

## DENTAL LICENSURE BY CREDENTIALS INFORMATION PACKET

This information packet includes the following:

1) A copy of the Dental Licensure by Credentials General Statutes and Board Rules 2) Application for Licensure by Credentials 3) Certificate of Licensure form 4) Affidavit 5) Fingerprint card and instructions (You must contact the Board office for this information.)

### **\*\*NOTICE\*\***

- Rule 0401(b)(4) requires you to have verification from the Drug Enforcement Agency verifying your DEA license; however, we have determined that the DEA office does not have any additional information. Therefore, you are asked to answer question number 29 of the Credentialing Application and submit a copy of your DEA license along with any other pertinent information. You **DO NOT** need to request verification from the DEA office.
- It is your responsibility to review the rules and determine if you qualify for licensure by credentials **BEFORE** submitting an application. Certain types of criminal history may result in a denial of a license by credentials. Please understand that once your application is received and the application process begins the credentialing fee is **NON- REFUNDABLE!!**
- Incomplete applications will not be accepted and will be returned to you. You will be charged a \$10.00 processing fee if your application has to be returned.
- Once our office receives your application, you will receive notification of receipt along with information for accessing the North Carolina Dental Laws and a resource list for sterilization/infection control that will assist you in preparing for the written tests. This memorandum will inform you of how to access the tests which are given online. The application process takes 90 days. It is not necessary to contact the Board office to check on the status of your application!! **CALLS TO THE BOARD OFFICE WILL DELAY APPLICATION PROCESSING.**
- North Carolina **requires** that your current licensing board(s) have investigated and found no violations in any and all instances that resulted in a report to the National Practitioner Data Bank. If your licensing board(s) has not investigated and cleared you in an incident giving rise to a National Practitioner Data Bank report, you **will not** be eligible for licensure by credentials in North Carolina. This is true even in those incidents that result in the settlement of a claim without your permission or knowledge.

### **Please Note!!!**

The Board's rules change constantly. 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.

**§ 90-36. Licensing practitioners of other states.**

(a) The North Carolina State Board of Dental Examiners may issue a license by credentials to an applicant who has been licensed to practice dentistry in any state or territory of the United States if the applicant produces satisfactory evidence to the Board that the applicant has the required education, training, and qualifications, is in good standing with the licensing jurisdiction, has passed satisfactory examinations of proficiency in the knowledge and practice of dentistry as determined by the Board, and meets all other requirements of this section and rules adopted by the Board. The Board may conduct examinations and interviews to test the qualifications of the applicant and may require additional information that would affect the applicant's ability to render competent dental care. The Board may, in its discretion, refuse to issue a license by credentials to an applicant who the Board determines is unfit to practice dentistry.

(b) The applicant for licensure by credentials shall be of good moral character and shall have graduated from and have a DDS or DMD degree from a program of dentistry in a school or college accredited by the Commission on Dental Accreditation of the American Dental Association and approved by the Board.

(c) The applicant must meet all of the following conditions:

(1) Has been actively practicing dentistry, as defined in G.S. 90-29(b)(1) through (b)(9), for a minimum of five years immediately preceding the date of application.

(2) Has not been the subject of final or pending disciplinary action in the military, in any state or territory in which the applicant is or has ever been licensed to practice dentistry, or in any state or territory in which the applicant has held any other professional license.

(3) Presents evidence that the applicant has no felony convictions and that the applicant has no other criminal convictions that would affect the applicant's ability to render competent dental care.

(4) Has not failed an examination conducted by the North Carolina State Board of Dental Examiners.

(d) The applicant for licensure by credentials shall submit an application to the North Carolina State Board of Dental Examiners, the form of which shall be determined by the Board, pay the fee required by G.S. 90-39, successfully complete examinations in Jurisprudence and Sterilization and Infection Control, and meet the criteria or requirements established by the Board.

(1935, c. 66, s. 9; 1971, c. 755, s. 7; 1981, c. 751, s. 6; 2002-37, s. 2.)

