



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

DENTIST TEMPORARY LICENSURE FOR CHARITABLE PURPOSE

Instructions

- (1) An incomplete application will be returned without action.
- (2) Application must be received by the Texas State Board of Dental Examiners (TSBDE) at least 60 days prior to the date charitable practice begins in Texas.
- (3) Applicants approved for a Temporary License for Charitable Purpose will receive a license, by mail, confirming TSBDE approval to provide dental care in Texas.

Definition

Voluntary Charity Care has the meaning assigned by TSBDE Rule 101.7(c)(1)(A).

Qualifications for Temporary Licensure

The TSBDE shall grant temporary license for a dentist who presents proof that the applicant:

- (1) Has not been the subject of a final disciplinary action and is not the subject of a pending disciplinary action in any jurisdiction in which the dentist is or has been licensed;
- (2) Has graduated and received either the "DDS" or "DMD" degree from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;
- (3) Has taken and passed the examination for dentists given by the American Dental Association Joint Commission on National Dental Examinations; and
- (4) Either one of the following:
 - (A) Is currently licensed in another state, the District of Columbia, or a territory of the United States, provided that such licensure followed successful completion of a general dentistry clinical examination administered by another state or regional examining board; or
 - (B) Was previously licensed in another state, the District of Columbia, or a territory of the United States, provided that such licensure followed successful completion of a general dentistry clinical examination administered by another state or regional examining board, not more than two years before the date the dentist applies for a license under this section and was licensed in good standing at the time the dentist ceased practicing dentistry.

Texas Practice Requirements

A dentist issued a Temporary License for Charitable Purpose shall:

- (1) Confine the dentist's practice to voluntary charity care;
- (2) Practice only in a geographic area specified by the license;
- (3) Practice only for the period specified by the license;
- (4) Maintain the license where charitable services are provided;
- (5) Not administer any form of anesthesia, other than local, without obtaining the proper permit from the TSBDE; and
- (6) Provide the TSBDE a procedure for:
 - (A) Emergency care for patients and reporting to the TSBDE in compliance with TSBDE Rule 108.6 (relating to Report of Patient Death or Injury Requiring Hospitalization);
 - (B) Continued dental care for patients in compliance with TSBDE Rule 108.5 (relating to Patient Abandonment); and
 - (C) Maintenance of patient records in compliance with TSBDE Rule 108.8 (relating to Records of the Dentist).

Disciplinary Action

The TSBDE shall take disciplinary action against a dentist licensed under this section for a violation of this section or TSBDE rules in the same manner as against a dentist licensed under Texas Occupations Code, Chapter 256, Subchapter A.



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PERSONAL INFORMATION

Date: _____ Social Security Number: _____
First Name: _____ Middle Name: _____ Last Name: _____
Home Address: _____ Phone: _____

STATE LICENSURE/JURISDICTIONS List all states/jurisdictions in which you are or have been licensed)

ATTACH VERIFICATION(S) OF LICENSURE. Each verification of licensure must include the imprint of state seal issued to you by the dental board in which licensure is/was held. The document(s) must contain a statement indicating if disciplinary action has/has not been taken against the license.

State: _____	License Number: _____	License Issue Date: _____	License Status: _____	Active Retired	Disciplinary Action? _____	Yes No
State: _____	License Number: _____	License Issue Date: _____	License Status: _____	Active Retired	Disciplinary Action? _____	Yes No

TEXAS DENTAL PRACTICE INFORMATION

Period of Service Practicing in Texas: Start Date: _____ End Date: _____
Practice Location: _____ Street _____ City, State, Zip Code _____
Phone Number: _____ Area Code and Number _____
Type of Charitable Care to be Provided: _____
Name of Dental Practice or Practice Owner (If applicable) _____

PROCEDURE FOR CONTINUED DENTAL CARE. (Use a separate sheet if needed)

PROCEDURE FOR EMERGENCY CARE. (Use a separate sheet if needed)

MAINTENANCE OF PATIENT RECORDS. (Use a separate sheet if needed)

