



Dental Licensure by Examination

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
E-Mail: info@tsbde.texas.gov

Instructions:

- Print or type all information. All incomplete applications will be returned without action.
- Fees are Non-Refundable. The TSBDE accepts Personal Checks, Cashier's Check or Money Orders. Do not send cash. Make your payment to the Texas State Board of Dental Examiners.
- If you move after submitting your application, notify the Board immediately of your new address and/or phone number.
- Fingerprint Criminal Record Check results are valid for 6 months from the date they were taken.
- Jurisprudence Assessment Certificate must be dated within the 12 months preceding application.
- 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, and Comprehensive Treatment Planning.

FEES

- LICENSURE BY EXAMINATION: \$287
- FOREIGN GRADUATE LICENSURE: \$287
- MILITARY ACTIVE DUTY, VETERAN, & SPOUSE DENTAL LICENSURE: No Fee
- REINSTATE A CANCELED LICENSE: \$434
- TEMPORARY LICENSURE: \$822

APPLICATION Licensure by Examination Foreign Graduate Licensure by Exam
 Reinstating a Canceled Dental License Military Active Duty, Veteran or Military Active Duty Spouse
 Temporary Licensure

PERSONAL INFORMATION List your Full Legal Name.

• First Name: _____ Middle Name: _____ Last Name: _____
• Social Security Number*: _____ • Military Status: Not Military Active Duty** Veteran** Spouse**
Active Duty Military Spouse**
• List All Former Names: _____ • Date of Birth: _____
MM / DD / YYYY

* - 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.

ADDRESS INFORMATION Your primary mailing address will be displayed on the Board's website for public use.

• Which address will be your Primary Mailing Address? Home Work
• Home Address: _____
City: _____ State: _____ Zip: _____ Country: _____
• Work Address: _____
City: _____ State: _____ Zip: _____ Country: _____

PHONE NUMBER AND E-MAIL

• Daytime Phone: _____ • Alternate Phone: _____
• E-Mail Address: _____

DENTAL EDUCATION

• School Attended: _____ • Degree Earned: _____ • Graduation Date: _____

STATE LICENSURE/JURISDICTIONS

List all states and/or jurisdictions in which you are or have been licensed.

State: _____	License Number: _____	License Issue Date: _____	Disciplinary Action? _____	Yes/No _____
State: _____	License Number: _____	License Issue Date: _____	Disciplinary Action? _____	Yes/No _____

HEALTH INSURANCE INFORMATION

Are you a Texas Medicaid Provider? Yes No

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

TEXAS NON-PROFIT CORPORATION EMPLOYER (For Temporary Licensure Applicants Only)

Corporation Name: _____

Address: _____

Supervisor Name: _____

Supervisor Phone Number: (_____) _____

Employer Medicaid Provider Identification Number: _____

City _____ State _____ Zip Code _____

BACKGROUND INFORMATION

A "Yes" answer to any question listed below requires additional information. Submit a dated and signed letter of explanation and all appropriate legal disposition papers.

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: _____

Yes No For any criminal offense, including those pending appeal have you:

- A. Been convicted of a misdemeanor;
- B. Been convicted of a felony;
- C. Received deferred adjudication;
- D. Been placed on court-ordered probation;
- E. Been sentenced to serve jail or prison time or court-ordered confinement;
- F. Been arrested or have any pending criminal charges;
- G. Been subject to a court martial; Article 15 violation; or received any form of military judgment/punishment/action.
(You may exclude only Class C misdemeanor traffic violations)

Note on Expunged and Sealed Offenses: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket, or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, could at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

Yes No Are you currently the target or subject of a grand jury or governmental investigation?

Yes No Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, registration, or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?

Yes No Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?

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.

STATE OF _____

COUNTY OF _____

Applicant's Signature

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 Public Signature

(Seal)