## SECTION .0500 – LICENSURE BY CREDENTIALS

### 21 NCAC 16B .0501 DENTAL LICENSURE BY CREDENTIALS

- (a) An applicant for a dental license by credentials shall submit to the Board:
- (1) a completed, notarized application form provided by the Board;
  - (2) the non-refundable licensure by credentials fee;
  - (3) an affidavit from the applicant stating for the five years immediately preceding the application:
    - (A) the dates that and locations where the applicant has practiced dentistry;
    - (B) that the applicant has provided at least 5,000 hours of clinical care directly to patients, not including post graduate training, residency programs or an internship; and
    - (C) that the applicant has continuously held an active, unrestricted dental license issued by another U.S. state or U.S. territory;
  - (4) a statement disclosing and explaining any investigations, malpractice claims, state or federal agency complaints, judgments, settlements, or criminal charges;
  - (5) a statement disclosing and explaining periods within the last 10 years of any voluntary or involuntary commitment to any hospital or treatment facility, observation, assessment, or treatment for substance abuse, with verification demonstrating that the applicant has complied with all provisions and terms of any county or state drug treatment program, or impaired dentists or other impaired professionals program;
  - (6) a copy of a current CPR certificate; and
  - (7) a statement disclosing whether or not the applicant holds or has ever held a registration with the federal Drug Enforcement Administration (DEA) and whether such registration has ever been surrendered or revoked.
- (b) In addition to the requirements of Paragraph (a) of this Rule, an applicant for a dental license by credentials shall arrange for and ensure the submission to the Board office the following documents as a package, with each document in an unopened envelope sealed by the entity involved:
- (1) official transcripts verifying that the applicant graduated from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;
  - (2) if the applicant is or has ever been employed as a dentist by or under contract with a federal agency, a letter certifying the applicant's current status and disciplinary history from each federal agency where the applicant is or has been employed or under contract;
  - (3) a certificate of the applicant's licensure status from the dental regulatory authority or other occupational or professional regulatory authority and a full, fair and accurate disclosure of any disciplinary action taken or investigation pending, from all licensing jurisdictions where the applicant holds or has ever held a dental license or other occupational or professional license;
  - (4) a report from the National Practitioner Databank;
  - (5) a report of any pending or final malpractice actions against the applicant verified by the malpractice insurance carrier covering the applicant. The applicant shall submit a letter of coverage history from all current and all previous malpractice insurance carriers covering the applicant;
  - (6) a score certification letter from a dental professional regulatory board or regional testing agency of a passing score on a clinical licensure examination substantially equivalent to the clinical licensure examination required in North Carolina by Rule .0303 of this Subchapter. The examination shall be administered by the dental professional regulatory board or a regional testing agency. The score certification letter shall:
    - (A) state that the examination included procedures performed on human subjects as part of the assessment of restorative clinical competencies and included evaluations in periodontics and at least three of the following subject areas:
      - (i) endodontics, clinical abilities testing;
      - (ii) amalgam preparation and restoration;
      - (iii) anterior composite preparation and restoration;
      - (iv) posterior ceramic or composite preparation and restoration;
      - (v) prosthetics, written or clinical abilities testing;
      - (vi) oral diagnosis, written or clinical abilities testing; or
      - (vii) oral surgery, written or clinical abilities testing; and
    - (B) state that licensure examinations after January 1, 1998 included:
      - (i) anonymity between candidates and examination graders;
      - (ii) standardization and calibration of graders; and
      - (iii) a mechanism for post exam analysis;
  - (7) the applicant's passing score on the Dental National Board Part I and Part II written examination administered by the Joint Commission on National Dental Examinations; and
  - (8) the applicant's passing score on the licensure examination in general dentistry conducted by a regional testing agency or independent state licensure examination substantially equivalent to the clinical licensure examination required in North Carolina as set out in Subparagraph (b)(6) of this Rule.
- (c) All information required shall be completed and received by the Board office as a complete package with the initial application and application fee. Incomplete applications shall be returned to the applicant.

