DENTAL HYGIENE LICENSURE BY

MILITARY ENDORSEMENT/MILITARY SPOUSE

INFORMATION PACKET

This information packet includes the following:

1) A copy of the Dental Hygiene Licensure by Military Endorsement and Military Spouse General Statutes and Board Rules

2) Application for Dental Hygiene Licensure by Military Endorsement/Military Spouse

3) Certificate of Licensure form

4) Affidavits

5) Fingerprint card and instructions (You must contact the Board office to be mailed this information.)

NOTICE

- It is your responsibility to review the rules and determine if you qualify for licensure by military endorsement or military spouse **BEFORE** submitting an application. Certain types of criminal history may result in a denial of a license by military endorsement. Please understand that once your application is received and the application process begins, the application fee is **NON- REFUNDABLE**!!

- Incomplete applications will be returned to you.

- Do not contact the Board office to check on the status of your application!! You will be notified if anything further is required from you. MULTIPLE CALLS TO THE BOARD OFFICE COULD DELAY APPLICATION PROCESSING.

- All licensees must be familiar with and abide by the Rules and Regulations of the North Carolina State Board of Dental Examiners. The rules can be found on the Board's website: http://ncdentalboard.org. Failure to follow the rules may result in professional discipline, including loss of license.

- **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.

§ 93B-15.1. Licensure for individuals with military training and experience; licensure by endorsement for military spouses; temporary license.

(a) Notwithstanding any other provision of law, an occupational licensing board, as defined in G.S. 93B-1, shall issue a license, certification, or registration to a military-trained applicant to allow the applicant to lawfully practice the applicant's occupation in this State if, upon application to an occupational licensing board, the applicant satisfies the following conditions:

(1) Has been awarded a military occupational specialty and has done all of the following at a level that is substantially equivalent to or exceeds the requirements for licensure, certification, or registration of the occupational licensing board from which the applicant is seeking licensure, certification, or registration in this State: completed a military program of training, completed testing or equivalent training and experience as determined by the board, and performed in the occupational specialty.

(2) Has engaged in the active practice of the occupation for which the person is seeking a license, certification, or permit from the occupational licensing board in this State for at least two of the five years preceding the date of the application under this section.

(3) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State at the time the act was committed.

(4) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure, certification, or registration in this State.

(b) Notwithstanding any other provision of law, an occupational licensing board, as defined in G.S. 93B-1, shall issue a license, certification, or registration to a military spouse to allow the military spouse to lawfully practice the military spouse's occupation in this State if, upon application to an occupational licensing board, the military spouse satisfies the following conditions:

(1) Holds a current license, certification, or registration from another jurisdiction, and that jurisdiction's requirements for licensure, certification, or registration are substantially equivalent to or exceed the requirements for licensure, certification, or registration of the occupational licensing board for which the applicant is seeking licensure, certification, or registration in this State.

(2) Can demonstrate competency in the occupation through methods as determined by the Board, such as having completed continuing education units or having had recent experience for at least two of the five years preceding the date of the application under this section.

(3) Has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in this State at the time the act was committed.

(4) Is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license, certification, or permit.

(5) Pays any fees required by the occupational licensing board for which the applicant is seeking licensure, certification, or registration in this State.

(c) All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in an occupation as required under subsection (a) or (b) of this section.

(d) A nonresident licensed, certified, or registered under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed, certified, or registered by an occupational licensing board in this State.

(e) Nothing in this section shall be construed to apply to the practice of law as regulated under Chapter 84 of the General Statutes.

(f) An occupational licensing board may issue a temporary practice permit to a military-trained applicant or military spouse licensed, certified, or registered in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection (a) or (b) of this section if that jurisdiction has licensure, certification, or registration standards substantially equivalent to the standards for licensure, certification, or registration of an occupational licensing board in this State. The military-trained applicant or military spouse may practice under the temporary permit until a license, certification, or registration is granted or until a notice to deny a license, certification, or registration is issued in accordance with rules adopted by the occupational licensing board.

(g) An occupational licensing board may adopt rules necessary to implement this section.

(h) Nothing in this section shall be construed to prohibit a military-trained applicant or military spouse from proceeding under the existing licensure, certification, or registration requirements established by an occupational licensing board in this State.

(i) For the purposes of this section, the State Board of Education shall be considered an occupational licensing board when issuing teacher licenses under G.S. 115C-296.

(j) For the purposes of this section, the North Carolina Medical Board shall not be considered an occupational licensing board. (2012-196, s. 1.)

21 NCAC 16G .0107 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON MILITARY SERVICE

(a) An applicant for a dental hygiene license by endorsement based on military service shall submit to the Board:

(1) a notarized application form provided by the Board at www.ncdentalboard.org that includes the information and materials required by 21 NCAC 16C .0301(a); and

(2) written evidence demonstrating the applicant has satisfied the conditions set forth in G.S. 93B-15.1(a), including engaging in the active practice of dental hygiene for at least 1,000 hours per year for at least two of the five years preceding the date of application.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on military service shall satisfy the requirements in 21 NCAC 16C .0501(b).

