passing/failing and date.

If yes, please indicate which examination:

- The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB), or ADEX (American Board of Dental Examiners)
- Western Regional Examining Board (WREB)
- Other (specify): _____

- Central Regional Dental Testing Score (CRDTS)
- Southern Regional Testing Agency (SRTA)
- 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(s) from the National Boards. (See page i for submission instructions.)

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S)/JURISDICTION(S). (Include all active and inactive licenses.)

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For each credential listed above, you are required to have each state board, jurisdiction, territory of the United States, and/or country 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.

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 score(s) required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 100%; height: 100%;" type="text"/>		
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

Wisconsin Department of Safety and Professional Services

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

5.	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
6.	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 score(s) required.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	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
8.	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
9.	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
10.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Are you incarcerated, on probation, or on parole for any conviction? If yes, 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
12.	If yes to question 10 above, did you apply for a predetermination of a conviction or convictions? If yes, proceed to question 13. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	If yes to question 12 above, did you receive a letter indicating the convictions and pending charges did not disqualify you from licensure? If yes, proceed to question 14. If no, submit Convictions and Pending Charges Form #2252 and supporting documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	If yes to question 13, since the date of the letter indicating you were not disqualified from licensure, have you 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 and supporting documentation for each conviction and pending charge since the date of the letter. If NO, submit Convictions and Pending Charges Form #2252 without previously submitted documentation.	<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.

"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.

Wisconsin Department of Safety and Professional Services

AFTER READING THE PARAGRAPH ABOVE, ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

15.	Do you have a medical condition which in any way impairs or limits your ability to practice dentistry with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	If yes to question 15 above , 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
17.	If yes to question 15 above , 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
18.	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
19.	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
20.	Are you currently (within the last 2 years) engaged in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	If yes to question 20 , 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: / /