NORTH DAKOTA BOARD OF DENTAL EXAMINERS

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

2021-2022 Application of Volunteer Dental License

Volunteer 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 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. Resident or full-time students must show evidence of a resident or student license issued by a dental licensing board.**

VERIFICATION OF DENTAL 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

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2021-22 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.

Are you a military spouse? Yes _____ (see definition below. Provide proof of ID or military orders)
No _____

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.

BACKGROUND		
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	

EDUCATION		
Full name of accredited dental program		
Degree granted	Completion year	Location
Other education/program		Location
Specialty		Date of graduation Month/Year _____/_____

EVENT or NAME OF DENTAL PRACTIONER ASSISTED BY YOUR PRESENCE	
Name of event: Address of event:	Dates 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:	Active	YES☐	NO☐
	License number:	Active	YES☐	NO☐
	License number:	Active	YES☐	NO☐
	License number:	Active	YES☐	NO☐

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? 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? 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 _____/_____/_____