



# Instructions and Application for Dental Licensure by Credentials

**Texas State Board of Dental Examiners**  
333 Guadalupe, Tower 3, Suite 800  
Austin, Texas 78701-3942  
Phone: (512) 463-6400 / Fax: (512) 463-7452  
Website: [www.tsbde.texas.gov](http://www.tsbde.texas.gov)  
E-Mail: [licensinghelp@tsbde.texas.gov](mailto:licensinghelp@tsbde.texas.gov)

## **General Qualifications for Licensure**

1. Be at least 21 years of age.
2. Be of good moral character and professional fitness, which is demonstrated by patterns of personal, academic and occupational behaviors, including final or pending disciplinary action on any occupational license in any jurisdiction, which, in the judgment of the TSBDE, indicate honesty, accountability, trustworthiness, reliability, integrity, and ability.
3. Pay all required fees. There is no application fee for military active duty, retirees, military active duty spouses.
4. Submit an application for licensure.
5. Provide information and documents as requested by the TSBDE.

## **Licensure by Credentials Requirements**

1. Graduation from dental school accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association.
2. Successful completion of National Boards Parts I and II.
3. Successful completion of state or regional general dentistry clinical exam.
4. Have practiced dentistry:
  - A. for a minimum of three (3) of the five (5) years immediately preceding application; or
  - B. as a dental educator for the five (5) years immediately preceding application to Texas.
5. Is currently licensed as a dentist in good standing in another state, District of Columbia, or a territory of the United States.
6. Have no disciplinary actions or felony convictions.
7. Complete a Level II Background check completed by the Professional Background Information Service (PBIS). No Fingerprint Background Check is required when completing the PBIS Level II background check. (Fee Required)

### **Professional Background Information Service**

23460 N. 19th Avenue, Suite 225, Phoenix, AZ 85027  
Office: (602) 861-5867 | Fax: (602) 861-9656  
Website: <http://www.pbisonline.com/>

8. Completion of the TSBDE Jurisprudence Assessment within 12 months immediately prior to making application to the TSBDE. Website: [www.tsbde.texas.gov/Jurisprudence](http://www.tsbde.texas.gov/Jurisprudence). (Select your profession then the assessment for initial licensure) (Fee Required)
9. Complete 12 hours of Continuing Education (CE) taken within the preceding 12 months in accordance with TSBDE Chapter 104.
10. Hold a current Basic Life Support CPR certification.
11. National Practitioner Data Bank (NPDB) Self-Query Report results. (Fee Required)

### **NPDB Self-Query Instructions:**

National Practitioner Data Bank (NPDB) Self-Query. All applicants are required to complete a self-query of the NPDB. The report results must remain in the original sealed envelope and be attached to your application to the TSBDE. NPDB self-query reports are valid for 30 days. NPDB charges a minimal fee to furnish this information. You can contact the NPDB at Post Office Box 10832, Chantilly, VA 22021, telephone number (800) 767-6732, or website <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

12. Proof of military status. (Military active duty, veterans or military spouses must provide a copy of either their military change of station orders, copy of their military identification card or a document showing proof of Honorable or General Discharge.)

## **Application Instructions**

Attach the following documents and your payment to this application and mail to the TSBDE office at the address above.

- Letter issued to you from the Professional Background Information Service (PBIS) notifying you that your PBIS Level II Background Check Report has been forwarded to the Texas State Board of Dental Examiners.
- Proof of Social Security Card. Copy of card is acceptable.
- TSBDE Jurisprudence Assessment Certificate of Completion.
- Proof of 12 hours of Continuing Education completed within the 12 months preceding application to the TSBDE in accordance with Chapter 104 of the TSBDE Rules and Regulations.
- Proof of military status. (If applicable)
- National Practitioner Data Bank (NPDB) Self-Query Report results.



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**Fee: \$2,872**  
Military Active Duty, Veterans, Active Duty  
Military Spouse: No Fee

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Military Status:  Not Military  Active Duty\*\*  Veteran\*\*  Military Spouse\*\* Telephone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\* - The TSBDE requires an applicant to provide a SSN as a part of the licensure, certification or registration process. The SSN of an applicant for a license, certificate, or registration or other legal authorization issued by the TSBDE is confidential and not subject to disclosure under Chapter 552 of the Texas Government Code.

\*\* - If you are military, veteran, or spouse include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge.

## HEALTH INSURANCE QUESTIONS

Are you a Texas Medicaid Provider?  Yes  No

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

## ATTESTATION

I hereby declare under penalty of perjury the information included in this application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any questions may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I accept the laws and rules of the Dental Practice Act and State Board of Dental Examiners Rules and Regulations as the basis for lawful dental practice in the State of Texas.

\_\_\_\_\_  
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.

(Seal)

\_\_\_\_\_  
NOTARY PUBLIC