- (d) All applicants shall submit to the Board a signed release form, completed Fingerprint Record Card, and other form(s) required to perform a criminal history check at the time of the application. The forms are available at the Board office.
- (e) An applicant for dental licensure by credentials must pass written examinations as set out in G.S. 90-36 and, if deemed necessary based on the applicant's history, a clinical simulation examination administered by the Board. An applicant who fails the written examination may retake it two additional times during a one year period. The applicant shall wait at least 72 hours before attempting to retake a written examination. Individuals who fail the clinical examination or do not pass the written examination after three attempts within one year may not reapply for licensure by credentials.
- (f) Should the applicant reapply for licensure by credentials, an additional licensure by credentials fee shall be required at the time of each reapplication.
- (g) Any license obtained through fraud or by any false representation shall be void ab initio and of no effect.

*History Note: Authority G.S. 90-28; 90-36;  
Temporary Adoption Eff. January 1, 2003;  
Eff. January 1, 2004;  
Recodified from 21 NCAC 16B .0401 Eff. March 1, 2006;  
Amended Eff. September 1, 2014; February 1, 2010.*

**APPLICATION FOR NORTH CAROLINA DENTAL LICENSURE BY CREDENTIALS**

**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. Any applications that are received incomplete will be returned along with all materials and fees!! This will delay the process!***

- 1) Official dental school transcript, which must include degree, date of graduation, school seal and Registrar's signature.
- 2) If you are or ever have been employed as a dentist by any federal agency, you will need an employment verification letter. The letter must contain your current status and any disciplinary history.
- 4) An official verification or letter of good standing from each state in which you are or have ever been licensed to practice dentistry and/or any other professions. The enclosed Certificate of Licensure form may be completed for convenience (**Copies of your license or renewal certificates are NOT acceptable.**)
- 5) Applicants who have been licensed to practice dentistry in another state/jurisdiction must submit a National Practitioner Data Bank Report. Please contact the National Practitioner Data Bank at [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov) or 1-800-767-6732 to request a Self-Query.
- 6) If you have or ever have had malpractice insurance, you will need a report of any pending or final malpractice actions verified by the malpractice insurance carrier along with all documents and records 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.**
- 7) If you have ever taken a regional board examination(s), you will need to submit a score verification sheet from the regional board office.
- 8) If you have ever had a malpractice claim reported to the National Practitioner Data Bank, you **MUST** submit a letter from the licensing board in the State in which the claim occurred stating that the claim was investigated and no violation was found.

**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.**

- 9) 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 and shall not be returned to you under any circumstances. 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.
- 10) Transcripts from all undergraduate colleges attended (**Photocopies are acceptable**).
- 11) One passport-size photograph, taken within the last six months, glued to the application form. **Do NOT send Polaroid snapshots.**
- 12) Verification of current CPR certification. Photocopy of card is acceptable. Please note: The Board does not accept online CPR. You must submit proof of a hands-on or blended course.
- 13) 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.)
- 14) A completed, signed and notarized Affidavit verifying employment (**Form Enclosed**).
- 15) Dental National Board Scores: Contact the National Board office at (312) 440-2678 to request scores be uploaded to the ADA website.

**\*\*Please note that once your application is received by the Board office, the process may take at least 90 days.\*\***

**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**

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

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. a) Have you previously applied for the dental examination given in North Carolina? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date(s): \_\_\_\_\_

b) Have you previously applied for any dental permit in North Carolina? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide dates and type of dental permit \_\_\_\_\_

c) Have you failed an examination given by North Carolina or another Board? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please give Board(s) and date(s): \_\_\_\_\_

d) Have you ever been refused any examination given by North Carolina or another Board?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give Board(s) and date(s): \_\_\_\_\_

e) Have you taken the Dental National Board Examination? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Pending

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

f) Have you ever failed the Dental National Board Examination? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list date(s): \_\_\_\_\_

g) Have you ever taken a Regional Board Examination(s)? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

14. 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

15. 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

16. 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.





