Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way, 2nd Floor
PO Box 8366
Madison WI 53708-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

Tony Evers, Governor
Dawn B. Crim, Secretary

LICENSURE FORMS COMMITTEE
DENTISTRY EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Christian Albouras, (608) 266-2112
November 6, 2019

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee. ***A quorum of the Board may be present during any committee meetings.***

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1)

B. Administrative Matters
1) Department, Staff and Board Updates

C. Review of Initial Applications and Renewal Forms – Discussion and Consideration
1) Application for Dental License **(2-7)**
2) Application for Dental Faculty License **(8-11)**

D. Next Steps

E. Public Comments

ADJOURNMENT

****
MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

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

DENTAL LICENSE INFORMATION

The following documents must be on file with the Dentistry Examining Board at the above address to complete the requirements for licensure in the State of Wisconsin.

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 Card(s)** Original score card(s) must be submitted directly from National Board of Dental Examiners. **Both passing and failing scores are required**. Copies sent from applicant, photocopies, online verification, or faxes are not acceptable. Go to ADA website: www.ada.org/dentpin to request your results be electronically sent to WI.

3. **Regional Examination Requirements** 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. Please request the testing agency to mail your scores directly to DSPS at the above address.

   The Board accepts the following examinations for dentists: CRDTS, WREB, CDCA (formerly NERB), SRTA, ADEX, and CITA.

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 request them to send it directly to DSPS at the above address.

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. **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. Information for the online examination will be provided after an application for licensure has been received at DSPS.

7. **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: https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm for a listing of approved programs.

8. **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.

EXAMINATION CANDIDATES: Applicants who have passed the Central Regional Dental Testing Service examination (CRDTS) or other board−approved testing service (CDCA, WREB, SRTA and CITA) taken within the 5-year period immediately preceding application for Wisconsin licensure.

ENDORSEMENT CANDIDATES: Applicants who hold a valid license to practice dentistry in any other jurisdiction of the United States or Canada and has been engaged in the active practice of dentistry, as defined in Wis. Admin. Code. §. DE 1.02(2), in one or more jurisdictions in which the applicant has a current license in good standing, for at least 48 of the 60 months preceding the application for licensure in Wisconsin.

GRADUATES OF FOREIGN DENTAL SCHOOLS: A foreign trained dentist may qualify for a license if he or she submits evidence of one of the following:

1. Verification of having been awarded a DDS or DMD degree from an accredited dental school.
2. Verification of having received a dental diploma, degree, or certificate from a full-time, undergraduate supplemental dental education program of at least two 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 foreign-trained dentist must submit the same information required of non-foreign-trained dentists as listed in Wis. Admin. Code. §. DE 2.01(1)(a) to (d), (f) and (g).

Your application with all supporting documents must be on file thirty days prior to the date on which you wish to be granted permanent licensure.

Committed to Equal Opportunity in Employment and Licensing

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

DENTAL LICENSE APPLICATION

Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name | **First Name** | **MI** | **Former / Maiden Name(s)**

Address (street, city, state, zip)

Daytime Telephone Number - -

Mailing Address (if different)

Date of Birth / /

Social Security # - -

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: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic ☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ M ☐ F

Have you ever been licensed in Wisconsin as a Dentist? ☐ Yes ☐ No

If yes, list your credential number:

Email Address

School Name

School Address (street, city, state)

Date Degree Conferred / /

Degree

Specialty

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

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Exam Applicants (CORE,CRDTS,WREB, CDCA-formerly NERB)**
$ 74.00 Initial Credential Fee
$ 75.00 State Law Exam
$149.00 Total Fee Attached

☐ **Endorsement of a State Board Exam or Regional Exam**
$ 74.00 Initial Credential Fee
$ 75.00 State Law Exam
$149.00 Total Fee Attached

For Receipting Use Only (15)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #512**) and appropriate fee
- Regional Dental Testing Service Score Card(s), original pass and fail
- National Board Score Card(s), original pass and fail
- National Practitioner Data Bank Report, not required of new graduates
- Certificate of Professional Education (**Form #1471**)
- Current CPR/AED Certificate
- Letters from all State Boards where licensed, active and inactive
- Wisconsin Statutes and Rules Examination, online examination
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" 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: Please view the Department website at http://dsps.wi.gov and select the "Professional Credential Renewal Information."

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:

☐ The Commission on Dental Competency Assessments (CDCA), Formerly Northern Regional Examining Board (NERB)
☐ Western Regional Examining Board (WREB)
☐ 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 card(s) from the National Boards.

PRACTICE: Account for all activities and practice **starting from the date of graduation to the present time**. **Must include professional and nonprofessional activities**. All time and dates must be accounted for. (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) _____ (State) __	(From) __ / __ (To) __ / __		
	(City) _____ (State) __	(From) __ / __ (To) __ / __		
	(City) _____ (State) __	(From) __ / __ (To) __ / __		

Wisconsin Department of Safety and Professional Services

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

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.

