

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

REPORT FROM OTHER STATE DENTAL BOARDS

Applicant: Fill out Part A below and mail one copy to the licensing board in EACH state in which you hold or have ever held a license to practice dentistry. You should contact each state to determine if there is a fee required for providing the certificate of licensure.

**PART A
 TO BE COMPLETED BY APPLICANT BEFORE MAILING TO
 DENTAL BOARDS IN ALL STATES WHERE YOU ARE OR HAVE BEEN LICENSED**

I, _____ hold license number _____
 (Applicant Name)

issued on _____ to practice dentistry in the state of _____.
 (date)

I hereby authorize you to release any information in your files, favorable or otherwise, regarding my dental license **directly** to:

N.C. State Board of Dental Examiners
 2000 Perimeter Park Drive, Suite 160
 Morrisville N.C. 27560

Date: _____

 Applicant's Signature

 Applicant's Typed or Printed Name

 Applicant Address

**PART B
 TO BE COMPLETED BY DENTAL LICENSING BOARD**

Name in Full As It Appears on License: _____

License Number: _____

Basis of issuance: reciprocity _____ examination _____
 credentials _____ other _____

Has the Licensee ever been subject to investigation or discipline?

No: _____ Yes: _____ (please attach explanation and copies of all relevant documents)

_____ Title _____ Date _____
 Authorized Signature



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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:

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

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

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

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

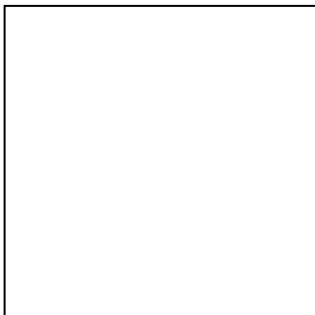
Sworn to and subscribed before me

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 # _____