



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 463-6400 / Fax: (512) 463-7452

**2x2 Passport Photo
 Required**

PLACE HERE

Dental Licensure Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. Select the application type and submit the appropriate fees (✓ Check One). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport photo is required.

- Licensure by Examination: \$295
- Licensure by Credentials: \$2,880
- Foreign Graduate Licensure: \$295
- Temporary Licensure: \$830
- Reinstate a Cancelled License: \$450

Military Active Duty, Veteran, & Spouse: NO FEE:

- Active Duty**
- Veteran**
- Active Duty Spouse**

**** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social Security #*:		Date of Birth: <small>MM / DD / YYYY</small>		
Last Name:		First Name	Middle	
Current Address:		City:	State:	Zip
Permanent Address:		City:	State:	Zip:
Business Address:		City:	State:	Zip:
Preferred mailing address: (preferred address will be made available to the public)				
<input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business				
Daytime Phone #:		Email Address:		
Designated Practice Area Check One (✓)	<input type="checkbox"/> General Dentistry <input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral and Maxillofacial Pathology <input type="checkbox"/> Oral and Maxillofacial Radiology <input type="checkbox"/> Oral and Maxillofacial Surgery <input type="checkbox"/> Orthodontics and Dentofacial Orthopedics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Prosthodontics			
Do you work for a corporate practice? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, list the name and locations. You may attach another sheet if necessary.				

* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

APPLICANT'S NAME:**State Licensure/Jurisdictions: List all state(s) and/or jurisdiction in which you have ever been licensed**

_____ **Yes** _____ **No** Have you ever held a license issued by the Texas State Board of Dental Examiners (TSBDE)?
 If yes, include the type of license and license number:
 License Type: _____ License Number: _____

State: _____ License Number _____ Issue Date _____ Disciplinary Action: _____ Yes or _____ No

State: _____ License Number _____ Issue Date _____ Disciplinary Action: _____ Yes or _____ No

Health Insurance

Are you a Texas Medicaid Provider? _____ Yes _____ No

Are you a participating provider in the Texas Children's Health Insurance Program (CHIP)? _____ Yes _____ No

Dental Education: Clinical exam results must be dated within the 5 years of when the examination was successfully passed. All applicants must successfully pass the following exam components: Operative, Endo, Perio, Prosthodontics, and Comprehensive Treatment Planning.

School Attended:		Degree Earned:	Graduation Date:
NBDE Part I & II Completion Dates:		Jurisprudence Completion Date:	
Regional Clinical Exam Name:	Jurisdiction:	Date of Examination:	Passed/Failed/Other (if other, please explain)
Regional Clinical Exam Name:	Jurisdiction:	Date of Examination:	Passed/Failed/Other (if other, please explain)

LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever voluntarily surrendered your dental license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever allowed your dental license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever allowed any other professional license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Has your dental license ever been revoked by any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever had any other professional license revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

8. Have you Been the subject of disciplinary action not yet reported to the TSBDE? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you ever had a registration issued by a controlled substance authority revoked, surrendered, limited, or restricted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever been denied a Drug Enforcement Administration (DEA) or controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended voluntarily surrendered or revoked? If YES, please specify date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Have you ever been arrested, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer "YES", you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Do you currently have or have you been previously diagnosed with any condition or impairment (including by not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Have you ever had anesthesia permits in Texas or any other jurisdiction suspended, probated, or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure.

Applicant's Signature

Date

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct. Sworn and subscribed to before me, the said _____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

Notary Signature

(Seal)

Licensure by Examination Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation-accredited (CODA) dental school.
- Proof Successful completion of National Boards Parts I and II. Original scores are required.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board dated within 5 years from the date of examination. Score reports must remain in the original sealed envelope.
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- Receipt showing proof you have completed submitted a fingerprint criminal background check. Fingerprint Criminal Record Check results are valid for 6 months from the date they were taken.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- American Association of Dental Boards (AADB) self-query report results must remain in the original sealed envelope. Contact AADB at (312) 440-7464 or at <http://www.dentalboards.org>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable.
- Along with all of the above, **Foreign trained graduates must** include a copy of an ADA CODA-accredited two-year Specialty Residency Certificate of Completion. **Recognized Specialties:** Endodontics, Periodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Dental Public Health, or Prosthodontics

Reinstate a Canceled License Checklist: If you are currently licensed and have been in practice in another state for the two years preceding the date of application, you may obtain a new license without reexamination.

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation-accredited (CODA) dental school.
- Proof Successful completion of National Boards Parts I and II. Original scores are required.

- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board.
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- Receipt showing proof you have completed submitted a fingerprint criminal background check. Fingerprint Criminal Record Check results are valid for 6 months from the date they were taken.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- American Association of Dental Boards (AADB) self-query report results must remain in the original sealed envelope. Contact AADB at (312) 440-7464 or at <http://dentalboards.org/clearinghouse/>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable.

Licensure by Credentials Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- Certificates of completion of 12 hours of continuing education taken within the preceding 12 months.
- Proof of completion of the Jurisprudence Assessment taken within one year immediately prior to application
- Letter issued by Professional Background Information Service (PBIS) stating your completion of a Level II Background check. www.pbisonline.com
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.

2-Step Application and Payment process

Once TSBDE has approved your examination application, a license number will be issued. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

Exception: Active duty military, veterans and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 6 months to 17 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.