



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 ndsbd@aptnd.com

Application for Dentist or Dental Hygienist New License or License by Credential

Identifying Information (Please type or print)

Today's Date _____

Name: _____
Last First Middle

Other Names Used: _____

Home Address: _____
Street City State Zip

Home Telephone: _____ Office Telephone: _____

Office Address: _____
Street City State Zip

Statistical Information: Sex: M F Birthdate: _____ Social Security Number: _____

Email: _____ Fax Number: _____

Name as you wish it inscribed on license: _____

NOTE: Please read the appropriate licensure cover letter for more information before proceeding with the application. The information is in the packet sent by the Board or on the Board's above website on the Licensure page.

Level of license:

Initial License:

_____ Dentist license – New graduate or have practice less than 5 years in another jurisdiction (\$440 fee)

_____ Dental Hygiene license – New graduate or have practiced less than 3 years in another jurisdiction (\$200 fee)

License by Credential:

_____ Dentist license – have practice 5 years or more in another jurisdiction (\$1200 fee)

_____ Dental Hygiene license – have practiced 3 years or more in another jurisdiction (\$450 fee)

Educational Information

Name and location of Colleges or Universities attended. Please indicate in reverse chronological order -- the most recent should be listed first. This section relates to degree programs only. Please request the Registrar of the College or University from which you received your most advanced degree in dentistry or dental hygiene to send an official transcript directly to the Board. Until your transcript is received the Board cannot act on your application.

a.	_____	_____
	Name of School	Location of School
b.	_____	_____
	Year Graduated	Degree
a.	_____	_____
	Name of School	Location of School
b.	_____	_____
	Year Graduated	Degree

Please answer the following questions:

1. Has there been any investigation or disciplinary action taken against you by a dental or dental hygiene school or program?
Yes ____ No ____
If yes, please attach a written explanation.
2. Have you ever failed a licensing examination for a medical, dental, or professional license?
Yes ____ No ____
If yes, please attach a written explanation.
3. Have you ever had an application for a professional license denied?
Yes ____ No ____
If yes, please attach a written explanation.
4. Has any disciplinary action ever been instituted which could have affected or could now affect your license to practice in any state?
Yes ____ No ____
If yes, please attach a written explanation.
5. Have you held a dental license or certificate in another country?
Yes ____ No ____
If yes, was that license/certificate ever suspended, revoked, or limited?
Yes ____ No ____
If yes, please attach a written explanation.
6. Have you ever been terminated from any dental or medical residency or internship program?
Yes ____ No ____
If yes, please attach a written explanation.
7. Have you ever been subject to informal or formal proceedings by any licensing board, agency, or professional association to revoke, suspend, or limit a professional license?
Yes ____ No ____
If yes, please attach a written explanation.
8. Are you now or have you ever been named as a defendant or respondent in any malpractice proceedings?
Yes ____ No ____
If yes, please attach a written explanation.
9. Have you ever been charged or convicted of any crime, felony or misdemeanor?
Yes ____ No ____
If yes, please attach a written explanation.
10. Do you have or have you ever had any serious physical or mental illness?
Yes ____ No ____
If yes, please attach a written explanation.
11. Do you now or have you ever had problems with the use of alcohol, stimulants, or habit-forming drugs?
Yes ____ No ____
If yes, please attach a written explanation.
12. Have you ever been cited for operating a motor vehicle while under the influence of drugs or alcohol?
Yes ____ No ____
If yes, please attach a written explanation.
13. Do you have a number from the Drug Enforcement Agency?
Yes ____ No ____
If yes, DEA # _____

IMPORTANT INFORMATION:

Please provide proof of completion of anesthesia training course if applicable. For dentists, this may include minimal sedation, moderate enteral sedation, moderate parenteral sedation, or general anesthesia. Please provide any required application, fee or documentation. For hygienists, submit the **local anesthesia application** and any documentation as required.

Please submit a medical evaluation form completed by a licensed physician stating that you are physically and mentally able to perform the functions of the license you seek and that there are no medical considerations in your health history that might pose a threat to the patients you treat. A licensed optometrist or ophthalmologist also needs to sign the form verifying your visual acuity is sufficient for the license you seek.

Affidavit of Applicant

Paste Photograph Here

For identification purposes, the applicant shall furnish one passport size photograph taken not more than six months before the date of application.

Sign your name on the photo.

State of _____)

ss.

County of _____)

I, _____, the applicant, being first duty sworn, certify that I am the person referred to in this application for licensure to practice dentistry or dental hygiene in North Dakota, that under penalty of perjury all the information contained in this application and in any attachments or additional documents submitted herewith is true and correct and that all persons and organizations whether public or private, are authorized to release to the North Dakota Board of Dentistry all information, files or records requested in connection with this application.

APPLICANT'S SIGNATURE (Sign before a notary

public)

Sworn to before me this _____ day of _____ 20 ____.

My commission expires _____.

Notary Public Signature

CHECKLIST FOR APPLICANT

- _____ Have you completely answered all questions?
- _____ Have you had the application notarized?
- _____ Have you enclosed the Statement of Address form?
- _____ Are questions requiring more space continued on separate sheets and numbered to correspond?
- _____ Have you placed your signature on each additional sheet contained in this application?
- _____ Have personal reference forms been provided to three references for completion?
- _____ Have you provided the board with the results of your medical and visual examinations?
- _____ Have you enclosed proof of your CPR certification and infection control?
- _____ Have you enclosed copies of your continuing education credits?
- _____ Have you requested verifications to be sent from each jurisdiction you have been licensed?
- _____ Have you enclosed a copy of your diploma and requested transcripts of from your dental school?
- _____ Have you included copies of your national and clinical Board scores?
- _____ Have you enclosed your check for the appropriate non-refundable fee payable to the NDSBDE?

All information and application forms can be printed from the Board's website, www.nddentalboard.org, or by contacting the Board office.



The North Dakota State Board of Dental Examiners will carefully review your application for licensure. Following receipt of the application and verification of your statements, you will be informed of the Board's decision. **If your application is favorably considered by the board, you will be required to be present for a personal interview and take an examination on the Rules of the Board and the North Dakota Dental Practice Act.** Please note that intentional failure to provide complete information or to fully disclose the answers to the questions posted in this application or concealing relevant information needed by the board for a thorough review of your credentials may constitute fraud and may be considered as the basis for revocation of any license which may have been issued to you.

