



DENTIST FACULTY MEMBER LICENSE INSTRUCTIONS & APPLICATION

TEXAS STATE BOARD OF DENTAL EXAMINERS

333 Guadalupe Tower 3, Suite 800

Austin, Texas 78701-3942

Phone: (512) 463-6400 | Fax: (512) 463-7452

E-Mail: licensinghelp@tsbde.texas.gov

Website: www.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 Board, indicate honesty, accountability, trustworthiness, reliability, integrity, and ability.
3. Pay all required fees. There is no fee for Military Active Duty, Retirees or Military Spouses. Payment for national and regional examinations and the Jurisprudence Assessment is still required.
4. Submit an application for licensure.
5. Provide information and documents as requested by the TSBDE.

Application and Supporting Documentation Requirements

1. Official school transcript showing proof of graduation from a Commission on Dental Accreditation-accredited (CODA) dental school. If mailing a photo copy of the official transcript, it must be notarized.
2. Endorsement from the Dean, Department Chair or Program Director of the employer-school verifying full-time or part-time salaried faculty position at a CODA-accredited dental school.
3. 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>.
4. American Association of Dental Boards (AADB) Clearinghouse Self-Query. Applicants are required to complete a self-query of the AADB Clearinghouse. The report results must remain in the original sealed envelope and be attached to your application to the TSBDE. AADB charges a minimal fee to furnish this information. The AADB self-query form can be downloaded from the AADB website at <https://www.dentalboards.org/ClearinghouseQueryForm.htm>. The AADB self-query form should be mailed to: American Association of Dental Boards, 211 East Chicago Avenue, Suite 760, Chicago, IL 60611. The AADB telephone number is (312) 440-7464.
5. Completion of the TSBDE Jurisprudence Assessment dated within one year immediately prior to application for licensure. (Fee required)
6. Photo copy of current Basic Life Support (BLS) CPR Card.
7. Photo copy of Social Security Card.
8. Military should submit either a copy of Change of Station Orders, Identification Card or 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.

- Official transcript showing proof of graduation from a CODA-accredited Dental School.
- Photo copy of Social Security Card.
- Photo copy of Basic Life Support CPR Card.
- TSBDE Jurisprudence Assessment Certificate of Completion.
- AADB and NPDB Self-Query Report Results. (Must remain in their sealed envelope)
- Proof of military status. (If applicable)



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Instructions:

- Answer all questions.
- Incomplete applications will be returned without action.
- Mail with this application all required documents as listed on Page 1 of the instructions.

FEE: \$186

**Military Active Duty, Veterans and
Military Active Duty Spouses: No Fee**

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Social Security Number* _____ Applicant E-Mail Address _____

Mailing Address _____ City _____ State _____ Zip Code _____ Telephone _____

Military Status: Not Military Active Duty Military** Military Veteran** Military Active Duty Spouse**

Employing School _____ City _____ Assigned Department _____

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

EDUCATION:

Name of School _____ Degree Awarded _____ Year Graduated _____

Name of School _____ Degree Awarded _____ Year Graduated _____

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

TO BE COMPLETED BY DEAN, DEPARTMENT CHAIR, OR PROGRAM DIRECTOR:

I, _____, verify that the above-named applicant holds a Part Time Full Time Salaried position with the following teaching institution: _____ and is a fit and proper candidate to be issued a faculty license to provide direct patient care within this institution or its adjunct facilities.

Signature of Dean, Department Chair, or Program Director

Date

IN ADDITION TO THE FOREGOING:

A. I hereby give my permission for the Texas State Board of Dental Examiners (TSBDE) to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.

B. I further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.

C. I, the applicant herein, state that all facts, statements and answers contained 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. I agree that any falsification, omission, or withholding of pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if it is not discovered until after issuance.

Signature of Applicant

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 Signature