

**PETITION FOR PREDETERMINATION**

An individual who wishes to file a petition for a predetermination of whether the individual's criminal history likely will disqualify the individual from obtaining a dental or dental hygiene license may submit this petition to the Board.

Legal name \_\_\_\_\_  
*First Name Middle Initial Last Name*

Mailing address \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip code*

Physical address (if different from mailing address) \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Zip code*

Email address \_\_\_\_\_

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_  
*(MM/DD/YYYY)*

Telephone number   (     )   \_\_\_\_\_

Places of residence for the past seven years:

<b>City, State</b>	<b>Dates of residency</b>

Employment history since the date the crime was committed:

<b>Employer Name, City, State</b>	<b>Dates Employed</b>

I have attached a criminal record report obtained through Castlebranch within 60 days of submission of this petition. (Instructions for obtaining this report is included in this packet.)

For all convictions or pleas identified in your application or listed on the Castlebranch criminal record report, I have attached to this petition a CERTIFIED copy of the court record obtained from the Clerk of Court in the county jurisdiction where the conviction occurred. The Certified copy of the court record MUST be submitted with this petition before it is complete and ready for review.

I have attached a separate written statement accurately and completely describing the circumstances surrounding the commission of the crime for each conviction or plea listed in my application or identified on the Castlebranch criminal record report.

I have attached the following documents to the extent I will want them considered in a predetermination decision:

Written statement of any rehabilitation efforts

Rehabilitative drug or alcohol treatments

Certificate of Relief granted pursuant to G.S. 15A-173.2

Affidavits or other written documents, including character references, that petitioner intends to submit for review

**SIGNATURE PAGE**

I hereby certify that the information and documentation submitted with the petition is complete and accurate to the best of my knowledge.

Petitioner Signature \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

by \_\_\_\_\_.

Notary Signature \_\_\_\_\_

Commission Expires \_\_\_\_\_

NOTARY SEAL



## NC Board of Dental Examiners - Pre Application How to Place Order

Welcome to my 

To place your order go to:

<https://portal.castlebranch.com/BQ21>

Package Name (if applicable):

PLACE ORDER

SELECT PROGRAM

SELECT PACKAGE

To place your initial order, you will be prompted to create your secure myCB account. From within myCB, you will be able to:

- ✓ View order results
- ✓ Upload documents
- ✓ Manage requirements
- ✓ Place additional orders
- ✓ Complete tasks

**Please have ready personal identifying information needed for security purposes.**

**The email address you provide will become your username.**

Contact Us: **888.914.7279** or [servicedesk.cu@castlebranch.com](mailto:servicedesk.cu@castlebranch.com)