





NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS  
2000 Perimeter Park Drive, Suite 160  
Morrisville, N.C. 27560  
919-678-8223  
www.ncdentalboard.org

**INSTRUCTIONS FOR APPLICATION FOR VOLUNTEER DENTAL LICENSE**

- A dentist who is licensed to practice dentistry in any state outside North Carolina and who has never been disciplined may apply for a limited license to practice dentistry on a volunteer basis in this state under the supervision or direction of a licensed North Carolina dentist.
- Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page and enclose it with the application.
- There is no fee for this type of license.

**APPLICATION FOR TEMPORARY VOLUNTEER DENTAL LICENSE**

1. Full Name: \_\_\_\_\_  
First Middle Last
2. Current Address: \_\_\_\_\_  
(No P.O. Boxes)  
\_\_\_\_\_  
(City) (State) (Zip Code)
3. Current Employer: \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Position (Owner, Partner, Associate, etc)
4. Work telephone: ( ) \_\_\_\_\_ Cell phone: ( ) \_\_\_\_\_
5. Home Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_
6. E-mail: \_\_\_\_\_

7. List all other names you have ever used:

\_\_\_\_\_

First

Middle

Last

8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. U.S. Citizen: Yes: \_\_\_\_\_ No: \_\_\_\_\_

10. Entitled to live and work in U.S.: Yes: \_\_\_\_\_ No: \_\_\_\_\_

11. Dental Education

\_\_\_\_\_

School

Month/Year of Graduation

\_\_\_\_\_

Address

\_\_\_\_\_

Dental Post Graduate Education

12. List all states in which you have ever been licensed or are currently licensed to practice dentistry:

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you ever been denied a license or the privilege of taking a dental licensure/competency examination by any dental licensing authority or examining body? If yes, give details, jurisdiction and date(s).

\_\_\_\_\_

\_\_\_\_\_

14. If you are not currently engaged in the active practice of dentistry, state the last month and year when you did actively practice:

15. Do you have current CPR certification? (Attach photocopy)

16. At any time within the past 10 years have you been charged with or convicted of any crime? (excluding traffic violations but including driving while impaired offenses) If so, attach explanation on separate sheet and copy of charges and judgment.

17. Do you have any contagious or infectious disease? Yes \_\_\_\_ No \_\_\_\_ (If yes, attach explanation)

18. Have you ever received treatment for use or abuse of drugs or alcohol? Yes \_\_\_\_ No \_\_\_\_  
(If yes, attach explanation)

19. Identify the type of facility where you will provide temporary volunteer dental services in North Carolina:

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20. Address of all facilities where you will provide temporary volunteer dental services in North Carolina:

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21. Date(s) on which you intend to provide temporary volunteer dental services in the State of North Carolina:

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22. Name(s) of all licensed North Carolina dentists who will direct/supervise you at each such location:

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CERTIFICATION BY APPLICANT

By signing this Application, I hereby certify that

- 1) I will neither charge nor receive any fee or monetary compensation for providing dental services in North Carolina.
- 2) I have not been professionally disciplined by any dental board or agency by which I have ever been licensed to practice dentistry and am not currently the subject of any formal disciplinary proceeding or investigation.
- 3) I will not practice or provide dental services of any kind at any facility other than those disclosed in this application.
- 4) I will not practice for or provide dental services at any facility that imposes any charge to individuals to whom dental care is provided or that submits charges to any third party payor for such services, such as insurance companies, health plans and state or federal benefit programs.
- 5) The information in this application is true and accurate. Should I furnish any false information I hereby agree that such act shall constitute cause for the denial, revocation or suspension of my license to practice dentistry in the State of North Carolina.
- 6) I hereby authorize all hospitals, institutions or organizations, employers (past and present), business and professional associates and all government agencies and instrumentalities to release to the North Carolina State Board of Dental Examiners information, files or records relating to me and my application.
- 7) I hereby agree to abide by and remain current with all applicable laws and regulations regarding the practice of dentistry in North Carolina and to submit myself to the jurisdiction of the North Carolina State Board of Dental Examiners.

This the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

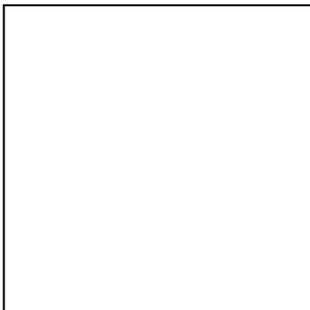
Sworn to and subscribed before me

this the \_\_\_ day of \_\_\_\_\_, \_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires:

ATTACH PASSPORT TYPE PHOTOGRAPH  
IN BOX BELOW. NOTARY SEAL MUST OVERLAY PHOTOGRAPH



CERTIFICATION OF SUPERVISING/DIRECTING DENTIST

The undersigned hereby certifies the following:

1. I am licensed to practice dentistry in North Carolina and am in good standing with the North Carolina State Board of Dental Examiners;

2. I agree to supervise/direct \_\_\_\_\_, who has applied to work as a temporary volunteer dentist, at the following dates and locations in the next calendar year:

\_\_\_\_\_

3. No fee or monetary compensation of any kind will be paid for any dental services provided by the applicant for temporary volunteer license.

This the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Supervising/Directing Dentist  
NC Dental License # \_\_\_\_\_