**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)

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

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

23. Have you ever been a member of a state dental society?  Yes  No

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

24. 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.**

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

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

26. If you have been admitted to practice 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 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.

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

27. 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 \_\_\_\_\_
28. Have your hospital privileges (for any license) ever been revoked or suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, give dates, locations and reasons \_\_\_\_\_
29. 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 \_\_\_\_\_
30. 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)** You must submit a certified check or money order. I understand that the fees are nonrefundable and nontransferable.
- d) **I understand that if I do not take and successfully pass that written examinations within 90-days of receiving the study material, my application and all material submitted will become null and void and I will be required to resubmit a licensure by credentials application, the licensure by credentials fee and all required material.**
- e) **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.**
- f) I understand that the application process takes at least 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)

**CERTIFICATION OF DENTAL LICENSURE OR OTHER PROFESSIONS**

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

- This form must be completed by each state in which you are or have ever been licensed to practice dentistry or any other profession. This form must accompany your application in a sealed envelope from that licensing authority. Copies of your license or renewal certificates are NOT acceptable. (Copies of this form may be made as necessary.)
- **Applicant:** Complete the required information and then forward this form to the jurisdiction from which you are requesting certification of licensure. Some jurisdictions charge a fee, so please call to confirm the procedure for submitting this form.
- **Licensing Authority:** Complete the required information and return this form directly to the applicant in a sealed envelope. The North Carolina State Board of Dental Examiners will accept other forms of certification if all information requested by this form is included.

***(To be completed by applicant.)***

_____	_____
Name	Address
_____	_____
Signature	City, State, Zip
_____	
Date	

***(To be completed by licensing board representative.)***

I, \_\_\_\_\_, Representative of the \_\_\_\_\_  
hereby certify that \_\_\_\_\_ was granted Certificate/License Number  
\_\_\_\_\_ to practice \_\_\_\_\_ in the State of \_\_\_\_\_ on  
the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Said license was granted by \_\_\_\_\_ State Licensing Exam; \_\_\_\_\_ Regional Board Examination; \_\_\_\_\_ Other (Explain)

\_\_\_\_\_

If granted licensure by your State Board examination did:

- 1) The examination include procedures performed on human subjects as part of the assessment of restorative clinical competencies? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) The examination include evaluations in:
  - a) Periodontics; clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b) Endodontics; clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c) Amalgam preparation and restoration? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - d) Anterior composite preparation and restoration? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - e) Posterior ceramic or composite preparation and restoration? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - f) Cast gold; clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - g) Prosthetics; written or clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - h) Oral diagnosis; written or clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - i) Oral surgery, written or clinical abilities testing? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3) The examination include:
  - a) Anonymity between candidates and examination raters? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - b) Standardization and calibration of raters? \_\_\_\_\_ Yes \_\_\_\_\_ No
  - c) A mechanism for post exam analysis? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has license ever been suspended or revoked?  
If YES, please attach necessary documentation.

\_\_\_\_ YES \_\_\_\_ NO

Has license ever been disciplined?  
If YES, please attach necessary documentation.

\_\_\_\_ YES \_\_\_\_ NO

Is there any disciplinary action pending currently?  
If YES, please attach necessary documentation.

\_\_\_\_ YES \_\_\_\_ NO

Is license current? \_\_\_\_ YES \_\_\_\_ NO

Expiration Date\_\_\_\_\_

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Board Seal



NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

**AFFIDAVIT**

**DENTAL LICENSURE BY CREDENTIALS**

*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 credentials, I have practiced at the following locations:

Location	Dates of Employment

During the five years immediately preceding my application for licensure by credentials I have provided at least 5,000 hours of clinical care to patients, not including post graduate training, residency programs or internship.

\_\_\_\_\_  
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](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.**

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.

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* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *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* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_ *Country* \_\_\_\_\_  
\_\_\_\_\_  
*Province* \_\_\_\_\_  
*Telephone* (\_\_\_\_) \_\_\_\_\_

The Board of Dental Examiners of the State of North Carolina is aware of HIPAA requirements.