

NORTH DAKOTA BOARD OF DENTAL EXAMINERS
PO Box 7246, Bismarck, ND 58507-7246
www.nddentalboard.org (701) 258-8600

Instruction Checklist for the Application of Volunteer Dental License

COMPLETED AND NOTORIZED APPLICATION – Submit the application and application fee to the Board. The compilation of other requirements and documents may be received subsequent to the application. To receive notice that your application has been delivered to the board, it is suggested that the application be mailed by “Certified Mail-Return Receipt Requested” or with “Delivery Confirmation”. Attach recent signed photo to application. **If you answered “yes” to any question that requires an explanation, submit type written copy only and documentation such as a final disposition, police reports etc.**

CRIMINAL BACKGROUND CHECK – Applicants are required to submit fingerprints and undergo a criminal background check. The appropriate forms will be sent to you upon receipt of your application and application fee. Return the fingerprint forms which may be completed by local law enforcement or fingerprinting service center which may take digital prints. Submit both fingerprint cards to the NDBDE with your check or money payable to the ND Attorney General. The process may take up to ten days. Results must be received by the board prior to the issuance of a license to practice. Check with local law enforcement for scheduling.

APPLICANTS MUST SUBMIT

- **EVIDENCE of ACTIVE LICENSURE – Submit copies of active dental license in another jurisdiction;**
or
Evidence of enrollment in a dental program as a full-time student or resident of a dental program accredited by the American Dental Association’s Commission on Dental Accreditation within the last six months. Resident or full-time students must show evidence of a resident or student license issued by the dental licensing board.
- **Copy of CPR/BLS**
- **Attach signed photo taken within 6 months of application**



North Dakota Board of Dental Examiners

PO Box 7246, Bismarck, ND 58502 • Phone 701-258-8600 • Fax 701-224-9824

Web www.nddentalboard.org • Email info@nddentalboard.org

Application for Volunteer Dental License

OFFICE USE ONLY - Postmark Date: _____ Date Received _____ Amount _____ Check # _____

In accordance with ND Administrative Rule 20-02-01-04.2, the NDBDE may grant a nonrenewable VOLUNTEER LICENSE to practice dentistry for a period determined by the Board. The Board may apply restrictions as it deems appropriate to limit the scope of practice of dentistry under the authority of the Volunteer License. It is the responsibility of the applicant to submit all required supporting documents. Once an application and application fee of \$65 has been submitted, the applicant will receive information regarding the criminal background check. Failure to provide supporting documents or submit fingerprint cards in a timely manner may delay licensure.

SECTION 1 BACKGROUND			
Full Name (First, Middle, Last)			
Maiden name or other name(s) used			
Social Security Number		Date of Birth	DEA Number
Home Address		Best phone number to reach you	
City		State	Zip Code + 4
Email Address			
SECTION 2 DENTAL EDUCATION			
School			
Degree Granted	Completion Year	Location	
Other Education/Program		Location	
Specialty		Date of Graduation Month/Day/Year	
SECTION 3 VOLUNTEER INFORMATION			
Name and address of practitioner or SPONSORING organization that will be assisted by your presence:			
Practitioner or Sponsor of Event Address		City	State Zip
Reason for Volunteer License request: i.e., assist private dental practice, MOM Project		Start Date and End date of Event:	
SECTION 4 PROFESSIONAL BACKGROUND – Use additional pages if necessary			
Have you been engaged in the clinical practice of dentistry preceding this application? If YES, print the name and address of practice and inclusive dates of employment from the previous 5 years.			YES NO
			Dates of employment
			Dates of employment
			Dates of employment
			Dates of employment

List all jurisdictions in which you have at any time been licensed to practice dentistry. Include temporary or resident license.			
Jurisdiction	License Number	Date Issued	Date Expired
SECTION 5 DISCLOSURE - ATTACH EXPLANATION IF ANSWERED YES TO THE FOLLOWING QUESTIONS:			
1. Has there been any investigation or disciplinary action taken against you by a dental school, medical residency or internship program?	YES	NO	
2. Has any action ever been taken against hospital or clinical privileges such as a suspension, revocation or any other action?	YES	NO	
3. Have you ever had an application for a professional license denied?	YES	NO	
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	
5. 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	
6. Has your license or clinical/hospital privileges to practice dentistry ever been suspended, revoked or otherwise disciplined in any state or territory of the United States, or in any foreign country?	YES	NO	
7. Have you ever been charged or convicted, entered a plea of guilty, no contest, or a similar plea, or had a sentence deferred or suspended in any state or jurisdiction?	YES	NO	
8. Have you ever been found in any civil, administrative or criminal proceeding to have possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?	YES	NO	
9. Been cited for operating a motor vehicle while under the influence of drugs or alcohol?	YES	NO	
10. Diverted controlled substances or legend drugs?	YES	NO	
11. Violated any drug law?	YES	NO	
12. Prescribed controlled substances for yourself?	YES	NO	
NOTE: If you answered "YES" to 7-11 send documentation and/or certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered. Documentation includes copy of evaluation and recommendations for treatment if any were issued; a copy of the criminal charges, reported offense, police report and judgment and disposition of criminal complaint; disposition of the offense, final disposition, any orders or any actions pending.			
13. Are you now subject to criminal prosecution or pending charges of a crime, felony or misdemeanor in any state or jurisdiction?	YES	NO	
14. Are you presently engaged in or have you or have you ever been engaged in the excessive use, abuse, addiction to or dependency upon any controlled substance, habit-forming substance or alcohol?	YES	NO	
15. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? If YES, attach explanation.	YES	NO	
16. Have you ever had any malpractice judgment, malpractice settlement, or governmental/private agency disciplinary order issued against you or is there any complaint, malpractice claim, or disciplinary action now pending against you?	YES	NO	
17. Do you have or have you ever had any serious physical or mental illness? If YES please attach explanation.	YES	NO	
NOTE: If you answer "yes" to question 13-17, The Board may request supporting documents. You must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents.			
18. Have you ever held a dental license or certificate in another country?	YES	NO	

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FINGERPRINT CARD - CRIMINAL HISTORY RECORDS CHECK

A **North Dakota criminal history record check** is a search of confidential law enforcement databases, cross-referencing by the person's name, date of birth, social security number and other specific identifiers (including fingerprints). The extensive cross-referencing ensures that the result relates only to that person, even if the person has used several names or there are other individuals with the same name. Pursuant to the North Dakota Century Code, only the ND Bureau of Criminal Investigation (BCI) can supply a Criminal History Record Check.

Once your application for ND volunteer dental license and license fee have been received by the North Dakota Board of Dental Examiners, two traditional ink fingerprint cards and instructions are mailed to the applicant. Delaying the fingerprinting process may delay your license.

- Applicants may have their fingerprints rolled by a local Law Enforcement Agency or other Board approved agent. Be prepared to pay a fee for having the fingerprint card executed. The fingerprints must be taken by an appropriately trained official. The fingerprint card must be signed by the official in the appropriate block.
- Additional fingerprint cards are available from the Dental Board upon request.
- Ensure that fingerprint cards are completely filled out. Required information includes: Full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth etc.
- **"Reason Fingerprinted"** should specify the type of license you are applying for (dental licensure).
- Please be advised that if your fingerprint cards are rejected, you will be notified and processing of your application may be delayed. Do not attempt to take your own fingerprints. They will be rejected.
- Mail the fully completed card, along with your fee as instructed on the card to:
NDBDE, PO Box 7246, Bismarck, ND 58507-7246.