

DENTAL HYGIENE LICENSURE BY CREDENTIALS INFORMATION PACKET

This information packet includes the following:

- 1) A copy of the Dental Hygiene Licensure by Credentials General Statutes and Board Rules
- 2) Application for Licensure by Credentials
- 3) Certificate of Licensure form
- 4) Affidavit
- 5) Fingerprint card and instructions (You must contact the Board office for this information)

****NOTICE****

- It is your responsibility to review the rules and determine if you qualify for licensure by credentials **BEFORE** submitting an application. Certain types of criminal history may result in a denial of a license by credentials. Please understand that once your application is received and the application process begins the credentialing fee is **NON-REFUNDABLE!!**
- Incomplete applications will not be accepted and will be returned to you. You will be charged a \$10.00 processing fee if your application has to be returned.
- Once our office receives your application, you will receive notification of receipt along with information on obtaining a copy of the North Carolina Dental Laws and a resource list for sterilization/infection control that will assist you in preparing for the written tests. This memorandum will inform you of when the tests are given and who to contact to schedule a time to take the tests. The application process takes 90 days upon receipt of application. It is not necessary to contact the Board office to check on the status of your application!! CALLS TO THE BOARD OFFICE WILL DELAY APPLICATION PROCESSING.
- North Carolina **requires** that your current licensing board(s) have investigated and found no violations in any and all instances that resulted in a report to the National Practitioner Data Bank. If your licensing board(s) has not investigated and cleared you in an incident giving rise to a National Practitioner Data Bank report, you **will not** be eligible for licensure by credentials in North Carolina. This is true even in those incidents that result in the settlement of a claim without your permission or knowledge.
- **Please Note!!** The Board's rules constantly change. While every effort is made to keep rules and statutes up to date in this and other documents, always check for the latest version of the Board's rules directly from the Office of Administrative Hearings' website. A link to their page may be found on our website on the "Rules and Laws" page.

§ 90-224.1. Licensure by credentials.

(a) The Board may issue a license by credentials to an applicant who has been licensed to practice dental hygiene in any state or territory of the United States if the applicant produces satisfactory evidence to the Board that the applicant has the required education, training, and qualifications; is in good standing with the licensing jurisdiction; has passed the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations; has passed satisfactory examinations of proficiency in the knowledge and practice of dental hygiene as determined by the Board; and meets all other requirements of this section and rules adopted by the Board. The Board may, in its discretion, refuse to issue a license by credentials to an applicant who the Board determines is unfit to practice dental hygiene.

(b) The applicant for licensure shall be of good moral character, have graduated from an accredited high school or hold a high school equivalency certificate duly issued by a governmental agency or authorized unit, and have graduated from a dental hygiene program or school accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(c) The applicant must meet all of the following conditions:

(1) Has been actively practicing dental hygiene, as defined in G.S. 90-221, under the supervision of a licensed dentist for a minimum of two years immediately receding the date of application.

(2) Has no history of disciplinary action or pending disciplinary action in the military or in any state or territory in which the applicant is or has ever been licensed.

(3) Has no felony convictions and has no other criminal convictions that would affect the applicant's ability to render competent dental hygiene care.

(4) Has not failed a licensure examination administered by the North Carolina State Board of Dental Examiners.

(d) The applicant for licensure by credentials shall submit an application, the form of which shall be determined by the Board, pay the fee required by G.S. 90-232, successfully complete examinations in Jurisprudence and Sterilization and Infection Control, and meet other criteria or requirements established by the Board, which may include an examination or interview before the Board or its authorized agents.

(e) This section shall not be construed to include licensure by reciprocity, which is prohibited. (2002-37, s. 3.)

