

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:

City, State	Dates of residency

Employment history since the date the crime was committed:

Employer Name, City, State	Dates Employed

SIGNATURE PAGE

Applicant Signature _____

State of _____

County of _____

The foregoing instrument was acknowledged before me this

_____ day of _____, 20_____,

by _____.

Notary Signature _____

Commission Expires _____

NOTARY SEAL

Please attach copies of any of the following which are applicable:

- Criminal record report prepared not more than 60 days old
- Written statement describing the circumstances surrounding the commission of the crime(s)
- 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
- The fee for submitting a petition for predetermination shall be forty-five dollars (\$45.00), which fee shall be paid when the petition is submitted to the Board.