

Application for Licensure as a Dentist

I am applying on the basis of: _____ Examination _____ Credentials

Submit in typewritten form or print clearly. When space provided is insufficient, attach additional sheets. All documents must be received within six months or the application becomes invalid.

Name of Applicant: (Last)				(First)		(Middle)		(Former, if any)	
Mailing Address: (Street)									
(City)		(State)		(Zip Code)		(Phone #)		(FAX #)	

911 address if different than mailing:							
(Street)		(City)		(State)		(Zip Code)	

Business Name: _____							
Location							
(Street)		(City)		(State)		(Zip Code)	

Dental Education: Name & Location of College/University Attended:	Degree Earned	Date of Graduation (mm/dd/yr)

Have you completed a course in emergency office procedure? _____ A course must have been completed within the past 24 months. **NOTE:** (Board Rule 3.6.) Proof of completion of this course must be submitted with application

List below every state in which you now hold, or have ever held, a license to practice dentistry.			
State	License #	Date Issued	Date Expires(d)

Circle Yes or No. A yes requires a written explanation, and/or other documentation.		
1.	Have you been convicted of a crime other than a minor traffic violation? <i>If "yes," explain and attach the court documents, if any.</i>	YES NO
2.	Has Vermont, any other state, territory, or other jurisdiction, denied your application for a license, certificate, or registration in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO
3.	Has Vermont, any other state, territory, or other jurisdiction, restricted, suspended, revoked, or taken any other disciplinary action against a license, certificate, or registration that you hold or held in any profession or occupation? <i>If the answer is "yes", provide a certified copy of the action.</i>	YES NO
4.	Have you ever had your United States Drug Enforcement Administration privileges restricted or revoked or limited in any way? <i>If the answer is "yes", provide a copy of the order or official notification of the action.</i>	YES NO

Circle Yes or No. A yes requires a written explanation, and/or other documentation. Answers to these Questions are not subject to public disclosure.		
1.	Do you have a physical or mental condition or disorder which in any way impairs or limits your ability to practice with reasonable skill and safety? <i>If yes, provide a physician's statement or medical confirmation of the disability.</i>	YES NO
2.	Are you currently addicted to, or in any way dependent on, the use of alcohol or habit forming drugs? <i>If yes, please explain in detail.</i>	YES NO

STATEMENT OF APPLICANT

I hereby certify that all information I have provided in this application is true and accurate to the best of my knowledge. Should I furnish any false information on this application, I hereby understand that such an act may constitute cause for denial of my application for licensure as a dentist.

_____ Date	_____ Signature of Applicant
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**APPLICANTS STATEMENT
REGARDING CHILD SUPPORT, TAXES, UNEMPLOYMENT COMPENSATION CONTRIBUTIONS**

PRINT NAME: _____

You must answer questions 1, 2 and 3.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "**Good standing**" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

1. You must check one of the two statements below regarding child support regardless whether or not you have children:

_____ I hereby certify that, as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.

or

_____ I hereby certify that I am **NOT** in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Taxes

Title 32 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with the Department of Taxes. "**Good standing**" means that no taxes are due, the tax liability is on appeal, the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate payment of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)

2. You must check one of the two statements below:

_____ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).

or

_____ I hereby certify that I am **NOT** in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in **good standing** with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3. You must check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:

_____ I hereby certify, under the pains and penalties or perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is 15 years in prison, a \$10,000.00 fine or both).

or

_____ I hereby certify that I am **NOT** in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an Application for Hardship.

or

_____ I hereby certify that 21 V.S.A. § 1378 is not applicable to me because I am not now, nor have I ever been, an employer.

Social Security # _____ / _____ / _____ * Date of Birth _____ / _____ / _____

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 403 (c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

STATEMENT OF APPLICANT

I certify that the information stated by me in this application is true and accurate to the best of my knowledge and that providing false information or omission of information is unlawful and may jeopardize my license/certification/registration status.

Signature of Applicant _____ Date _____

Vermont
Board of Dental Examiners

CERTIFICATION OF GOOD STANDING

APPLICANT: Complete the applicant section of this form and send a copy to every state in which you now hold, or have ever held, a certification or license to practice complete this page.

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Name (last, first, middle) / (Name on registration if different)

Address (street, city, state & zip code)
Date of birth _____
License # _____ Date issued _____

I hereby authorize the _____ to furnish to the Vermont Board of Dental Examiners the information requested below.