SUBCHAPTER 16C - LICENSURE EXAMINATION: DENTAL HYGIENIST

SECTION .0400 – LICENSURE BY CREDENTIALS

21 NCAC 16C .0401 DENTAL HYGIENE LICENSURE BY CREDENTIALS

- (a) An applicant for a dental hygiene license by credentials shall submit to the Board:
- (1) a completed, notarized application, on a form provided by the Board;
 - (2) the licensure by credentials fee;
 - (3) verification that the applicant has successfully completed with a passing score the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations;
 - (4) verification that the applicant has successfully completed with a passing score, the licensure examination conducted by a regional testing agency or independent state licensure examination that is substantially equivalent to the clinical licensure examination required in North Carolina;
 - (5) verification that the applicant holds a valid, current and unrestricted dental hygiene license issued by a state, U.S. territory or the District of Columbia;
 - (6) verification that the applicant has been subject to a state, U.S. territory, or federal dental regulatory authority during the two years immediately preceding the application;
 - (7) verification of all dental hygiene or professional licenses held;
 - (8) an affidavit from the applicant stating for the two years immediately preceding application:
 - A. the dates that and locations where the applicant has practiced dental hygiene; and
 - B. that the applicant has been in continuous active clinical practice averaging at least 1000 hours per year in clinical direct patient care, during the two years immediately preceding application;
 - (9) a statement disclosing and explaining any disciplinary actions, investigations, malpractice claims, patient complaints or state or federal agency complaints, judgments, settlements, or criminal charges;
 - (10) if applicable, a statement disclosing and explaining periods within the last 10 years of observation, assessment or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dental hygiene or other impaired professionals program; and
 - (11) verification that the applicant holds a current certification in cardiopulmonary resuscitation.
- (b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental hygiene license by credentials shall arrange for and ensure the submission to the Board office, the following documents as a package, with each document in an unopened officially sealed envelope from the entity involved:
- (12) (1) official transcripts and a certificate from the dean verifying that the applicant has graduated from a dental hygiene program accredited by the Commission on Dental Accreditation of the American Dental Association;
 - (13) (2) if the applicant is or has ever been employed as a dentist or dental hygienist by or under contract with a federal agency, verification of the applicant's current status and disciplinary history from each federal agency where the applicant is or has been employed or under contract;
 - (14) (3) if the applicant is or has ever been a member of a state dental society or dental hygiene association, verification of the applicant's current status and disciplinary history from each state dental society or dental hygiene association in which the applicant is or has been a member;
 - (15) (4) verification of the applicant's licensure status and complete information regarding any disciplinary action taken or investigation pending, from all licensing jurisdictions where the applicant holds or has ever held a dental hygiene license or other professional license;
 - (16) (5) a report from the National Practitioner Databank, if applicable; and
 - (17) (6) a report of any pending or final malpractice actions against the applicant and verified by the applicant's malpractice insurance carrier along with all documents and records. The applicant must request a verification of coverage history from his or her current and all previous malpractice insurance carriers.
- (c) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and such other form(s) required to perform a criminal history check at the time of the application.
- (d) An applicant for dental hygiene licensure by credentials must successfully complete written examinations and, if deemed necessary by the Board based on the applicant's history, a clinical simulation examination administered by the Board. If the applicant fails any of the examinations, the applicant may retake the examination failed two additional times during a one year period.
- (e) All information required must be completed and received by the Board office as a complete package with the initial application and application fee. If all of the information is not received as a complete package, the application shall be returned to the applicant. Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required.
- (f) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.

History Note: Authority G.S. 90-223; 90-224.1; Temporary Adoption Eff. January 1, 2003.

APPLICATION FOR NORTH CAROLINA DENTAL HYGIENE LICENSURE BY CREDENTIALS

MATERIALS TO BE SUBMITTED (Retain this Page for Your Records)

The materials listed below must be received by the Board office as a complete package, with each document in an unopened officially sealed envelope from the entity involved. These items will also be accepted from the entity digitally via email to applications@ncdentalboard.org. Please do not send both formats. Incomplete applications may be delayed.

1. Official dental hygiene school transcript, which must include degree, date of graduation, school seal and Registrar's signature.
2. An official verification or letter of good standing from each state in which you are or have ever been licensed to practice dentistry and/or any other professions. **(Copies of your license or renewal certificates are NOT acceptable.)**
3. Applicants licensed to practice dental hygiene in another state/jurisdiction must submit a National Practitioner Data Bank Report. Please contact the National Practitioner Data Bank at www.npdb-hipdb.hrsa.gov or 1-800-767-6732 to request a Self-Query. We will accept a hard copy or an electronic copy of the report.
4. If you are or ever have been employed by a federal agency as a dental hygienist, you will need an employment verification letter. The letter must contain your current status and any disciplinary history.
5. If you have or ever have had malpractice insurance, you will need a report of any pending or final malpractice actions, verified by the malpractice insurance carrier along with all documents and records **AND** verification of coverage history from current and all previous malpractice insurance carriers. **If you have never carried your own malpractice insurance, please include a written statement for the file.**
6. If you have ever taken a regional board examination(s), you will need a score verification sheet from each regional board office.

