



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF DENTAL EXAMINERS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

DENTAL VOLUNTEER LICENSE APPLICATION

IDENTIFYING AND CONTACT INFORMATION

1. Name: _____
Last Name First Middle Maiden

2. Mailing Address: _____

City State Zip County

3. Phone: _____
Home Work

4. Email Address: _____

5. Have you been issued a U.S. Social Security Number? Yes No
• If Yes, enter your SSN: _____
• If No, you must file a *Request for Exemption from Social Security Number Requirement*.

EDUCATION

6. Enter information about your pre-professional education (college or university):

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

7. Enter information about your Dentist or Dental Hygiene education:

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

8. Enter information about your residency:

HOSPITAL/INSTITUTION

LOCATION

DATES

_____	_____	_____
_____	_____	_____
_____	_____	_____

EXAMINATION AND LICENSURE HISTORY

9. Have you ever taken any of the following examinations? Yes No If yes, enter information about the examination:

EXAMINATION

DATE PASSED

National Board Examination: _____

Regional Board Examination: _____

State Board Examination: _____ State(s) where taken and passed: _____

10. List all states where you are currently, or have even been, licensed. Include training license(s).

STATE OR TERRITORY

LICENSE #

EFFECTIVE DATES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. 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 for which you have received a pardon, in any jurisdiction? Yes No **Arrange to have the Board office receive your criminal history record.**

12. Have you ever been denied a dental or professional license? Yes No

13. Have you ever been professionally penalized for a drug related offense? Yes No

14. Have you ever been professionally penalized or convicted of fraud? Yes No

15. Have you ever violated the Dental Practice Act of another state? Yes No

16. Have you ever been disciplined by a dental society, or licensing board of another state?
Yes No

17. Are any charges or complaints of any type including malpractice claims pending against you?
Yes No

18. Have you ever engaged in the practice of dentistry without a license? Yes No
19. Have you ever prescribed narcotic drugs unlawfully? Yes No
20. Have you ever been convicted of a drug violation? Yes No
21. Have you ever willfully violated the confidence of a patient? Yes No
22. Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation, or explanation for your actions in the course of any administrative or judicial proceedings or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, governmental agency, professional organization, or licensing authority?
Yes No
23. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which impairs your judgment or in any way currently affects, "or if untreated could affect," your ability to practice dentistry in a fully competent and professional manner with safety to patients? Yes No
24. Are such current conditions or impairments reduced or ameliorated because of ongoing treatment (with or without medication) or participation in a monitoring program or because of the field of practice, the setting, or the manner in which you have chosen to practice dentistry? Yes No
25. If you claim to have a mental or physical disability which limits your ability to practice dentistry in a fully competent and professional manner with safety to patients, are you willing to accept a conditional or limited license to practice dentistry if it is possible to accommodate such disability?
Yes No
26. Have you ever been denied a Drug Enforcement Agency (DEA) registration number or had one revoked or otherwise had your authority to write prescriptions limited or restricted? Yes No

If you answered YES to any questions 12 - 26, explain your answer(s) fully on a separate sheet(s) of paper, sign and swear to its truth before a notary, and attach it to this application. Also, provide any documentation from the state where this situation occurred, spelling out the issues, and any explanation you wish to provide.

VOLUNTEER PRACTICE

27. Enter the name and address of the nonprofit dental clinic or service where you intend to volunteer:

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, _____, swear that I am the person who executed this application; that the statements contained on this application are true in every respect; that I have not suppressed or withheld information that might affect this application; that I will abide by the laws and the ethical standards of this profession; and that I have read and understand this statement.

I further understand that by filing this application for a license to practice dentistry in the State of Delaware, I hereby authorize and consent to have an investigation conducted to determine my professional qualifications, to determine if I have previously engaged in unprofessional conduct as defined in 24 Del. C. §1128 or the Rules and Regulations of the Delaware Board of Dental Examiners and to determine that I am physically and mentally capable of engaging in the practice of dentistry with safety to the public.

I certify that I will perform no dental services for any direct compensation and volunteer my time in a nonprofit dental clinic or nonprofit dental service. I shall be responsible for completing the required amount of continuing education as established by the Board.

APPLICANT SIGNATURE: _____ **DATE:** _____

Sworn to before me and subscribed in my presence this ____ day of _____, in the year of _____

Signature of Notary _____

Notary Seal

AUTHORIZATION

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution or other organization having control of any documents, records or other information pertaining to me, to furnish to the Delaware Board of Dental Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or other pertinent data and to permit the Delaware Board of Dental Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice thereunder.

I understand and acknowledge that the Board of Dental Examiners will rely on the information I have provided in this application in making its determination on licensure. I hereby expressly agree to (1) keep the information I have provided in this application current until such time as the Board has finally acted on it, and (2) to promptly provide any and all additional information requested by or on behalf of the Board.

APPLICANT SIGNATURE: _____ **DATE:** _____

Sworn to before me and subscribed in my presence this ____ day of _____, in the year of _____

Signature of Notary _____

Notary Seal