

NORTH CAROLINA INTERN PERMIT RENEWAL APPLICATION

This application is for those individuals who have been issued a North Carolina dental intern permit and wish to renew the permit. The application must be completed in full and returned to the Board's office along with a check or money order in the amount of \$150.00 made 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 re-presented for payment."

A letter from the supervising/directing North Carolina licensed dentist must accompany the application. Incomplete applications will be returned!

1. _____
(First Name in Full) (Middle/Maiden) (Last Name in Full)

2. _____
(Present Address) (City) (State) (Zip)

3. Mailing Address if different than that listed above:

(Address) (City) (State) (Zip)

4. Phone Number (day): () _____

5. Email Address: _____

6. Practice Location: _____
(Facility) (City)

7. Have you ever failed in whole or in part any examination offered by the North Carolina State Board of Dental Examiners, the Council of Interstate Testing Agencies (CITA), or any other state board or regional dental examination? _____

If yes, please provide an explanation, including the date, place, and name of the examination.

8. Have you ever been:

(a) 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) arrested for the violation of any law or ordinance or for the commission of any felony or misdemeanor?

___ Yes ___ No

(c) taken into custody for the violation of any law or ordinance or for the commission of any felony or misdemeanor?

___ Yes ___ No

(d) indicted for the violation of any law or ordinance or for the commission of any felony or misdemeanor?

___ Yes ___ No

(e) convicted or tried for the violation of any law or ordinance or for the commission of any felony or misdemeanor?

___ Yes ___ No

(f) 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, 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.

9. I hereby certify and affirm that all information provided is accurate to the best of my knowledge and I understand that if my application is incomplete, my intern permit will not be renewed and my application and fee will be returned to me. Furthermore, I understand that when my permit is renewed, it is valid for one year from the date of renewal and that I must renew my intern permit to continue to practice dentistry in North Carolina.

Signature

Date

**North Carolina State Board of Dental Examiners
2000 Perimeter Park Drive
Suite 160
Morrisville, NC 27560
Phone: (919) 6768-8223
Fax: (919) 678-8472**