In addition to the items listed above, the materials listed below must also accompany the application. These items do not need to be in sealed envelopes.

7. Licensure by Credentials Fee - \$750.00 CERTIFIED CHECK OR MONEY ORDER ONLY (Payable to: NC State Board of Dental Examiners) THIS FEE IS NON-REFUNDABLE!! The application fee is nonrefundable and nontransferable and shall not be returned to you under any circumstances. This means that even if your application is denied, or you are offered a Consent Order by the Board, or you petition the Board for a formal hearing, the application fee will not be refunded.
8. Dental Hygiene National Board Scores: We can access scores electronically; please request scores be uploaded on the ADA website.
9. Transcripts from all undergraduate colleges attended (Photocopies are acceptable).
10. One passport-size photograph, taken within the last six months, glued to the application form. Do NOT send Polaroid snapshots.
11. Verification of current CPR certification. Photocopy of card is acceptable. Please note: The Board does not accept online CPR. You must submit proof of a hands-on or blended course.
12. A signed release form, completed Fingerprint Record Card, and other such form(s) required to perform a criminal history check at the time of application. (These forms may be requested from our office by emailing your request and your mailing address to info@ncdentalboard.org.) In state applicants may use LiveScan (see our website for instructions.)
13. A completed and signed Affidavit verifying employment (Form Enclosed).

Please contact the Board office if you have any questions regarding the application or materials required.

Address: 2000 Perimeter Park Dr., Suite 160, Morrisville, NC 27560

E-mail Address: info@ncdentalboard.org **Web Address:** www.ncdentalboard.org

Phone Number: (919) 678-8223 **Fax Number:** (919) 678-8472

****Please note that once your application is received by the Board office, the process may take at least 90 days.****

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

A photograph of you, not less than 2x2 (snapshot not acceptable) taken not more than six months prior to the date of application, must be securely glued (NOT STAPLED) to this space and must NOT be larger than the space provided. A passport photograph is acceptable.

APPLICATION

DENTAL HYGIENE LICENSURE BY CREDENTIALS

PLEASE TYPE OR PRINT LEGIBLY

Each question must be answered fully, truthfully and accurately. All supporting data requested must accompany this application. If the space for any answer is insufficient, you must complete your answer on a rider signed by you, specifying the number of the question to which it relates and enclosing it with this application. **DO NOT SEPARATE THIS FORM AND DO NOT STAPLE ENCLOSURES TO THIS APPLICATION!**

It is the responsibility of each applicant to review applicable statutes and rules to determine eligibility for licensure prior to applying for a North Carolina Dental or Provisional license. Statutes and rules are available on the Board’s website or by calling (919) 678.8223.

1.

(First Name in Full)

(Middle/Maiden)

(Last Name in Full)

(Present Street Address)

(City)

(State)

(Zip)

(County)

(Permanent Street Address)

(City)

(State)

(Zip)

(County)
2. Preferred mailing address for **ALL** information:

Present

Permanent
3. Telephone number (day): () Email address:
4. Age: Date of Birth: / / Place of Birth:
5. Social Security Number: - -
6. Are you a citizen of the United States of America?

Yes

No
7. Are you (check one):

Single

Married

Divorced
8. Have you ever been known by another name?

