



Texas State Board of Dental Examiners

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Application for Provisional License

This application is intended for those who need to apply for an Emergency Temporary Texas license in order to gain employment. You must hold a current non disciplined license in another state for at least two years. TSBDE will waive the application fee for disaster relief efforts. Please email this completed application along with any supporting documentation to Christine Mendez at cmendez@tsbde.texas.gov for processing. TSBDE will maintain a log of all issued Provisional licenses.

First Name		Last Name		Middle Name	
Social Security Number		Date of Birth		Phone Number	
License Type (✓ Check one) <input type="checkbox"/> DDS <input type="checkbox"/> RDH	License Number	License Expiration Date	Email Address		
Current Address		City	State	Zip Code	
Permanent Address		City	State	Zip Code	
Work Address		City	State	Zip Code	
Preferred mailing address (preferred address will be made available to the public) (✓ Check one) <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Work					
<small>*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.</small>					

Texas Sponsoring Practitioner Information (If applicable)

Texas Dentist License Number	Dentist First Name	Dentist Last Name	Email Address		
Location of where services will be provided			City	State	Zip Code

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

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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: 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:		
Clinical Exam Name	Jurisdiction:	Number of Times Taken:	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, suspended, 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 but 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