APPLICATION FOR REINSTATEMENT OF LICENSE TO PRACTICE DENTISTRY IN NORTH CAROLINA

TO: **North Carolina State Board of Dental Examiners**
2000 Perimeter Park Drive, Suite 160
Morrisville, NC 27560

I hereby make application for the reinstatement of my license to practice dentistry in the STATE OF NORTH CAROLINA, and submit the following information:

ORIGINAL NC LICENSE NUMBER:_____________ **DATE OF ISSUANCE:** ____/____/____

FULL NAME: ____

PRESENT ADDRESS:____

____( )______________
(city) **(state)** **(zip)** **(Phone)**

EMAIL ADDRESS: ____

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.

Are you currently or have you ever been investigated by this Board or any other Licensing Boards?
_____Yes ____No

Have you ever had a civil suit settled or a case entered into the National Practitioner Data Bank?
_____Yes ____No

List all other states/jurisdictions/territories in which you have ever been licensed: (Attach a separate sheet if necessary)

(CITY/STATE) **(DATES)**

____ ___________________________________

____ ___________________________________

____ ___________________________________

If you have been admitted to practice in any jurisdiction, provide the following certification on the next page 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.
5) **Be aware that a lapse in practice, not licensure, of 5 years or greater will result in a requirement to retake the clinical examination.**

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

I have attached:

- Two (2) letters of character reference (may not be from relatives)
- Certification from every state board for each state in which I am or have ever been licensed other than NC (must be provided by the state board office; copies of licenses or certificates are NOT acceptable)
- National Practitioner Data Bank Report [**Call (**800) 767-6732 if you are licensed in another state]
- Check in the amount of **$554.00** ($225.00 reinstatement fee, $289.00 renewal fee, $40.00 assessment for the Caring Dentist Program) The $225.00 reinstatement application fee is non-refundable.
  "If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment."
- Completed fingerprint cards and signed authorization for release of information
- Documentation of 15 hours of CE in clinical patient care & current CPR certification

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I, ________________________, do solemnly swear that the above information is true and correct to the best of my knowledge and belief.

SIGNED:____
(applicant)

Sworn to and subscribed before me this
_________ day of ________________20____

___________________________ S E A L
NOTARY PUBLIC

My commission expires:_________________