Yes

No

If yes, state in full every other name by which you have been known: (If change was made by a Court order, enclose a certified copy of such order)

9. Please list all addresses for the past 10 years (Attach a separate sheet if necessary):

CITY

STATE

DATES RESIDED

10. Name two individuals who will always know your address:

Name:_____

Name:_____

Address:_____

Address:_____

Phone:()_____

Phone:()_____

11. Have you ever filed for bankruptcy? ____Yes ____No

If yes, please explain: (Attach a separate sheet if necessary):_____

12. Please list any current and past drivers licenses you have maintained:

(State)_____(Dates Maintained)_____

(State)_____(Dates Maintained)_____

13. a) Have you previously applied for an examination given in North Carolina? ____Yes ____No

If yes, give date(s):_____

b) Have you failed an examination given by North Carolina or another Board? ____Yes ____No

If yes, please give Board(s) and date(s):_____

c) Have you ever been refused any examination given by North Carolina or another Board? ____Yes ____No

If yes, give Board(s) and date(s):_____

d) Have you taken the Dental Hygiene National Board? ____Yes ____No ____Pending

e) Have you ever failed the Dental Hygiene National Board? ____Yes ____No

If yes, please list date(s):_____

f) Have you ever taken a regional board examination? ____Yes ____No

If yes, please list board and date(s):_____

14. Please list all jobs held within the past 10 years and, if terminated or asked to leave from that position, please explain.

(Attach a separate sheet if necessary.)

OCCUPATION EMPLOYER

NAME/ADDRESS

DATES OF EMPLOYMENT

REASON FOR LEAVING

15. Have you ever served in the armed forces of the United States or any other country?

____ Yes ____ No

If yes:

- a) Have you been separated from such services? ____ Yes ____ No
- b) State nature of separation _____
- c) If other than honorable, furnish a written statement specifying type thereof and circumstances surrounding your release.
- d) State inclusive dates of service _____
- e) In the armed services, have any charges or complaints, formal or informal, been made or filed against you, or have any proceedings ever been instituted against you, or have you ever been a defendant in any court martial? If yes, please attach a separate sheet of paper with the date an explanation of each incident. ____ Yes ____ No
- f) Have you registered under the Selective Service Act of 1948? ____ Yes ____ No

16. Have you been dropped, suspended, expelled, or disciplined by any school or college for any cause whatsoever? If yes, please list on a separate sheet of paper, the date, school and nature of cause. ____ Yes ____ No

17. Have you ever been denied admission to any college or school for cause that reflects adversely on your character? ____ Yes ____ No

18. Have you ever:

- a) been summoned to court or before a magistrate for the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- b) been arrested for the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- c) been taken into custody for the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- d) been indicted for the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- e) been convicted or tried for the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- f) been charged with the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No
- g) pleaded guilty to the violation of any law or ordinance or for the commission of any felony or misdemeanor? ____ Yes ____ No

If your answer is yes, to any of the foregoing questions, attach a statement describing fully the nature of any such matters, with complete facts, disposition of the matter, and the name and address of the authority in possession of the records thereof. Only traffic violations unrelated to alcohol or drugs may be excluded from this answer.

19. **A.** Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice dental hygiene in a competent, ethical, and professional manner? ☐ Yes ☐ No

If you answered yes, furnish a thorough explanation below:

Explanation: _____

Relevant date(s): _____

- B.** Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice dental hygiene in a competent, ethical, and professional manner? ☐ Yes ☐ No

- C.** If your answer to Question 26(B) is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program?

☐ Yes ☐ No

If your answer to Question 26(B) or (C) is yes, complete a separate **release and summary form** for each service provider that has assessed or treated any such condition or impairment. **Release and summary forms** are attached and may be duplicated as needed. As used in Question 19, “currently” means recently enough that the condition or impairment could reasonably affect your ability to function as a dental hygienist.

DENTAL HYGIENE EDUCATION

NAME AND LOCATION OF SCHOOL ATTENDED	PERIOD OF ATTENDANCE (i.e. Sept. 1990 to Sept. 1994)

I received the degree of _____ from _____
 (College or University)
 on the _____ day of _____
 (Date) (Month/Year)

COLLEGE OR UNIVERSITY EDUCATION OTHER THAN DENTAL HYGIENE

NAME AND LOCATION OF SCHOOL ATTENDED	PERIOD OF ATTENDANCE (i.e. Sept. 1990 to Sept. 1994)

I am currently or have been licensed to practice dental hygiene in the following jurisdictions:

Jurisdiction (State/Province/Territory)	How Licensed (Exam, Reciprocity)	License/Permit Number	Date of Issuance	Years of Practice

