

North Dakota State Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600 • Fax 701-224-9824
Web www.nddentalboard.org • Email ndsdbde@aptnd.com

Confidential Professional Reference

Dear Doctor or Professional Reference,

The North Dakota State Board of Dental Examiners is conducting a review of the professional credentials of an applicant for a license to practice dentistry or dental hygiene in the State of North Dakota. The applicant may not be subject to an actual examination of clinical competency. Among the requirements for licensure are statements by licensed dentists or other professional references that the applicant is judged to be professionally, technically, physically, emotionally and mentally capable of engaging in the practice of dentistry or dental hygiene.

Will you please provide the North Dakota State Board of Dental Examiners with your professional assessment of the applicant's fitness to practice dentistry or dental hygiene? Please send the report directly to the administrative secretary at your earliest convenience. Please note below the applicant's release, which enables you to provide whatever information you feel appropriate so that the board can make an informed decision about this candidate. Your information and assistance in this matter is greatly appreciated.

Sincerely,

NDSBDE

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION AND MEDICAL EVALUATION

I, _____, authorize the North Dakota State Board of Dental Examiners to review my medical, personal, and professional background so that my suitability to practice dentistry in the State of North Dakota can be evaluated. I hereby give my permission to the North Dakota State Board of Dental Examiners to evaluate my clinical competence and suitability to practice by reviewing any aspect of my personal history, medical history, or any aspect of my history of professional practice which could in any way reflect on my suitability to practice dentistry or dental hygiene. I authorize any person or organization to provide any information to the North Dakota State Board of Dental Examiners which bears on my suitability to practice dentistry or dental hygiene. Further, I agree to hold harmless any person or organization providing such information to the North Dakota State Board of Dental Examiners. I understand and acknowledge that full disclosure of all material facts is required for the proper evaluation of my credentials. I understand that withholding significant information or facts constitutes grounds for not issuing a license or later revocation of any license which may have been issued based on incomplete, misleading, or false information.

Signature _____ Address _____ Date _____

Phone Number _____ Work Address _____

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Confidential Professional Reference and Evaluation

Applicant: _____

Please answer each question to the best of your ability and provide whatever comments you feel are appropriate.

In what capacity do you know the applicant?

How long have you known the applicant?

How have you observed the professional activity of the applicant?

How would you rate the clinical skills of the applicant?

Are you aware of any problems associated with use of alcohol or drugs?

Are you aware of any malpractice claims or judgment against the applicant?

Additional Comments:

Please Choose:

- I DO recommend the applicant for licensure in North Dakota.
- I DO NOT recommend the applicant for licensure in North Dakota.

Print Name

Address

City, State, Postal Code

Signature

(_____)_____

Office Phone Number

Date