

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way

Madison, WI 53705

Phone Number: (608) 266-2112

LicensE Portal: [LicensE.wi.gov](https://licensE.wi.gov)

Email: DSPSCREDDentistry@wisconsin.gov

Website: dsps.wi.gov

DENTISTRY EXAMINING BOARD DENTAL THERAPIST LICENSE INFORMATION

The following documents must be on file with the Dentistry Examining Board to complete licensure requirements in the State of Wisconsin and must be on file thirty days prior to the date on which you wish to be granted permanent licensure.

APPLICATION METHOD: EXAMINATION

1. **Application for Dental Therapist License (Form 4117)**: Please complete application including applicable fees. Submit payment to the Department using [Payment Form 3071](#).
2. **National Board Score(s)**: Evidence you passed the national board dental therapy examination is required. If a national board examination for dental therapy does not exist, the Wisconsin Dentistry Examining Board (Board) shall accept evidence of the passing of an alternative examination administered by another entity that is approved by the Board. **Evidence must be submitted directly from the entity to the Board at DSPSCredDentistry@wisconsin.gov.**
3. **Regional Examination Requirements**: Evidence you passed a dental therapy clinical examination administered by a regional testing service that has been approved by the Board to administer clinical examinations for dental professionals. If a regional testing service examination for dental therapy does not exist, the Board shall accept evidence of the passing of an alternative examination administered by another entity or testing service that is approved by the Board. **Evidence must be submitted directly from the entity to the Board at DSPSCredDentistry@wisconsin.gov.**
4. **Certificate of Professional Education (Form 4118)**: Have your dental therapy education program that satisfies Wis. Stat. § 447.04(1M) complete this form. The education program must email the completed form directly to DSPSCredDentistry@wisconsin.gov. Place
5. **Verification of Licensure in Other Jurisdiction(s)**: Applicants that were licensed and/or are currently licensed in another state or territory of the United States or in another country, the individual submits information related to his or her licensure in other jurisdictions as required by the Board.
6. **Examination on Wisconsin Law**: An applicant shall successfully complete an online examination on Wisconsin Statutes and Rules relating to the practice of dental therapy before a license can be issued in Wisconsin. Examination information will be emailed to the email address provided by the applicant once the application for licensure has been received at the Department.
7. **CPR/AED**: Email a current copy of the front and back of your signed and dated certification card or certificate of Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) program completion to DSPSCredDentistry@wisconsin.gov. See the Wisconsin Department of Health Services (DHS) website <https://www.dhs.wisconsin.gov/ems/licensing/cpr.htm> for a listing of approved programs.
8. **Convictions and Pending Charges (Form 2252)**: Submit form following form instructions, if applicable.
9. **Malpractice Suits or Claims (Form 2829)**: Submit form and copies of malpractice suit, court documents with allegations and settlement, if applicable.
10. **Is Name on ALL Credentials the Same?** If not, submit certified copy of marriage certificate, divorce degree, etc.

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 Phone Number: (608) 266-2112

LicensE Portal: licensE.wi.gov
 Email: DSPSCREDDentistry@wisconsin.gov
 Website: dsps.wi.gov

DENTISTRY EXAMINING BOARD

DENTAL THERAPIST LICENSE APPLICATION

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

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, telephone number, and e-mail address are available to the public. Check box to withhold address, telephone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
Address (number, street, city, state, zip code) <input style="width: 95%;" type="text"/>		Daytime Telephone Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	
Mailing Address (if different) <input style="width: 95%;" type="text"/>		Date of Birth <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>	
Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 10%;" type="text"/> - <input style="width: 65%;" type="text"/>	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form 1051 . The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.			
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other			
Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
Have you ever been licensed in Wisconsin as a Dentist Therapist?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your credential number:	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
Email Address <input style="width: 95%;" type="text"/>			
School or Program <input style="width: 95%;" type="text"/>		School or Program Address (number, street, city, state, zip code) <input style="width: 95%;" type="text"/>	
Date Degree Granted <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 60%;" type="text"/>		Degree <input style="width: 95%;" type="text"/>	Specialty <input style="width: 95%;" type="text"/>

For Receiving Use Only 117

APPLICATION FEES: Submit payment on [Payment Form 3071](#).

- | | |
|---|---|
| <input type="checkbox"/> I am seeking a Veteran Fee Waiver
(for Initial Credential Fee only, see page 2 for further information)
\$00.00 Initial Credential Fee
\$75.00 State Law Exam
\$75.00 Total Fee Attached | <input type="checkbox"/> Exam Applicants
\$60.00 Initial Credential Fee
\$75.00 State Law Exam
\$135.00 Total Fee Attached |
|---|---|

Wisconsin Department of Safety and Professional Services

IMPORTANT NOTE: Application is not complete until all required documents listed on Page i of this form (4117) have been received at the Department.

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

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No
 If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No
 If Yes, complete and return the Veteran Request Application Addendum ([Form 2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No
If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form 3982](#)).

I am or have been licensed in the following state(s) or territory(ies) of the United States, and/or country(ies). Include all active and inactive licenses.)

--	--	--	--	--	--	--	--	--	--	--	--	--

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

National Board Dental Therapy Examination Requirement		
Have you passed a National Board Examination for Dental Therapy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name of national board exam	Name of testing entity	Date you passed exam
If no, provide name of alternative to national exam for WI Board consideration	Name of testing entity	Date you passed exam

Regional Dental Therapy Clinical Examination Requirement		
Have you passed a regional dental therapy clinical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name of regional dental therapy clinical exam for WI Board consideration.	Name of testing entity	Date you passed exam
If no, provide name of alternative to regional clinical exam for WI Board consideration	Name of testing entity	Date you passed exam

Verification of passing exams must be submitted by the entity/testing service directly from the entity to the Wisconsin Board at DSpscDentistry@wisconsin.gov. Verifications from applicants will not be accepted.

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

1.	Has any licensing or other credentialing authority ever taken any disciplinary action against you, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is disciplinary action pending against you or are you under investigation by any licensing or credentialing authority in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Wisconsin Department of Safety and Professional Services

3.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law? If yes, submit Form 2252 with the required documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Do you have any misdemeanor, felony, or other violation of federal or state law charges pending against you in this state or any other? If yes, submit Form 2252 and required documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition and complete Malpractice Suits or Claims Form 2829.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Do you have a medical condition which may in any way impair or limit your ability to practice the profession for which you are applying with reasonable skill and safety? If no, you may skip Question 9. If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	If yes to Question 8 , are the limitations or impairments caused by your medical condition reduced or ameliorated because you received ongoing treatment (with or without medications) or participate in a monitoring program? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you ever been diagnosed with alcohol or other drug dependency? If no, you may skip Question 11.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	If yes to Question 10 , have you or are you engaged in treatment for your dependency? If yes, provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS

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

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

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

CONTINUING DUTY OF DISCLOSURE

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

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: / /