(c) The Board shall receive all information and documentation required under Paragraphs (a) and (b) of this Rule for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.

(d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

(e) Any license obtained through fraud or by any false representation shall be revoked.

History Note: *Authority G.S. 90-223; 90-224(c); 90-229; 93B-15.1;*
Eff. September 19, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. March 1, 2020.

21 NCAC 16G .0108 DENTAL HYGIENE LICENSURE BY ENDORSEMENT BASED ON STATUS AS MILITARY SPOUSE

(a) An applicant for a dental hygiene license by endorsement based on the applicant's status as a military spouse shall submit to the Board:

(1) a notarized application form provided by the Board at www.ncdentalboard.org that includes the information and materials required by 21 NCAC 16C .0301(a); and

(2) written evidence demonstrating the applicant is married to an active member of the U.S. military and the applicant satisfies the conditions set forth in G.S. 93B-15.1(b), including engaging in the active practice of dental hygiene for at least 1,000 hours per year for at least two of the five years preceding the date of application.

(b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for licensure by endorsement based on status as a military spouse shall satisfy the requirements in Rule 21 NCAC 16C .0501(b).

(c) The Board shall receive all information and documentation set forth in Paragraphs (a) and (b) of this Rule for the application to be complete. Applications that are not completed within one year of being submitted to the Board shall be disregarded as expired.

(d) Any applicant who changes his or her address shall notify the Board office in writing within 10 business days.

(e) Any license obtained through fraud or by any false representation shall be revoked.

History Note: *Authority G.S. 90-223; 90-224(c); 90-229; 90-232; 93B-15.1;*
Eff. September 19, 2013;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. January 9, 2018;
Amended Eff. March 1, 2020.

North Carolina State Board of Dental Examiners, 2000 Perimeter Park Dr., Suite 160 – Morrisville, NC 27560 (919) 678-8223

APPLICATION FOR NORTH CAROLINA DENTAL HYGIENE LICENSURE BY MILITARY ENDORSEMENT/MILITARY SPOUSE

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. We will also accept these documents directly from the entity if necessary necessary via mail or digitally via email to applications@ncdentalboard.org. Incomplete applications may be delayed!

1) Official dental hygiene school transcript, which must include date of graduation, school seal and Registrar's signature.

2) Written evidence demonstrating that the applicant has served as a dental hygienist in the military. Letter from commanding officer or copy of discharge papers (DD214) preferred; must verify dates of service and disciplinary history. (N/A for military spouses)

3) Official Verification of Licensure form must be completed by each state in which you are or have ever been licensed to practice dental hygiene and/or any other healthcare professions, which must include dates of licensure and expiration, disciplinary history and a Board seal. **(Copies of your license or renewal certificates are NOT acceptable.)** If you took a State Board exam (not a Regional), we will need a detailed score report and exam description to accompany the license verification.

4) Applicants who have been licensed to practice dental hygiene in another state/jurisdiction must submit a National Practitioner Data Bank Report. Please request a self-query from the National Practitioner Data Bank at **www.npdb-hipdb.hrsa.gov** or 1-800-767-6732. We will accept a hard copy or an electronic copy of the report.

5) If you have or ever have had malpractice insurance outside the military, you must obtain a report of any pending or final malpractice actions verified by the malpractice insurance carrier along with all documents AND verification of coverage history from current and all previous malpractice insurance carriers. **If you have never carried your own malpractice insurance, please enclose a written statement for the file.**

6) If you have ever taken a regional board examination(s), you will need to submit a score verification sheet from the 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) There is no fee for initial licensure. Annual renewal fees will apply.

8) Unofficial transcripts from all undergraduate colleges attended **(Photocopies or online transcripts are acceptable)**.

9) One passport-style 2x2 inch photograph, taken within the last six months glued, not stapled, to the application form. **Do NOT send casual or group shots.**

10) 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. **(You must obtain these forms by emailing your request and address to info@ncdentalboard.org.) Please allow 10 days for processing.**

11) A completed, signed and notarized Affidavit verifying employment (Form Enclosed).

12) If applying as a military spouse, a completed, signed, dated and notarized Affidavit verifying current marriage.

13) Dental Hygiene National Board Scores: We can access scores electronically; please request scores be uploaded to ADA website.

