

**APPLICATION FOR NORTH CAROLINA DENTAL LICENSURE BY  
CREDENTIALS  
VIA INSTRUCTOR'S LICENSE**

**This application is only for those who hold a current NC Instructor's License. You must supply your current Instructor's License number.**

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

*The materials listed below must be received by the Board office with the application as a complete package.*

- 1) Licensure by Credentials Fee - \$2000.00 (Payable to: NC State Board of Dental Examiners) **THIS FEE IS NON-REFUNDABLE!!** The application fee is nonrefundable and nontransferable. 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.
  
- 2) One passport-size photograph, taken within the last six months, glued to the application form. **Do NOT send Polaroid snapshots.**
  
- 3) Out-of-state residents: 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 address to [info@ncdentalboard.org](mailto:info@ncdentalboard.org).) Please allow 10 days for processing.**

In-state residents may use LiveScan (see our website for instructions.)

- 4) A letter of recommendation from your employer.

# 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 LICENSURE BY CREDENTIALS VIA INSTRUCTOR'S LICENSE

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. 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)

7. Are you a citizen of the United States of America? \_\_\_ Yes \_\_\_ No

If not a citizen, provide immigration status and copy of documents certifying right to work in the United States and confirming eligibility for a professional license.

8. Are you (check one): \_\_\_ Single \_\_\_ Married \_\_\_ Divorced

9. Please list all resident 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:

(DL#) \_\_\_\_\_ (State) \_\_\_\_\_ (Dates Maintained) \_\_\_\_\_

(DL#) \_\_\_\_\_ (State) \_\_\_\_\_ (Dates Maintained) \_\_\_\_\_

13. Please list all jobs held within the past 10 years, other than dentistry, and, if terminated or asked to leave from that position, please explain. (Attach a separate sheet if necessary)

OCCUPATION	EMPLOYER W/ADDRESS & PHONE	DATE OF EMPLOYMENT	REASON FOR LEAVING

14. Have you ever served in the armed forces of the United States or any other country? \_\_\_\_\_ Yes \_\_\_\_\_ No

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 on a separate sheet of paper date an explanation of each incident. \_\_\_\_\_ Yes \_\_\_\_\_ No

f) Have you registered under the Selective Service Act of 1948? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. 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.

16. Within the past five years, have you exhibited any conduct or behavior that could call into question your ability to practice dentistry in a competent, ethical, and professional manner?

- Yes  No

If you answered yes, furnish a thorough explanation below:

*Explanation:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Relevant date(s):* \_\_\_\_\_

17. **A.** 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 dentistry in a competent, ethical, and professional manner?  Yes  No

**B.** If your answer to Question 17(A) 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 17(A) or (B) 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 17, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dentist.

18. Have you undertaken any post graduate training or refresher course other than continuing education courses since receiving your dental degree?  Yes  No

If yes, give place, date, and courses: \_\_\_\_\_

19. 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

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

**PRE-DENTAL EDUCATION**

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

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

**DENTAL EDUCATION**

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

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

21. I am currently or have been licensed to practice dentistry in the following jurisdictions:

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

22. Have you ever been a member of a state dental society? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list status and dates of membership \_\_\_\_\_

23. As a dentist, 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 proceedings 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, please furnish for each occurrence, a written statement giving the complete facts and state as to each case the date, nature of the charge, disposition of the matter, and name and address of the authority in possession of the records.**

24. Are you a Diplomate, board-eligible or declared specialist in any branch of dentistry? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give specialty and how qualified \_\_\_\_\_

25. If you have been admitted to practice in any jurisdiction, provide information requested below regarding your work history. Include temporary or part-time work. Indicate:

1) The dates during which you were employed as a dentist or engaged in practice.

2) The addresses of the offices or places at which you were so employed or engaged, and the names and addresses of all employers, partners, associates, or persons sharing office space, if any (Attach sheet if necessary)

3) The nature of your practice. (General Dentistry or Specialty)

4) The reason for the termination of each employment or period of private practice.

<b>FROM</b>	<b>TO</b>	<b>NAME AND ADDRESS OF EMPLOYER/ASSOCIATES</b>	<b>NATURE OF PRACTICE</b>	<b>REASON FOR LEAVING</b>

26. a) Do you now, or have you ever held any other health care license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Example: medical, dental hygiene, chiropractic, etc.)  
If yes, give type of license, State, and dates held \_\_\_\_\_
- b) Has this license(s) ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give dates and reasons \_\_\_\_\_
27. Have your hospital privileges (for any license) ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give dates, locations and reasons \_\_\_\_\_
28. a) Have you ever held a DEA license? \_\_\_ Yes \_\_\_ No
- b) Has your DEA license ever been revoked, suspended or surrendered? \_\_\_ Yes \_\_\_ No  
If yes, give dates, locations and reasons \_\_\_\_\_
29. In addition to the foregoing, I add the following:
- a) I solemnly declare upon my honor that if granted a license to practice dentistry in North Carolina, I shall respectfully comply with all laws regulating the practice of dentistry 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 fees for licensure by credentials. **(DO NOT SEND CASH)** We will accept a certified check or a personal check or money order. I understand that the fees are nonrefundable and nontransferable.
- d) **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.**
- e) I understand that the application process make take up to 90 days upon receipt by the North Carolina State Board of Dental Examiners' office.

In order to determine my suitability for a license to practice dentistry 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 North Carolina State Board of Dental Examiners. 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.

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.

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 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 dentistry.

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.

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(Signature)

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(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 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/Province 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)

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](mailto: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.**