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**LICENSURE FORMS COMMITTEE  
DENTISTRY EXAMINING BOARD  
Room N208, 4822 Madison Yards Way, 2<sup>nd</sup> Floor, Madison  
Contact: Christian Albouras, (608) 266-2112  
January 8, 2020**

*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**

**10:00 A.M.**

**OR IMMEDIATELY FOLLOWING THE DENTISTRY EXAMINING BOARD MEETING**

**OPEN SESSION – CALL TO ORDER – ROLL CALL**

**A. Adoption of Agenda (1)**

**B. Approval of Minutes of November 6, 2019 (2)**

**C. Administrative Matters**

- 1) Department, Staff and Board Updates

**D. Review of Initial Applications and Renewal Forms – Discussion and Consideration (3-30)**

- 1) Application for Dental License
- 2) Application for Dental Faculty License

**E. Next Steps**

**F. 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.

**LICENSURE FORMS COMMITTEE  
DENTISTRY EXAMINING BOARD  
MEETING MINUTES  
NOVEMBER 6, 2019**

**PRESENT:** Lisa Bahr, RDH; Debra Beres, RDH (*joined via Skype at 8:06 a.m., disconnected at 8:40 a.m.*); Shaheda Govani, DDS; Wendy Pietz, DDS

**STAFF:** Christian Albouras, Executive Director; Jameson Whitney, Legal Counsel; Megan Glaeser, Bureau Assistant; and other Department staff

**CALL TO ORDER**

Wendy Pietz, Chairperson, called the meeting to order at 8:05 a.m. A quorum was confirmed with three (3) board members present.

**ADOPTION OF AGENDA**

**MOTION:** Lisa Bahr moved, seconded by Shaheda Govani, to adopt the Agenda as published. Motion carried unanimously.

*(Debra Beres joined via Skype at 8:06 a.m. and disconnected at 8:40 a.m.)*

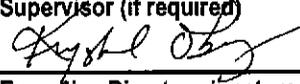
**ADJOURNMENT**

**MOTION:** Shaheda Govani, seconded by Lisa Bahr, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 8:59 a.m.

**State of Wisconsin  
Department of Safety & Professional Services**

**AGENDA REQUEST FORM**

<b>1) Name and title of person submitting the request:</b> Teresa Guiliani, Forms Specialist		<b>2) Date when request submitted:</b> 1/3/20 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
<b>3) Name of Board, Committee, Council, Sections:</b> Dentistry Examining Board Forms Committee			
<b>4) Meeting Date:</b> 1/8/2020	<b>5) Attachments:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>6) How should the item be titled on the agenda page?</b> Dentist Application Form 512 and Faculty Dentist Application Form 2650	
<b>7) Place item in:</b> <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	<b>8) Is an appearance before the Board being scheduled?</b> <i>(If yes, please complete <u>Appearance Request</u> for Non-DSPS Staff)</i>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>9) Name of Case Advisor(s), if required:</b>	
<b>10) Describe the issue and action that should be addressed:</b> Review of the Committee-requested changes at the 11/6/2019 Committee meeting.			
<b>11) Authorization</b>			
<b>Signature of person making this request</b>		<b>Date</b>	
Teresa Guiliani		1/3/2020	
<b>Supervisor (if required)</b>		<b>Date</b>	
		1/3/2020	
<b>Executive Director signature (indicates approval to add post agenda deadline item to agenda)</b>		<b>Date</b>	
		1/3/2020	
<b>Directions for including supporting documents:</b> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

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# 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](mailto: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.

- 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.
  - 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: <http://www.ada.org/dentpin> to request your results be electronically sent to WI.
  - 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 of [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov).  
 The Board accepts the following examinations for dentists: CRDTS, WREB, CDCA (formerly NERB), SRTA, ADEX, and CITA.
  - 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.
  - Verification of Licensure in Other States** 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.
  - 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.
  - 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.
  - 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 [DSPSredDentistry@wi.gov](mailto:DSPSredDentistry@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.
  - 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.
- EXAMINATION CANDIDATES:** Applicants who have taken and passed a Board-approved testing service examination within a one (1) year immediately preceding application for Wisconsin licensure.
- 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\(1\)\(a\)\(b\) and \(e\) to \(i\)](#).
- 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:
- Verification of having been awarded a DDS or DMD degree from an accredited dental school.
  - 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 \(d\), \(f\) to \(h\)](#) for Examination Candidates and [Wis. Admin. Code, §. DE 2.04\(1\)\(a\)\(b\) and \(e\) to \(i\)](#) for Endorsement Candidates.
- 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.**