20. Have you ever been a member of a state dental society or dental hygiene association? ____ Yes ____ No If yes, please list status and dates of membership _____
21. As a dental hygienist, a member of any professional or other organization, or as a holder of any public office:
- a) Have you been suspended or otherwise disqualified or have a pending appeal of a determination of suspension or disqualification? ____ Yes ____ No

- b) Have you been reprimanded, censured or otherwise disciplined, or have a pending appeal of a reprimand, censure or other disciplinary action? ____ Yes ____ No
- c) Have any charges or complaints, formal or informal, been made or filed against you, or have any proceeding been instituted against you? ____ Yes ____ No
- d) Have you ever been reported to the National Practitioner Data Bank or the HIPPA (Health Care Integrity and Protection) Data Bank? ____ Yes ____ No

If your answer is yes to any of the foregoing questions, for each occurrence furnish a written statement giving the complete facts and state as to each case the date, the nature of the charge, the disposition of the matter, and the name and address of the authority in possession of the records.

23. I have practiced dental hygiene as follows: (Attach a separate sheet if necessary)

FROM	TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING

24. In addition to the foregoing, I add the following:

- a) I solemnly declare upon my honor that if granted a license to practice dental hygiene in North Carolina, I shall respectfully comply with all laws regulating the practice of dental hygiene in this State, and will do my best to uphold and maintain the ethics of the profession.
- b) I hereby give permission to the North Carolina State Board of Dental Examiners to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questions by the Board or any member or employee thereof, and to substantiate my statements if desired by the Board.
- c) I have attached the required fee for licensure by credentials. **(DO NOT SEND CASH)** You must submit a money order or certified check. I understand that the fee is nonrefundable and nontransferable.
- e) I understand that if I do not take and successfully pass that written examinations within 90-days of receiving the study material, my application and all material submitted will become null and void and I will be required to resubmit a licensure by credentials application, the licensure by credentials fee and all required material.
- f) I understand that my application will NOT be accepted if ALL materials are not received as a complete package. Further, I understand that the application, all materials and the fee will be returned if the application package is not accepted for lack of completion and that I will be charged a \$10.00 processing fee.
- g) I understand that the application process takes at least 90-days from date of receipt by the North Carolina State Board of Dental Examiners' office.

In order to determine my suitability for a license to practice dental hygiene in North Carolina, I understand that the North Carolina State Board of Dental Examiners must make a thorough investigation of my personal records and employment history. It is in the public's best interest that any and all relevant information concerning my personal and employment history be disclosed to the above named agency. Therefore, I do hereby request and authorize any former and present employers, educational institutions, doctors or other health care professionals including mental health, alcohol treatment centers, hospitals or other repositories of medical records, government agencies, criminal and civil courts, including any private law firms and or certification/licensing boards or commissions, any other individual agency or firm to produce and provide true copies of any and all information and documents, including but not limited to privileged or confidential documents to the Board regarding myself.

Moreover, I hereby release the Board from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application and potential license. I hereby release the issuing agency and its agents, both individually and collectively from any and all liability for damages of whatever kind, which may at any time result because of compliance with this request.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which he thereby acquired; and I hereby consent that he may disclose such knowledge or information to the North Carolina State Board of Dental Examiners.

I further waive all rights to inspect or review any and all information compiled in reference to any investigation or application for license. I do further hereby authorize the Board, its agents and employees, to release true copies of any and all information to any agency or entity regulating the licensing authority of the practice of dental hygiene.

I hereby acknowledge that this authorization is truly voluntary and is valid for one (1) year or until the application and/or investigation process has been completed. A true copy of this document is considered valid, just as the original.

I understand that this application is a continuing application and that I must provide full and correct answers to the questions herein. I will notify the Board of any changes relating to any matter inquired about herein.

I understand that failure to provide full and correct answers and/or failure to update my responses will be grounds for denial of my application or revocation of my license.

I have read and fully understand the above statements.

