

ATTACH A 2 X 2 PHOTO
OF YOURSELF TAKEN
WITHIN THE LAST
SIX MONTHS.

(PASSPORT PHOTOS
ARE ACCEPTABLE)

Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800

Austin, Texas 78701-3942

Phone: (512) 463-6400

Website: www.tsbde.texas.gov

Volunteer Charity Care Authority Application

DATE _____

Instructions: Mail this application and the documents listed below to the Texas State Board of Dental Examiners (TSBDE):

1. Volunteer Charity Care Authority Application with photograph attached.
2. National Practitioner Databank (NPDB) Self-Query Report. Report must remain in the sealed envelope mailed from the NPDB.
3. American Association of Dental Boards (AADB) Self-Query Report. Report must remain in the sealed envelope mailed from the AADB.
4. Current Basic Life Support CPR Card.

FIRST NAME MIDDLE INITIAL LAST NAME

STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY NUMBER E-MAIL ADDRESS TELEPHONE NUMBER

RETIRED TEXAS DENTAL LICENSE #

BACKGROUND INFORMATION * - YES: If you answered yes, attach copies of all legal disposition documents.

- ____ Yes* ____ No Were you ever the subject of disciplinary action in any state or jurisdiction?
- ____ Yes* ____ No For any criminal offense, including those pending appeal have you:
- Been convicted of a misdemeanor.
 - Received deferred adjudication;
 - Been arrested or have any pending criminal charges;
 - Been sentenced to serve jail or prison time or court-ordered confinement;
 - Been subject to a court martial; Article 15 violation; or received any form of military judgment/ punishment/action.
 - Been convicted of a felony.
 - Been placed on court-ordered probation;
- ____ 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?

**YOU MAY EXCLUDE ONLY
CLASS C MISDEMEANOR
TRAFFIC VIOLATIONS**

ATTESTATION Initial by each statement below to indicate your acceptance of the requirements of this program:

- ____ I may not accept remuneration for dental services offered under this exception.
- ____ This authorization to offer charitable dental services expires at the end of this calendar year. I must reapply for authorization each calendar year.
- ____ I may not prescribe or administer controlled substances under Drug Enforcement Administration Schedules I or II.
- ____ If I choose to offer dental services, I must complete six hours of technical and scientific continuing education this calendar year and will maintain a current certification in CPR.
- ____ I must execute a written agreement with the facility where I am offering services that will allow right of access to all dental records of patients I treat under this section.
- ____ I will make a copy of the authorization letter available to anyone questioning or requiring proof of my authority to offer services.

I HEREBY ATTEST BY SIGNATURE BELOW THAT I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF OFFERING CHARITABLE DENTAL SERVICES WITH A RETIRED TEXAS DENTAL LICENSE AND I AM QUALIFIED TO OFFER THESE SERVICES. ALL FACTS PRESENTED IN THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

APPLICANTSIGNATURE DATE

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 applicant appeared on this the _____ day of _____, 20_____, to certify which witness my hand and seal of office.

NOTARY PUBLIC SIGNATURE

(Seal)