



## NORTH DAKOTA BOARD OF DENTAL EXAMINERS

PO Box 7246, Bismarck, ND 58507-7246  
www.nddentalboard.org | (701) 258-8600

**Application of Volunteer Dental License**  
**Application and license fee: \$25.00**

*The holder of a volunteer license shall be subject to North Dakota laws and rules and regulatory authority of the North Dakota Board of Dental Examiners. The volunteer license is renewable annually by application to the Board.*

**SUBMIT COMPLETED AND APPLICATION** – Submit the application and application fee to the Board. Attach a copy of a photo ID or a copy of your drivers license to the application. **If you answered “yes” to any question that requires an explanation, submit type written copy only.**

**EVIDENCE of ACTIVE LICENSURE** – The applicant must submit evidence of:

- **An active dental license from any other jurisdiction where you maintain an active license and any jurisdiction where you previously held a dental or dental hygiene license. 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 Dental Resident or full-time students must show evidence of a resident or student license issued by a dental licensing board.**

**VERIFICATION OF LICENSE** -Verification may be sent directly to the NDBDE. A license verification printed from a website is acceptable. License verifications must include

- 1) Your name
- 2) Your license number
- 3) Date your license was issued
- 4) Your license status; active, expired, license in good standing, etc.
- 5) Description of any disciplinary actions against your license.

**DISCLOSURE QUESTIONS** – **Provide explanations for questions 1-5.** If you have had a criminal conviction, please attach:

- A personal statement detailing the events leading up to and following the conviction;
- A copy of the court sentencing order from the designated county clerk or courthouse;
- A copy of the arresting officer’s report.



# North Dakota Board of Dental Examiners

PO Box 7246, Bismarck, ND 58507-7246 • Phone 701-258-8600 • Fax 701-224-9824

Web [www.nddentalboard.org](http://www.nddentalboard.org) • Email [info@nddentalboard.org](mailto:info@nddentalboard.org)

## Application for Volunteer Dental License Nonrefundable Application Fee - \$25.00

OFFICE USE ONLY –	Date Received ____/____/____	Check # _____	Amount \$ _____
	License issue date ____/____/____	License expiration date ____/____/____	

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 and not to exceed one year. The Board may apply restrictions as it deems appropriate to limit the scope of practice of dentistry under the authority of the volunteer dental license.

<b>Are you a military spouse? Yes _____ (see definition below. Provide proof of ID or military orders)</b> <b>No _____</b>			
<b>A “military spouse” is a foreign practitioner who is the spouse of a member of the armed forces of the United States or a reserve component of the armed forces of the United States stationed in North Dakota in accordance with military orders or stations in North Dakota before a temporary assignment to duties outside of North Dakota. A “foreign practitioner” is an individual who currently holds and maintains a license in good standing to engage in an occupation or profession in another state or jurisdiction other than North Dakota and who is not the subject of a pending disciplinary action in any state or jurisdiction.</b>			
<b>BACKGROUND</b>			
Full name (first, middle, last)			
Maiden name or other names used			
Social Security Number	Cell phone	Email address	
Mailing address			Date of birth
City		State	Zip Code + 4
Primary practice address		Office phone	
City		State	Zip Code + 4
Office phone number	Office fax number		
<b>EDUCATION</b>			
Full name of accredited dental program			
Degree granted	Completion year	Location	
Other education/program		Location	
Specialty		Date of graduation Month/Year ____/____/____	
<b>EVENT or NAME OF DENTAL PRACTITIONER ASSISTED BY YOUR PRESENCE</b>			
Name of event:		Dates of event	
Address of event:		Start ____/____/____	
		End ____/____/____	

Name of clinic coordinator or director of event:  
 Phone number:

**PROFESSIONAL BACKGROUND – Use additional pages if necessary**

Have you been engaged in the clinical practice of dentistry for at least three out of five years preceding this application? YES  NO

List all jurisdictions in which you have at any time been licensed to practice. Include temporary or resident license. Include a copy of the license verification from each jurisdiction listed.

	License number: <span style="float: right;">Active YES <input type="checkbox"/> NO <input type="checkbox"/></span>
	License number: <span style="float: right;">Active YES <input type="checkbox"/> NO <input type="checkbox"/></span>
	License number: <span style="float: right;">Active YES <input type="checkbox"/> NO <input type="checkbox"/></span>
	License number: <span style="float: right;">Active YES <input type="checkbox"/> NO <input type="checkbox"/></span>

**DISCLOSURE**

- |  |     |    |
|--|-----|----|
| 1. Has there been any investigation or disciplinary action taken against you by a dental school, medical residency or internship program? If YES, attach explanation.  | 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?<br>a. If YES, provide information on separate attachment.   | YES | NO |
| 4. 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?<br>a. If YES, attach explanation. | YES | NO |
| 5. Are you now subject to criminal prosecution or pending charges of a crime, felony or misdemeanor in any state or jurisdiction? (provide written explanation)  | YES | NO |

**ATTESTATION**

I understand that I may not practice until the volunteer license has been granted and that the volunteer license authorizes me to practice only at the event and location I have provided in this application and that once licensed I am subject to all laws and rules governing dentistry in North Dakota. YES  NO

I have been actively practicing dentistry in another jurisdiction for at least three of the last five years and am in good standing in any state. I attest that I have successfully completed a national board and a clinical board. YES  NO

I understand that holding a ND volunteer license prohibits me from accepting any type of remuneration for the dental services provided. YES  NO

**ATTACH A COPY  
 OF CURRENT  
 DRIVERS LICENSE OR  
 OTHER  
 GOVERNMENT ISSUED  
 FORM OF ID.**

I understand that I must immediately notify the Board if my license to practice in any other state or jurisdiction is terminated or disciplined. YES  NO

Pursuant to **ND Administrative Rules**, I have met the **ND requirements for continuing education** by completing the required continuing education within the previous 24 months and I **have a current CPR certification**. YES  NO

\_\_\_\_\_  
 Signature

Date \_\_\_\_/\_\_\_\_/\_\_\_\_