## Summary of Comments on Microsoft Word - fm512\_Dentist alone\_112919

Page: 1

Author	Subject	Date
guiltaxvz	Sticky Note Email address added	11/29/2019 3:33:35 PM
guiltaxvz	Sticky Note The word "to" deleted.	11/29/2019 3:33:23 PM
guiltaxvz	Sticky Note Credentialing requests that this information remain to clarify "Board-approved testing service" in definition for "Exam Candidate."	11/29/2019 3:36:15 PM
guiltaxvz	Sticky Note 9, 10 and 11 added - removed from page 2 of the application	11/29/2019 3:32:58 PM
guiltaxvz	Sticky Note Definition updated.	11/29/2019 3:34:12 PM
guiltaxvz	Sticky Note Definition / code updated	11/29/2019 3:34:46 PM
guiltaxvz	Sticky Note Code updated	11/29/2019 3:36:48 PM

# Wisconsin Department of Safety and Professional Services

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Website: <http://dsps.wi.gov>

Page: 2

## DENTISTRY EXAMINING BOARD

### ADDITIONAL INFORMATION

**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> 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](http://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 "Professions" and "Dentist."

**PLEASE NOTE OTHER APPLICATION TYPES AVAILABLE ON THE DSPS WEBPAGE AT:**  
<https://dsps.wi.gov/Pages/Professions/Dentist/Default.aspx>.

- [Form 2759, Application for Dental Permit to Administer 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 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.)

Author: guilitaxv	Subject: Sticky Note	Date: 11/29/2019 3:37:15 PM
Second information page added		
Author: guilitaxv	Subject: Sticky Note	Date: 11/29/2019 3:38:12 PM
Veteran information moved from page 2 of the application and URL updated		
Author: guilitaxv	Subject: Sticky Note	Date: 11/29/2019 3:38:35 PM
CE information moved from page 2 of application and URL updated		
Author: guilitaxv	Subject: Sticky Note	Date: 11/29/2019 3:40:46 PM
Reference to other application types made to clarify, for example, if applying for Dental Faculty License, applicant should utilize Application Form 2650.		
Author: guilitaxv	Subject: Sticky Note	Date: 11/29/2019 3:41:32 PM
Revision date will be updated once all revisions complete and 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. Stats. § 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK  Your name, address, telephone and electronic 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:		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list credential number:					
Email Address					
School Name			School Address (street, city, state)		
Date Degree Conferred			Degree		Specialty
School Name (Add second school if applicable. Attach sheet for additional schools if needed.)			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 \$74.00 Initial Credential Fee \$75.00 State Law Exam \$149.00 Total Fee Attached
- 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

**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)<br><input type="checkbox"/> Western Regional Examining Board (WREB) | <input type="checkbox"/> Central Regional Dental Testing Score (CRDTS)<br><input type="checkbox"/> Southern Regional Testing Agency (SRTA)<br><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.

Page: 4

Author: guilitaxvz Subject: Sticky Note Date: 11/29/2019 3:47:34 PM  
 Credentialing would like to keep this information on the form as it alerts credentialing staff to go to various websites to pull scores on behalf of applicants.

Author: guilitaxvz Subject: Sticky Note Date: 11/29/2019 3:50:32 PM  
 Formatting on table updated. Table expanded from 3 to 6 rows.

**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) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	
	(City) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	
	(City) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	
	(City) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	
	(City) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	
	(City) <input style="width: 80%;" type="text"/> (State) <input style="width: 20%;" type="text"/>	(From) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> (To) <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	<input style="width: 40px;" type="text"/>	

## Wisconsin Department of Safety and Professional Services

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S)/COUNTRY(ies)  (include all active and inactive states/countries)

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.

Page: 5

Author: guilltaxvz Subject: Sticky Note Date: 11/29/2019 3:51:01 PM  
The word countries added to this requirement.

**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? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (Original pass/fail cards required.)</b> <input style="width: 100%;" type="text"/>	<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? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<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? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<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? <b>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).</b>	<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? <b>If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input style="width: 100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <input style="width: 100%;" type="text"/>	<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? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<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? <b>If yes, please explain.</b>	<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, 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? <b>If yes, please explain.</b>	<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.