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.**	☐ Yes ☐ 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.)**	☐ Yes ☐ 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**.	☐ Yes ☐ 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**.	☐ Yes ☐ 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)**.	☐ Yes ☐ 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**.	☐ Yes ☐ 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)**.	☐ Yes ☐ 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 cards required.)**	☐ Yes ☐ No
9.	Are you registered or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):**	☐ Yes ☐ No
10.	Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**	☐ Yes ☐ 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**.	☐ Yes ☐ No

Wisconsin Department of Safety and Professional Services

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, mental retardation, 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.

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 yes, please explain**.	☐ Yes ☐ No
13.	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**.	☐ Yes ☐ No
14.	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**.	☐ Yes ☐ No
15.	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**.	☐ Yes ☐ No
16.	Have you ever been diagnosed as having, or have you ever been treated for pedophilia, exhibitionism, or voyeurism? **If yes, please explain**.	☐ Yes ☐ No
17.	Are you currently engaged in the illegal use of controlled dangerous substances?	☐ Yes ☐ No
18.	If yes, 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**.	☐ Yes ☐ 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.

Wisconsin Department of Safety and Professional Services

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: __ __ / __ __ / __ __ __ __

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 INFORMATION

The Board shall grant a license to practice dentistry 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 Dentistry Examining 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 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.
4. **NATIONAL PRACTITIONER DATA BANK** Applicants must request the "Practitioner Request for Information Disclosure" (Self-Query) from the National Practitioner Data Banks web site: www.npdb.hipdb.com/welcomesq.html. **Open the Envelope** to be certain your application was processed.

   If processed, mail all contents, including the envelope, to the Dentistry Examining Board at the above address. Further questions regarding this form may be directed to the Data Bank Help Line at 1-800-767-6732.
5. **INITIAL INTERVIEW** Once items 1-4 are complete, this application will be submitted for initial review. You will then be scheduled to appear before the Board at the next regularly scheduled meeting.

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

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. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

☐ Your name, address, telephone number, and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name	**First Name**	**MI**	**Former / Maiden Name(s)**

Address (street, city, state, zip)

Daytime Telephone Number
___ - ___ - ____

Mailing Address (if different)

Date of Birth
__ / __ / ____

Social Security #
___ - __ - ____

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: ☐ White, not of Hispanic origin ☐ American Indian or Alaskan ☐ Hispanic
☐ Black, not of Hispanic origin ☐ Asian or Pacific Islander ☐ Other

Sex: ☐ M ☐ F

Have you ever been licensed in Wisconsin as a Dentist? ☐ Yes ☐ No If yes, list your credential number:

Email Address

School Name

School Address (street, city, state)

Date Degree Conferred
__ / __ / ____

Degree

Specialty

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

☐ **I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)

☐ **Dental Faculty License**
$ 59.00 Reciprocal Credential Fee
$ 59.00 Total Fee Attached

For Receipting Use Only (875)

Wisconsin Department of Safety and Professional Services

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

- Application (**Form #2650**) and appropriate fee
- Verification of dental license from another jurisdiction in which you are currently licensed to practice dentistry
- Initial interview with the Board
- National Practitioner Data Bank (Self-Query) Report
- CPR/AED Certificate (current copy)
- Convictions and Pending Charges (**Form #2252**), if applicable
- Malpractice Suits or Claims (**Form #2829**) and copies of malpractice suit, court documents with allegations and settlement, if applicable
- Is name on all credentials the same? If not, submit certified copy of marriage certificate, divorce decree, etc.

ARE YOU A VETERAN? If yes, please view the Department website at http://dsps.wi.gov under "License, Permits, and Registrations" and select "Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses" 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.WISVETS.com **for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**

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.**	☐ Yes ☐ 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.)**	☐ Yes ☐ 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.**	☐ Yes ☐ 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.**	☐ Yes ☐ 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).**	☐ Yes ☐ 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.**	☐ Yes ☐ 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).**	☐ Yes ☐ 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 cards required.)**	☐ Yes ☐ No
9.	Are you registered or licensed in any other profession(s)? **If yes, state what profession(s) and in what state(s):**	☐ Yes ☐ No
10.	Have you ever been credentialed under any other name(s)? **If yes, state name(s) credentialed under:**	☐ Yes ☐ 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.**	☐ Yes ☐ 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.

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: __ __ / __ __ / __ __ __ __

THIS SECTION MUST BE COMPLETED BY THE DEAN OF A WISCONSIN SCHOOL OF DENTISTRY

School Name

School Address (street, city)

Name of Dean

I hereby certify that _____**, D.D.S/D.M.D.**

(Name of Applicant)

has been offered employment as a **full-time** faculty member at the above-named dental school effective __ __ / __ __ / __ __ __ __.

Signature of Dean: _____

SCHOOL SEAL