



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4500  
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DIVISION OF PROFESSIONAL REGULATION  
**BOARD OF DENTAL EXAMINERS**

**LICENSE APPLICATION**

(Check One)

DENTIST

DENTAL RESIDENT (limited to practice in hospital or comparable institution)

DENTAL HYGIENIST BY EXAMINATION

DENTAL HYGIENIST BY RECIPROCITY (current licensure and 3 yrs active practice in another state) \_\_\_\_\_

**I. IDENTIFICATION**

1. Name: \_\_\_\_\_  
(last name) (first name) (middle) (maiden name)

2. Mailing Address: \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip code) (county)

3. Current Telephone: \_\_\_\_\_ 4. Email: \_\_\_\_\_  
(daytime) (nighttime)

5. Social Security Number: \_\_\_\_\_

6. Have you ever sought or been granted a dental/dental hygiene license under another name?  
Yes  No  If yes, indicate other name(s) used and in which state: \_\_\_\_\_

**II. EDUCATION**

7. Pre-professional education: (college or university):

SCHOOL	LOCATION	DATES	DEGREES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. DENTAL or DENTAL HYGIENE EDUCATION:

SCHOOL	LOCATION	DATES	DEGREES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. RESIDENCY:

HOSPITAL/INSTITUTION	LOCATION	DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. LICENSURE/PRACTICE**

10. National Boards: Year Taken: \_\_\_\_\_ Grade: \_\_\_\_\_

11. Have you ever been denied a license? Yes  No  Year and State \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

12. List below all states in which you are now *or have ever been* licensed:

STATE OR TERRITORY	LICENSE NUMBER	ORIGINAL/EXPIRATION DATES
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Arrange for a "letter of good standing" from each State in which you have ever been licensed to be sent to the Board. Also, submit W2 Forms as proof of active practice for three of the last five years.**

**IV. HEALTH AND DISABILITY**

13. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? Yes  No  If yes, please explain. \_\_\_\_\_

14. Have you within two years engaged in the illegal use of controlled dangerous substances?  
Yes  No  **If yes, go to Question 15.** If no, skip to Question 16.

15. Are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? Yes  No  **If yes, please explain:** \_\_\_\_\_

16. Have you ever been denied a DEA (Narcotic) registration number? Yes  No  **If yes, please explain on separate piece of paper.** Present DEA#: \_\_\_\_\_

**V. LEGAL AND BEHAVIORAL**

17. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

18. Have you ever been disciplined by a licensing board? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.**

19. Have you had any malpractice actions brought against you in the past five years? Yes  No  **If yes, list them on a separate sheet, including dates and disposition and amount of awards or settlements if any.**

20. Are any charges or complaints pending against you at present? Yes  No  **If yes, submit a letter giving a complete explanation. Include copies of all appropriate record.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:**

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

**Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.**

**Please note: When your application is complete, please allow 4-6 weeks to receive your license.**

**AFFIDAVIT:**

I certify that the above information is true and complete, and that I received the degree (check one)  DDS  
 DMD  RDH from \_\_\_\_\_ College on \_\_\_\_\_.

\_\_\_\_\_  
(date) \_\_\_\_\_ (signature) \_\_\_\_\_ (Name in full)

County of \_\_\_\_\_ State of \_\_\_\_\_.

In said county on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
\_\_\_\_\_ personally appeared before me, has been duly sworn,  
deposes, and says that he has read carefully and truthfully answered the above questions.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public