



**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

## Reinstate a Retired Dental License

### Instructions:

Please attach all required documents and the administrative fee to this application. Personal checks or money orders acceptable.

If you have not practiced within the last two years you must provide proof of completion of 24 hours of CE in accordance with TSBDE Rule 104.1.

If you have been practicing within the last two years in another state or jurisdiction you are required to provide proof of completion of 12 hours of CE in accordance with TSBDE Rule 104.1.

**\$141.00 Fee**  
 Military Active Duty, Veterans,  
 Active Duty Military Spouses: No Fee

Name: \_\_\_\_\_ Social Security Number\*: \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Texas Dental License Number: \_\_\_\_\_

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

\* - 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.

\*\* - Military Active Duty, Veterans and Military Active Duty Spouses must send a copy of Military Orders or Military I.D. Card or document showing proof of Honorable or General Discharge.

### ARE YOU NOW OR HAVE YOU EVER BEEN: (Circle One)

- Yes No Been notified of any charges, complaints, or other disciplinary action filed against you by any disciplinary agency? If yes, explain on a separate piece of paper.
- Yes No Been convicted of a drug related felony or a felony involving moral turpitude? If yes, explain on a separate piece of paper
- Yes No Been convicted of, been a party to, or been disciplined for a violation of the dental or dental hygiene laws of this or any other jurisdiction? If yes, explain on a separate piece of paper.
- Yes No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances? If yes, explain on a separate piece of paper.
- Yes No Been the subject of a pending prosecution for an offense that is a felony under the law of Texas? If yes, explain on a separate piece of paper.
- Yes No Was your Texas license retired in lieu of disciplinary action by the Texas State Board of Dental Examiners (TSBDE)? If yes, explain on a separate piece of paper.

A. I hereby give my permission for the 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 the TSBDE 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 reinstatement.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Applicant's Signature