(Signature)

(Print Name)

I, _____, the applicant herein depose and say that all facts, statements, and answers contained in this application are true and correct to the best of my knowledge. I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by credentials or any future examination given by the North Carolina State Board of Dental Examiners, and such falsification or withholding shall serve as sufficient grounds for the suspension or revocation of my North Carolina dental hygiene license **even though it is not discovered until after issuance.**

(Signature)

State/Territory/Jurisdiction of _____

County/Province of _____

I _____, a Notary Public for said County and State/Territory/Jurisdiction, do hereby certify that _____ personally appeared before me this the _____ day of _____, _____ and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, _____.

Notary Public

My commission expires: _____

(SEAL)

AFFIDAVIT

DENTAL HYGIENE LICENSURE BY CREDENTIALS

This form must be completed, signed, notarized and returned with the application packet. Failure to return this form will result in your application being returned.

For the two years immediately preceding my application for licensure by credentials, I have practiced at the following locations:

Locations	Dates of Employment

During the two years immediately preceding my application for licensure by credentials, I have provided at least 2,000 hours of clinical care directly to patients.

Signature

Date

Affirmed to and subscribed before me this _____ day of _____, 20____

(Official Seal)

Notary Public

My commission expires _____, 20____.

North Carolina Law now requires that all applicants and those renewing a license respond to the following statement:

Public Notice Statement

required by N.C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

**Employee Classification Section
North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919) 715-0282**

Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. *[N.C. Gen. Stat. § 143-762(5)]*

I certify that I have read and understand the Public Notice Statement from the North Carolina Industrial Commission appearing above regarding the classification of employees.

_____ **Yes**

_____ **No**

I further certify that I (_____ have) (_____ have not) been investigated for employee misclassification within the past three (3) years.

If you have been investigated for employee misclassification within the past three years, you must submit the results of that investigation to the North Carolina State Board of Dental Examiners before your license renewal will be considered complete.

DO NOT ALTER THIS FORM
Corrections/erasures VOID this form
Please use black or blue ink

To be used with Question 19

Applicant's name _____

Name of institution, doctor, or counselor _____

Address _____

City _____ *State* _____ *Zip* _____

Country _____ *Province* _____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION FORM

By signing below, I authorize the above provider to provide information, without limitation, relating to mental illness or the use of drugs and alcohol concerning advice, care, or treatment provided to me, to representatives of the Board of Dental Examiners of the State of North Carolina who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of law. I understand that any such information as may be received will be reported only to the admitting authority. The information will be used or disclosed at my request. This authorization will expire one year from the date of my notarized signature below. A photocopy of this form is acceptable for purposes of obtaining this information.

I hereby release, discharge, and exonerate the Board of Dental Examiners of the State of North Carolina, its agents and representatives, the admitting authority, its agents and representatives, and the above named provider, its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of any documents, records, and other information, or out of the investigation made by the Board of Dental Examiners of the State of North Carolina or by the admitting authority.

I am not required to sign this authorization in order to receive treatment from the above provider. I have the right to refuse to sign this authorization. When my information is used or disclosed pursuant to this authorization, it may be subject to redisclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule. I have the right to revoke this authorization in writing except to the extent that the provider has acted in reliance upon this authorization. My written revocation must be resubmitted to the Director of Investigations at the address of the provider above.

Signature of Applicant *Date*

STATE/DISTRICT OF _____

COUNTY OF _____

Subscribed and sworn to or affirmed before me this _____ day

of _____, _____
Month *Year*

Signature of Notary

My commission expires _____

Seal or stamp must be affixed to each original.

The Board of Dental Examiners of the State of North Carolina is aware of HIPAA requirements.

To be used with Question 19

DESCRIPTION OF CONDITION OR IMPAIRMENT FORM

Name _____

First Middle Last Suffix

Relevant dates: From Mo/Yr _____ To Mo/Yr _____

Describe the condition or impairment _____

Describe any treatment, or any program that includes monitoring or support _____

Name and complete address of attending physician or counselor (if applicable):

Name of physician or counselor _____

Physician's or counselor's current address _____

City _____ StateZip _____ Country _____

_____ Province _____

Telephone (____) _____

Name and complete address of hospital or institution (if applicable):

Name of hospital or institution _____

Hospital's or institution's current address _____

City _____ StateZip _____ Country _____

_____ Province _____

Telephone (____) _____

The Board of Dental Examiners of the State of North Carolina is aware of HIPAA requirements.