

APPLICATION FOR NORTH CAROLINA DENTAL INTERN PERMIT

MATERIALS TO BE SUBMITTED

(Detach and Retain for Your Records)

The Board recommends that the materials listed below be submitted with your application; however, if needed, they may be sent directly to the Board office by another source.

It is your responsibility to review applicable statutes and rules to determine whether you are eligible to apply for this type of licensure!

1. Completed application – (Incomplete applications WILL BE RETURNED)
2. Permit Fee - \$150.00 **CHECK OR MONEY ORDER ONLY** (Payable to: NC State Board of Dental Examiners) *“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 represented for payment.”*
3. An official final transcript from your dental school should accompany this application in a sealed school envelope or it may be sent directly from the School’s Registrar’s office.
4. One (1) passport-size photograph glued to the application form. Do NOT send Polaroid snapshots.
5. Letter from supervising dentist
6. The Certificate of Licensure form must be completed by each state that you are or have ever been licensed in a health care related field (dentistry, dental hygiene, nursing, etc.). This form should be mailed directly from the Board by which you are licensed or may accompany your application in a sealed envelope from that Board office. (Copies of your license or renewal certificates are NOT acceptable.)
7. Applicants 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 or 1-800-767-6732. When you receive the report, please forward it to the Board office.
8. 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 mailing address to info@ncdentalboard.org.)

Please contact the Board office if you have any questions regarding this application.

Address: 2000 Perimeter Park Dr., Suite 160, Morrisville, NC 27560

E-mail Address: info@ncdentalboard.org

Web Address: www.ncdentalboard.org

Phone Number: (919) 678-8223

Fax Number: (919) 678-8472

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

NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

APPLICATION FOR DENTAL INTERN PERMIT

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.

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.

Proposed Practice Location: _____
(Institution) (City)

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: ____ Present ____ Permanent

3. Telephone number (day): () _____ Email address: _____

4. 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) _____

5. Age: _____ Date of Birth: ____/____/____ Place of Birth: _____

6. Are you a citizen of the United States of America? ____ Yes ____ No

7. Social Security Number: _____-_____-_____

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): _____

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. I am currently or have been licensed to practice dentistry in the following jurisdictions: (Recent GRADUATES GO TO QUESTION 19)

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

16. 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 HIP (Health Care Integrity and Protection) Data Bank? ____Yes ____No

If your answer is yes to any of the foregoing questions, for each occurrence furnish a written statement giving the complete facts and state as to each case the date, the nature of the charge, the disposition of the matter, and the name and address of the authority in possession of the records.

17. Are you a Diplomate, board-eligible or declared specialist in any branch of dentistry? ____Yes ____No If yes, give specialty and how qualified_____

18. Have you undertaken any post graduate training or refresher course other than continuing education courses since receiving your dental degree? ____Yes ____No If yes, give place, date, and courses:_____

19. Have you been dropped, suspended, expelled, or disciplined by any school or college for any cause whatsoever? ____Yes ____No If yes, on a separate sheet of paper list date, school and nature of cause.

20. Have you ever been denied admission to any college or school for cause that reflects adversely on your character? ____Yes ____No

21. 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? Yes No If yes, please attach on a separate sheet of paper date an explanation of each incident.
- f) Have you registered under the Selective Service Act of 1948? Yes No

22. 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.

23. Within the last ten (10) years have you been addicted to or received treatment for drugs, alcoholism or afflicted with a serious communicable disease? If your answer is yes, give full details of your treatment on a separate sheet. Yes No

24. Within the last ten (10) years, have you been declared a ward of any court, or adjudged an incompetent or have any proceedings been brought to have you declared a ward of any court, or adjudged an

incompetent, or have you been committed to any institution? If your answer is yes, give full details of the judgment on a separate sheet. Yes No

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.

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

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 ever been suspended or revoked? Yes No If yes, give dates and reasons _____

27. Have your hospital privileges (for any license) ever been revoked or suspended? Yes No If yes, give dates, locations and reasons _____

28. 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 _____

PRE-DENTAL EDUCATION

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

FROM	TO	NAME AND ADDRESS OF EMPLOYER/ASSOCIATES	NATURE OF PRACTICE	REASON FOR LEAVING
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of _____ from _____ on _____ (College or University)
 the _____ day of _____. (Date) (Month/Year)

****Photocopies of pre-dental transcripts are acceptable and should accompany this application or may be sent directly from the school to the office of the Board of Dental Examiners.**

DENTAL EDUCATION

_____ on the _____ (College or University) _____ day of _____

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

FROM	TO	NAME AND ADDRESS OF EMPLOYER/ASSOCIATES	NATURE OF PRACTICE	REASON FOR LEAVING
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_____. (Date) (Month/Year)

*****An official FINAL transcript of dental college credits which includes the graduation date, degree received, school seal, and Registrar's signature should accompany this application in a sealed school envelope or sent directly by the School's Registrar's office.***

29. In addition to the foregoing, I add the following:

- a) I solemnly declare upon my honor that if granted an intern permit 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 application fee. **(DO NOT SEND CASH)** I understand that the application fee will be returned only if this application is not accepted by the Board.

In order to determine my suitability for an intern permit 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 permit. 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 an intern permit. 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.

_____ (Signature)

_____ (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 receiving an intern permit, and such falsification or withholding shall serve as sufficient grounds for the suspension or revocation of my North Carolina dental intern permit 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

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 that you are or have ever been licensed in to practice dentistry. This form should be mailed directly from the Board by which you are licensed or may accompany your application in a sealed envelope from that Board office. 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 where you are requesting certification of licensure. Some jurisdictions charge a fee, so please call to confirm the procedure for submitting this form. You may photocopy this form if necessary.

Licensing Board: Complete the required information and return this form directly to the applicant in a sealed envelope or directly to the North Carolina State Board of Dental Examiners. The North Carolina State Board of Dental Examiners will accept other forms of certification if all information contained in this form is included.

(To be completed by applicant.)

Name _____ Address _____

Signature _____ City, State, Zip _____

Date _____ Application For _____

(To be completed by licensing board representative.)

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

Said license was granted by _____.

Has license ever been suspended or revoked? ____ YES ____ NO If YES, please provide information. _____

Is there any disciplinary action pending currently? ____ YES ____ NO If YES, please provide information. _____

Is license current? ____ YES ____ NO Expiration Date _____

Signature of Representative _____

Title _____ Date _____

Board Seal