

CRIMINAL HISTORY INFORMATION

If you answer "Yes" to any question below, provide a letter of explanation and court disposition documents.

LAB OWNER:

- 1. Has the Lab Owner ever been convicted of a misdemeanor or felony? Yes No
- 2. Has the Lab Owner ever been the subject of a disciplinary investigation or action (including a cease and desist order) in this jurisdiction or any other jurisdiction? Yes No

LAB GENERAL MANAGER:

Enter "SAME" if Owner and General Manager are the same person: _____ Proceed to the Attestation.

- 1. Has the Lab Manager ever been convicted of a misdemeanor or felony? Yes No
- 2. Has the Lab Manager ever been the subject of a disciplinary investigation or action (including a cease and desist order) in this jurisdiction or any other jurisdiction? Yes No

ATTESTATION

Title 22, Texas Administrative Code §116.3 states in part: It shall be the duty of each laboratory owner or manager to notify the TSBDE, in writing, within 60 days of:

- (1) a change in ownership or management of the laboratory;
- (2) a change in location of the laboratory;
- (3) closure of the laboratory;
- (4) a change of designated CDT.
- (5) a change of designated employee, if the laboratory is exempted under §116.5 of the TSBDE Rules. A change of designated employee will require proof within six (6) months of the change that the designated employee meets continuing education requirements; or
- (6) a change in mailing address for the owner or manager of the laboratory.

I attest that I am familiar with the laws and rules regulating dental laboratories in the State of Texas. I further attest that the Jurisprudence Assessment, dated within the last 12 months, is attached to this application was taken by the laboratory owner or laboratory general manager.

Date

Signature of Dental Laboratory Owner or General Manager

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 _____ this

the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

(Seal)

Signature of Notary Public

CONTINUED ON THE NEXT PAGE

CERTIFIED DENTAL TECHNICIAN INFORMATION

(This section to be completed by the CDT of record)

Dental Lab CDT Requirements:

A dental laboratory is not required to have a CDT if it meets the following requirements:

1. The dental lab is owned by a licensed dentist engaged in the practice of dentistry in this state or by a professional corporation or partnership in which that dentist is an officer, partner, or employee; or
2. The dental lab is located on the premises within which the dentist practices dentistry; or
3. The laboratory employs two or fewer dental technicians; or
4. The laboratory was registered with the TSBDE on September 1, 1987, has renewed each year and all registration fees have been paid; beneficial ownership of at least 51% interest in the lab has not transferred and the owner or designated employee of the lab is employed on the premises of the lab for at least 30 hours per week.

Name of CDT

of Record: _____

Mailing

Address: _____
Street
City
State
Country
Zip Code

Telephone

Number: (_____) _____

E-Mail

Address: _____

CDT of Record:

I am the CDT of Record for another dental laboratory registered in the State of Texas: _____ Yes _____ No

If yes, provide the Texas Dental Laboratory Registration Number(s): _____

ATTESTATION

Chapter 266 of the Texas Occupations Code and Title 22, Part 5, Chapter 116 of the Texas Administrative Code require that in order to qualify for registration by the TSBDE, a commercial laboratory must employ a Certified Dental Technician, who must be on premises at least thirty (30) hours per week.

I attest that I will be the Certified Dental Technician (CDT) of record for the following dental laboratory:

(Name of the Dental Laboratory listed on Page 1 of this application.)

I understand that the TSBDE Rules and Regulations require that I must be on the premises a minimum of 30 hours per week for each Texas registered dental laboratory I serve as CDT of Record for.

My CDT credential is active and I am currently registered with the National Board of Certification (NBC) or other TSBDE-recognized credentialing organization.

I understand that if I cease employment with a Texas registered dental laboratory that I will immediately notify the TSBDE of this change so my CDT credential will be removed from the Texas dental laboratory registration.

All facts stated herein are true and correct to the best of my knowledge.

Date

Signature of Certified Dental Technician

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 _____ this the _____ day
of _____, 20 _____, to certify which witness my hand and seal of office.

(Seal)

Signature of Notary Public