Date _____ Signature _____

This is to certify that the above-named individual was issued:

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License Number _____ Date Issued: _____
Licensed by: () Examination License Status: () Active
() Endorsement/Reciprocity () Inactive
() Waiver () Lapsed
Date license expires: _____

State completing form: _____

Are there any complaints pending? ____ YES ____ NO If yes, please explain.

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Y

Has this license ever been encumbered in any way (revoked, suspended, limited, surrendered, restricted, placed on probation?

() YES () NO If yes, attach a copy of the decision.

(SEAL)

Date _____ Signed _____
(Signature Authorized Officer)

**Vermont
Board of Dental Examiners
CERTIFICATE OF EDUCATION**

To be completed by a registrar or Dean of Students of the school where you received your dental degree.

I hereby certify that _____
(Name of applicant)

was admitted to the _____ in _____
(Name of school) (City and State)

on _____, and completed all requirements for graduation on _____
(Date) (Date)

A _____ was granted on _____
(Degree) (Date)

(Date) (Signature Authorized Officer)

SEAL

**Application for Endorsement to Administer
General Anesthesia**

Fee \$20.00

Name in Full _____
(Last) (First) (Middle) (Former)

Mailing Address _____
(Street)

(City) (State) (Zip Code) (Phone)

Vermont License # _____

CHECK THE STATEMENT BELOW THAT APPLIES:

_____ I have a properly staffed and equipped facility as set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons and have completed a minimum of 12 months of advanced clinical training in anesthesiology and related academic subjects (or the equivalent) beyond the undergraduate dental school level in a training program, as set forth in Part II of the current education of the Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry of the American Dental Association. **Please have documentation submitted to this Office from your training program institution.**

Or

_____ I have a properly staffed and equipped facility set forth in the current edition of the Office Anesthesia Evaluation Manual of the American Association of Oral and Maxillofacial Surgeons and am a diplomate of the American Board of Oral and Maxillofacial Surgery, or a fellow or member of the American Association of Oral and Maxillofacial Surgeons, or a fellow of the American Dental Society of Anesthesiology. **Please have documentation submitted to this Office from the Organization.**

STATEMENT OF APPLICANT

I hereby certify that all of the information contained in the application is true and accurate to the best of my knowledge.

_____ Date

_____ Signature of Applicant

_____ Inspection of facility required _____ Inspection of facility not required

Board of Dental Examiners

Instruction To Applicants Applying For Licensure as a Dentist by Examination

Your application must be complete and all required documentation submitted before it will be reviewed.

- ___ Completed application (Pages 1, 2, 3, 4, and 5)
- ___ Application Fee of \$225.00
- ___ "Certification of Good Standing" - Have every state in which you now hold, or have ever held a license/certification to practice complete this page.
- ___ "Certificate of Education" to be completed by a registrar where you received your degree.
- ___ Three letters of recommendation from licensed dentists or physicians on letterhead.
- ___ National Board Examination Scores (photocopy)
- ___ Northeast Regional Board Scores or Central Regional Dental Testing Examination (photocopy); **or**
- ___ If you have passed the Central Regional Dental Testing Service, Southern Regional Testing Agency or Western Regional Examining Board since January 1, 1994 (photocopy)
- ___ Proof of Emergency Office Procedure Course, which includes a CPR course.
- ___ "Application for Endorsement to Administer General Anesthesia" form. (if applicable) There is an additional fee of \$20.00 for this.

Instruction To Applicants Applying For Licensure as a Dentist on the basis of Credentials

NOTE: The Board may issue a dental license to an applicant from another state or territory of the United States or province of Canada on the basis of the applicant's credentials See Board Rule 2.5.

- ___ Completed application (Pages 1, 2, 3, and 4)
- ___ Application Fee of \$225.00
- ___ "Certification of Good Standing". Have every state where you now hold or have ever held a license/certification to practice complete this page.
- ___ "Certificate of Education" to be completed by a registrar where you received your degree.
- ___ Three letters of recommendation from licensed dentists or physicians on letterhead.
- ___ Proof of Emergency Office Procedure Course, which includes a CPR course.
- ___ "Application for Endorsement to Administer General Anesthesia" form (if applicable). This is an additional fee of \$20.00.

ALL DOCUMENTS MUST BE 8 1/2 BY 11 INCHES

NOTE: It is your responsibility to check with this office to determine the status of your application. We will send one reminder notice to inform you of any missing documents. It is required that you complete the jurisprudence examination and submit the answer sheet to this Office before licensure can be considered. The exam can be found on the web at: www.vtprofessionals.org.

Last Revised: 03/2004