



ARIZONA STATE BOARD OF DENTAL EXAMINERS

4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013

Telephone (602) 242-1492 • Fax (602) 242-1445

**APPLICATION FOR LICENSURE
BY CREDENTIAL**

INSTRUCTIONS: Print in blue or black ink. You must provide a response to each question.

1. This application is for a _____ dental _____ dental hygiene license.
2. State your legal name (Last, first, middle).

3. List other names or aliases, including maiden names, and give explanation for use.

Has your name changed for reasons other than marriage? _____ If yes, attach a certified copy of court order.
4. State your permanent address:
Street Address _____
City _____ State _____ Zip _____ Phone _____
5. State your mailing address:
Street Address _____
City _____ State _____ Zip _____ Phone _____
6. State your email address: _____
7. State your social security number (Pursuant to A.R.S. § 25-320 this is mandatory): _____
8. Date of Birth: _____ Place of Birth: _____ Sex _____ Height _____
Weight _____ Eye Color _____ Hair Color _____ Identifying Marks _____
9. List Dental School or Hygiene School _____ City _____ State _____
Degree _____ Year Graduated _____
10. Are you currently licensed, previously licensed, or have you applied for licensure to practice dentistry or dental hygiene in any other state, territory, district or country? _____ If yes, list the jurisdiction and license number.
For each license listed, provide a verification of licensure submitted directly from the licensing jurisdiction.

11. List any other profession in which you are or ever have been licensed or certified to practice and the state or jurisdiction issuing that license. For each license or certificate listed, provide a verification of licensure or certificate submitted directly from the licensing state.

12. Have you ever had your license or certificate to practice dentistry, dental hygiene, or any other profession suspended, revoked or cancelled by any state, territory, district or country? _____ If yes, attach full details.
13. Has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation ever been taken against your dental, dental hygiene or any other professional license or certificate? _____ If yes, attach full details which must include the nature and date of each action and the state or jurisdiction taking such action.
14. Have any complaints ever been filed against any professional license or certificate you possess? _____ If yes, attach full details which must include explanation of the nature and dates of the complaint or investigation, and the state or jurisdiction involved.
15. Do you have any disciplinary actions or sanctions pending against a professional license or certificate? _____ If yes, attach full details.
16. Have you ever been named as a defendant in any malpractice matter that resulted in a settlement or judgment against you or are you named as a defendant in any malpractice matter currently pending? _____ If yes, you must complete the Malpractice Addendum and submit all required documentation.
17. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a licensed profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction? _____ If yes, attach full details.
18. Have you ever been refused or denied a license or certificate or renewal thereof to practice dentistry, dental hygiene, or any other profession in any state, territory, district or country? _____ If yes, attach full details which must include type and date of application, and denial.
19. Have you ever been arrested for, pled guilty to or been convicted of a felony or misdemeanor offense? (You must answer "yes" even if an arrest or conviction has been pardoned, expunged or dismissed; or that your civil rights have been restored.) _____ If yes, attach full details which must include the date, court, case number and state of prosecution.
20. List your occupations and addresses for the last five years. Start with the most current employer.

21. Do you have any medical, physical or psychological conditions that may in any way currently impair or limit your ability to safely practice? _____ If yes, please provide further information.
22. Do you currently habitually abuse alcohol to the extent it would impair your ability to practice dentistry? _____
23. Within the last five years have you been addicted to or habitually abused narcotic and/or illegal substance? _____
24. Are you presently addicted to or habitually abusing narcotics and/or illegal substances? _____
25. a. I hereby give my permission for the Arizona State Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- c. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208(B).
- d. I have attached a money order or cashier's check (cash or personal check is not acceptable) in the required amount for the jurisprudence examination. I understand this fee is non-refundable.
- e. I intend to practice my profession in dentistry in keeping with the spirit and the letter of the Dental Practice Act of Arizona and all the laws and rules enacted in the future.
- f. I certify that I have read all the questions on this application.
- g. I certify that the picture attached to this application is a correct likeness of me.
26. I, _____, the applicant herein, state and depose that all facts, statements and answers outlined in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my license in dentistry or dental hygiene if it is not discovered until after issuance. A.R.S. § 32-1267

Signature of Applicant

STATE OF _____

County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

My Commission Expires:

Notary Public

PHOTOGRAPH OF APPLICANT
TAKEN NOT MORE
THAN SIX MONTHS BEFORE THE
DATE OF THIS APPLICATION
MUST BE ATTACHED IN THIS AREA
AND MUST NOT BE LARGER
THAN SPACE PROVIDED.

NO HATS CAPS OR FINISHED
PHOTOGRAPH PERMITTED

LICENSURE REQUIREMENTS

1. CLINICAL EXAMINATION – Provide evidence that the clinical examination is substantially equivalent by meeting one of the requirements in Arizona Administrative Code R4-11-201(A)(2).
2. DENTAL/DENTAL HYGIENE PRACTICE AFFIDAVIT – If you have been licensed in another jurisdiction for more than five years, complete the affidavit and sign the affidavit in the presence of a Notary Public.
3. CONTINUING EDUCATION AFFIDAVIT – If you have been licensed in another jurisdiction for more than five years, complete the affidavit and sign the affidavit in the presence of a Notary Public.
4. ARIZONA STATEMENT OF CITIZENSHIP – Complete the Arizona Statement of Citizenship or Alien Status for State Public Benefits form and submit copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" lists. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph.
5. NATIONAL BOARD – An OFFICIAL scorecard from the National Board Dental Examination or National Board Dental Hygiene Examination must be submitted directly to this office from the National Board.
6. CPR – A photocopy of your current CPR certification indicating expiration date.
7. TRANSCRIPT – An OFFICIAL, SEALED transcript from your dental school or dental hygiene school must be submitted directly to this office from your school in a sealed envelope.
8. JURISPRUDENCE EXAMINATION – Successful completion of the Arizona jurisprudence examination and payment of jurisprudence examination fees in certified funds (cashier's check or money order). Fee for dentists - \$300.00; fee for dental hygienists - \$100.00. The fee must be submitted with your application.
9. LETTER OF ENDORSEMENT – If you are a new graduate, have been practicing less than six months, are in the military, employed by the Federal Government, or in health service, you must submit a letter of endorsement from your dental school dean or your commanding officer.
10. LETTER OF ENDORSEMENT – If you are licensed or have ever been licensed in any other jurisdiction, a letter of endorsement must be sent from that jurisdiction directly to the Arizona State Board of Dental Examiners.
11. NATIONAL PRACTITIONER DATA BANK (NPDB) – If you are or have ever been licensed in another state, you must submit a self-query from the NPDB not more than 6 months old. Their web site is <http://www.npdb-hipdb.hrsa.gov>
12. NAME CHANGE DOCUMENTATION – Attach a copy of a certified document which indicates the reason for a name change.
13. LICENSURE BY CREDENTIAL FEE – The licensure by credential fee is \$2,000.00 for dentists, \$1,000.00 for dental hygienists. It is payable directly to the Arizona State Board of Dental Examiners. The Licensure by Credential fee is non-refundable, must be paid in certified funds and must be submitted with your application.

FAILURE TO PROVIDE ANY OF THE ABOVE STATED DOCUMENTS MAY DELAY YOUR LICENSE!