This page contains no comments

**Wisconsin Department of Safety and Professional Services**

This page contains no comments

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

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**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto: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: <http://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 mail your scores directly to DSPS at the above address or directly to [DSPSCredDentistry@wisconsin.gov](mailto:DSPSCredDentistry@wisconsin.gov).
- 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](mailto: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.
  9. **Convictions and Pending Charges (Form 2252)**, if applicable.
  10. **Malpractice Suits or Claims (Form 2829)** 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.

**EXAMINATION CANDIDATES:** Applicants who have taken and passed a Board-approved testing service examination within a one (1) year immediately preceding application for Wisconsin licensure.

**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\(1\)\(a\)\(b\) and \(e\) to \(i\)](#).

**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 \(d\), \(f\) to \(h\)](#) for Examination Candidates and [Wis. Admin. Code. §. DE 2.04\(1\)\(a\)\(b\) and \(e\) to \(i\)](#) for Endorsement Candidates.

**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.**

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

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

## DENTISTRY EXAMINING BOARD

### ADDITIONAL INFORMATION

**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](http://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 "Professions" and "Dentist."

PLEASE NOTE OTHER APPLICATION TYPES AVAILABLE ON THE DSPS WEBPAGE AT:

<https://dsps.wi.gov/Pages/Professions/Dentist/Default.aspx> .

- [Form 2759, Application for Dental Permit to Administer 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 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.)

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
 Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
 Madison, WI 53705  
**E-Mail:** [dspd@wisconsin.gov](mailto:dspd@wisconsin.gov)  
**Website:** <http://dspd.wisconsin.gov>

## 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. Stats. § 440.12 and 440.13).

**PLEASE TYPE OR PRINT IN INK**  Your name, address, telephone and electronic 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).

<b>Last Name</b> <input type="text"/>	<b>First Name</b> <input type="text"/>	<b>MI</b> <input type="text"/>	<b>Former / Maiden Name(s)</b> <input type="text"/>
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<b>Address (street, city, state, zip)</b> <input type="text"/>	<b>Daytime Telephone Number</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
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<b>Mailing Address (if different)</b> <input type="text"/>	<b>Date of Birth</b> <input type="text"/> / <input type="text"/> / <input type="text"/>
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<b>Social Security #</b> <input type="text"/> - <input type="text"/> - <input 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.
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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 credential number:

**Email Address**

<b>School Name</b> <input type="text"/>	<b>School Address (street, city, state)</b> <input type="text"/>
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<b>Date Degree Conferred</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Degree</b> <input type="text"/>	<b>Specialty</b> <input type="text"/>
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<b>School Name</b> <input type="text"/>	<b>School Address (street, city, state)</b> <input type="text"/>
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<b>Date Degree Conferred</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	<b>Degree</b> <input type="text"/>	<b>Specialty</b> <input type="text"/>
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<p><b>APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.</b></p> <p><input type="checkbox"/> <b>I am seeking a Veteran Fee Waiver</b> (for Initial Credential Fee only, see page 2 for further information)</p> <p><input type="checkbox"/> <b>Exam Applicants</b>                  \$74.00 Initial Credential Fee                  \$75.00 State Law Exam                  \$149.00 Total Fee Attached</p>	<p><input type="checkbox"/> <b>Endorsement Applicants</b>                  \$74.00 Initial Credential Fee                  \$75.00 State Law Exam                  \$149.00 Total Fee Attached</p>	<p><b>For Receipting Use Only (15)</b></p>
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# Wisconsin Department of Safety and Professional Services

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) <input style="width: 100%; height: 20px;" type="text"/>  (State) <input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>  (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
	(City) <input style="width: 100%; height: 20px;" type="text"/>  (State) <input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>  (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
	(City) <input style="width: 100%; height: 20px;" type="text"/>  (State) <input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>  (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
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	(City) <input style="width: 100%; height: 20px;" type="text"/>  (State) <input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>  (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	
	(City) <input style="width: 100%; height: 20px;" type="text"/>  (State) <input style="width: 100%; height: 20px;" type="text"/>	(From) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>  (To) <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	

# Wisconsin Department of Safety and Professional Services

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

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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.

**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? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (Original pass/fail cards required.)</b>  <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? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<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? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<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? <b>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).</b>	<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? <b>If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <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)? <b>If yes, state name(s) credentialed under:</b>  <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 ever withdrawn your DEA number or warned you, or have you been denied a DEA number? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <b>If yes, please explain.</b>	<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? <b>If yes, please explain.</b>	<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, 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? <b>If yes, please explain.</b>	<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.