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 FOR DENTAL HYGIENE LICENSURE

BY MILITARY ENDORSEMENT/MILITARY SPOUSE

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 page signed by you, specifying the number of the question to which it relates and enclosing it with this application. ***DO NOT SEPARATE THIS FORM OR STAPLE ENCLOSURES TO THIS APPLICATION !***

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

I am making application for a dental hygiene license on the basis of: _____ Military Endorsement
_____ Military Spouse

1. _____

(First Name in Full) (Middle/Maiden) (Last Name in Full)

2._____

(Current Street Address) (City) (State) (Zip) (County)

3. Telephone number (day): ( ) _____ 4. Email address:_____

5. Age:_____ 6. Date of Birth:_____/_____/_____ 7. Place of Birth:_____

8. Social Security Number: _____-_____-_____

9. 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) _____

10. Are you a citizen of the United States of America? _____Yes _____No

11. Are you (check one): _____Single _____Married

12. List all resident addresses for the past 10 years (Attach a separate sheet if necessary):

CITY	STATE	DATES RESIDED

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

Name:_____ Name:_____

Address:_____ Address:_____

_____ _____

Phone:( )_____ Phone:( )_____

14. a) Have you previously applied for the dental hygiene 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 or Testing Agency?

_____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 or Testing Agency?

_____Yes _____No

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

d) Have you taken the Dental Hygiene National Board Examination? _____Yes _____No _____Pending

If yes or pending, please list date(s):_____

e) Have you ever failed the Dental Hygiene National Board Examination? _____Yes _____No

If yes, please list date(s):_____

f) Have you ever taken a Regional Board Examination(s)? _____Yes _____No

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

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

Which branch? _____

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

16. Have you ever:

a) gone to court or appeared 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 tried or convicted 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 signed statement fully describing such matters, the nature of the offense, 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.

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

□ Yes □ No

If you answered yes, furnish a thorough explanation below:

*Explanation:*_____

_____

_____

_____

_____

Relevant date(s): _____

18. **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 dental hygiene in a competent, ethical, and professional manner?

□ Yes □ No

B. If your answer to Question 18(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 18(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 18, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dental hygienist.

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 HYGIENE EDUCATION

NAME AND LOCATION OF SCHOOL ATTENDED	PERIOD OF ATTENDANCE (i.e. Sept. 2000 to Sept. 2004)

I received the degree of_____from_____on
(College or University)
the_____day of_____
(Date) (Month/Year)

DENTAL HYGIENE EDUCATION

NAME AND LOCATION OF SCHOOL ATTENDED	PERIOD OF ATTENDANCE (i.e. Sept. 2000 to Sept. 2004)

I received the degree of_____from_____on
(College or University)
the_____day of_____
(Date) (Month/Year)

21. 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**

22. 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 proceedings been instituted against you? _____Yes _____No

d) Have you ever been reported to the National Practitioner Data Bank? _____Yes _____No

e) Have you ever been the subject of a malpractice claim? (include all claims and demands, including those resolved without the filing of a lawsuit or complaint to a licensing board) _____Yes _____No

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

23. If you have been admitted to practice dental hygiene in any jurisdiction, provide the following certification and make a complete statement of all your practice since graduation to date. Include temporary or part-time work. Indicate:

1) The dates during which you were employed as a dental hygienist 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, associates, or persons sharing office space, if any (Attach sheet if necessary)
3) The reason for the termination of each employment.

FROM	**TO**	**NAME AND ADDRESS OF EMPLOYER/ASSOCIATES**	**NATURE OF PRACTICE**	**REASON FOR LEAVING**

24. 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_____

25. 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 fees for licensure by military endorsement. **(DO NOT SEND CASH)** You must submit a 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.**

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 thoroughly investigate my background. 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 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 regarding me, including but not limited to privileged or confidential documents to the Dental Board.

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 or she thereby acquired; and I hereby consent that he or she may disclose such knowledge or information to the North Carolina State Board of Dental Examiners.

Moreover, I hereby release the Dental 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, 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 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 military endorsement or any future examination given for 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 if 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 STATE BOARD OF DENTAL EXAMINERS

AFFIDAVIT

DENTAL HYGIENE LICENSURE BY MILITARY ENDORSEMENT/MILITARY SPOUSE

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 five years immediately preceding my application for licensure by military endorsement/military spouse, I have practiced at the following locations:

Location	Dates of Employment

I have been in engaged in the active practice of clinical dental hygiene for at least 1,500 hours per year, during at least two of the five years immediately preceding my application for licensure.

_____

Signature

_____

Date

Affirmed to and subscribed before me this_____day of_____,20_____.

(Official Seal)

_____

Notary Public

My commission expires_____,20_____.

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

AFFIDAVIT

DENTAL HYGIENE LICENSURE BY MILITARY SPOUSE

If applying for dental hygiene licensure by military spouse, this form must be signed, notarized and returned with the application packet. Failure to return this form will result in your application being returned.

I am currently married to an active member of the U. S. Military.

_____
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 <u>have been</u> 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 Questions 17 and 18

*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.

Revised 08/08/2018

To be used with Question 17 or 18

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.