# 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  
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**DENTISTRY EXAMINING BOARD**  
**DENTAL LICENSE INFORMATION**  
**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:

- 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.
- 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.
- 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 <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
- 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 [DSpscDentistry@wisconsin.gov](mailto:DSpscDentistry@wisconsin.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. 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.
- INITIAL INTERVIEW** Once all items 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.
- CONVICTIONS AND PENDING CHARGES (Form #2252)**, if applicable.
- MALPRACTICE SUITES OR CLAIMS (Form #2829)** and copies of malpractice suite, court documents and allegations and settlement, if applicable.
- IS NAME ON ALL CREDENTIALS THE SAME?** If not, submit certified copy of marriage certificate, divorce decree, etc.

NOTE: Please see [Wisconsin Administrative Code Chapter DE 2.015](#) for further information about this credential type.

**ARE YOU A VETERAN?** If yes, please view the Department website at <https://dspd.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.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

**Summary of Comments on Microsoft Word - fm2650\_TEST2\_120219**

Page: 1

Author	Subject	Date
guiltaxvz	Sticky Note Link updated	12/2/2019 9:31:36 AM
guiltaxvz	Sticky Note Link and information updated to be consistent with Application Form 512	12/2/2019 9:32:06 AM
guiltaxvz	Sticky Note Text changed from "Once items 1-4 are complete" to "Once all items are complete."	12/2/2019 9:34:33 AM
guiltaxvz	Sticky Note Items 6 through 8 added here and listing of requirements deleted from top of page 2 of the form.	12/2/2019 9:35:20 AM
guiltaxvz	Sticky Note Reference to DE 2.015 added.	12/2/2019 9:35:53 AM
guiltaxvz	Sticky Note Link updated.	12/2/2019 9:42:10 AM
guiltaxvz	Sticky Note Veterans section moved here and deleted from page 2 of application.	12/2/2019 9:36:17 AM

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
 Madison, WI 53708-8935  
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Office Location: 4822 Madison Yards Way  
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 Website: <http://dsp.wi.gov>

## DENTISTRY EXAMINING BOARD

Page: 2

Author: guilitaxv Subject: Sticky Note Date: 12/2/2019 10:31:42 AM  
 Second space for an additional school, address, degree, etc. added.

### 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 and electronic 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:		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	
Email Address		If yes, list credential number:			
School Name		School Address (street, city state)			
Date Degree Conferred		Degree		Specialty	
School Name (Add second school if applicable. Attach sheet for additional schools if needed.)		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.

For Receiving Use Only (875)

- I am seeking a Veteran Fee Waiver (for Initial Credential Fee only, see page 2 for further information)
- Dental Faculty License
- \$59.00 Initial Credential Fee
- \$59.00 Total Fee Attached

## Wisconsin Department of Safety and Professional Services

**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? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever failed to pass any state board examination, national board examination? <b>If yes, provide details below: (Original pass/fail cards required.)</b> <input style="width: 90%;" type="text"/>	<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? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is disciplinary action pending against you in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<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? <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you incarcerated, on probation, or on parole for any conviction? <b>If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.</b>	<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? <b>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).</b>	<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? <b>If yes, state which examination, and the date of the examination. (Original pass/fail cards required.)</b> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Are you registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b> <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b> <input style="width: 90%;" type="text"/>	<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? <b>If yes, give details on an attached sheet.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Page: 3

Author: guilltaxvz Subject: Sticky Note Date: 12/2/2019 9:38:22 AM  
Third option added. Currently under review by Executive Director and Board Counsel.

**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>.
- 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 this state.

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**

This page contains no comments

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

# 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](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## DENTISTRY EXAMINING BOARD

### DENTAL LICENSE INFORMATION

### 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 <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
4. **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@wisconsin.gov](mailto:DSPSCredDentistry@wisconsin.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.  
  
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.
6. **CONVICTIONS AND PENDING CHARGES (Form #2252)**, if applicable.
7. **MALPRACTICE SUITES OR CLAIMS (Form #2829)** and copies of malpractice suite, court documents and allegations and settlement, if applicable.
8. **IS NAME ON ALL CREDENTIALS THE SAME?** If not, submit certified copy of marriage certificate, divorce decree, etc.

NOTE: Please see [Wisconsin Administrative Code Chapter DE 2.015](#) for further information about this credential type.

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**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.WISVETS.com](http://www.WISVETS.com) for assistance in obtaining your DVA Voucher Code and/or documents related to your training.**



# Wisconsin Department of Safety and Professional Services

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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**

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