

**Maryland State Board of Dental Examiners
 Spring Grove Hospital Center • Benjamin Rush Building
 55 Wade Avenue/Tulip Drive
 Catonsville, Maryland 21228
 (410) 402-8511**

**APPLICATION FOR
 VOLUNTEER DENTAL LICENSURE**

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	

A. Social Security Number: - -
 (There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth: - -

C. Cell Phone Number: - -

D. Home Phone Number: - -

E. Work Phone Number: - -

F. E-Mail Address:

G. Gender Identification: Female Male

H. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes No
 (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I. Licensure in other states:

List other states or jurisdiction in which you hold or have held a dental license. Include license number(s).

State	License Number

SECTION II - EDUCATION

A. School of Graduation (Name, City, State, Country): _____

B. Date of Graduation: _____ **Degree Earned:** _____

SECTION III – EXAMINATIONS

All candidates answer A, B, C, and D. Path 1 candidates answer A, B, C, D, E, and F.

A. Have you passed the National Board Examination(s)? Yes No

B. Date of examination: _____ Location of examination: _____

C. Have you passed the **American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) Diagnostic Skills Examination (DSE)**? Yes No

D. Date of examination: _____ Location of examination: _____

E. For Path I applicants, **Regional Board** examination taken: _____

F. Date of examination: _____ Location of examination: _____

SECTION IV – EXPERIENCE

A. Path 2 candidates only:

Yes No I have actively practiced dentistry for at least 850 hours during the 5-year period preceding this application for licensure. **(See Guidelines for requirement to submit a notarized affidavit.)**

SECTION V – CONTINUING EDUCATION

Yes No I have completed 30 hours of continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology) in the 2 years preceding application and possess current CPR certification.

SECTION VI - CHARACTER AND FITNESS

If you answer “YES” to any question(s) in Section VI – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order or were ever under a Board Order in a state other than Maryland you must enclose a certified legible copy of the entire Order with this application.

b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity?

c. Has your application for a dentist license in any jurisdiction been withdrawn for any reason?

SECTION VI - CHARACTER AND FITNESS (CONT'D)

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, been denied for failure to renew your privileges, or limitation, restriction, suspension, revocation or loss of privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you illegally used drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons? |

The Well Being Committee assists dentists and their families who are experiencing personal problems. The Committee has helped many dentists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information, dentists may visit

www.dentistwellbeing.com.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

Applicant Signature

Date

NOTARY SECTION

State of _____, City/County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

Revised 11-06-19

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Volunteer Dental Licensure

Checklist

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

ALL CANDIDATES

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose only **one** photo that is between 2x2-inches and 3x3-inches with the required notarized Affidavit stating that “the photograph is a true photograph of me”? The photo must meet the following guidelines: taken within the last 2 years to reflect your current appearance; front view of full face from top of hair to shoulders; a natural expression; no hat or head covering that obscures the hair or hairline, unless worn daily for religious purposes; no sunglasses, headphones, wireless hands-free devices or similar items; no other individuals or distractions in the photo. Photos copied or digitally scanned from driver’s licenses or other official documents are not acceptable. In addition, low quality vending machine or mobile phone photos are not acceptable. “Passport” photos are acceptable. Unacceptable photos will be returned and may delay the issuance of your license.
- 3. Did you request that an original National Board score report be forwarded to the Maryland State Board of Dental Examiners? (**“the Board” will obtain scores**)
- 4. Did you enclose certified proof of dental education, such as a copy of a diploma, transcript or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of Diploma or transcript submitted to the Board.*
- 5. Did you enclose a certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- 6. Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology) in the 2 years preceding application and proof of current cardiopulmonary resuscitation (CPR) certification?
- 7. Did you enclose the completed Affidavit of Volunteer Dentistry?
- 8. Did you enclose the completed Affidavit of Malpractice Insurance?
- 9. Did you enclose documentation of legal name change (i.e., marriage certificate or court documents) if the documents sent with the application are in another name?
- 10. Did you enclose an examination score report from the American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) certifying that you have passed the Diagnostic Skills Examination (DSE)? (**“the Board” will obtain scores**)

- 11. Did you enclose the Jurisprudence Examination and the notarized Affidavit?
- 12. A copy of the Applicant's National Practitioner Data Bank File? ("**the Board**" will obtain report)

PATH 1 CANDIDATES:

- 1. Did you enclose certified examination scores from the Central Regional Testing Service (CRDTS), the American Board of Dental Examiners (ADEX), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB)?

PATH 2 CANDIDATES:

- 1. Did you enclose a notarized affidavit attesting to 850 or more hours of active practice during the 5 years preceding application?

MARYLAND STATE BOARD OF DENTAL EXAMINERS GUIDELINES FOR A VOLUNTEER DENTIST LICENSE

The Board **may not** process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

The following criteria must be met by all candidates for a volunteer dentist license:

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Hold a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or the equivalent from a college or university that is authorized by any state of the United States or any province of Canada to grant a degree and is recognized by the Board as requiring adequate preprofessional training and as maintaining an acceptable course of dental instruction; and
- d. Holds an active license to practice dentistry in another state or in the District of Columbia; and
- e. Pass the National Board Examination(s); and
- f. Pass the American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) Diagnostic Skills Examination (DSE); and
- g. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations in Maryland; and
- h. Have completed 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, a 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology), and proof of current cardiopulmonary resuscitation (CPR) certification from one of the following programs: (1) the American Heart Association's Basic Life Support for Healthcare Providers; or (2) the American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers; or (3) the American Health and Safety Institute; and
- i. Sign a written statement agreeing to donate at least 100 hours of dental services without compensation in a dental office, dental clinic, ambulatory care facility or hospital providing medical care to the poor, elderly, or handicapped that is operated by the State or a local government, or by a bona fide charitable organization; and
- j. Is covered by malpractice insurance.

In addition to the above criteria, applicants must meet the criteria in either path 1 or the criteria in path 2:

Path 1: You are a Path 1 candidate if you **have not** actively engaged in practicing dentistry for at least 850 hours during the 5 years preceding application.

- a. Pass an examination given by the Central Regional Dental Testing Service (CRDTS), the American Board of Dental Examiners (ADEX), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB). A passing grade means at least a score of 75% in each discipline, clinical skill, procedure or knowledge area that is tested by ADEX/NERB examination.

OR

Path 2: You are a Path 2 candidate if you have actively engaged in practicing dentistry for at least 850 hours in the 5 years preceding application.

a. Have actively engaged in practicing dentistry for at least 850 hours during the 5 years preceding application for licensure.

To apply for licensure, submit the Application for a Volunteer Dentist License and enclose the following with your application:

Section I

All candidates must submit the following:

- A photograph that meets the requirements contained in the Checklist with the following notarized statement:
"The picture is a true photograph of me."
- Original National Board score report.
- Certified proof of your dental education. Acceptable proof includes a **certified** copy of a diploma, official transcripts, or a letter from the school. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.
- Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology), and possess current cardiopulmonary resuscitation certification (CPR) from one of the following programs: (1) the American Heart Association's Basic Life Support for Healthcare Providers; or (2) the American Red Cross's Cardiopulmonary Resuscitation for Professional Rescuers; or (3) the American Health and Safety Institute.
- A notarized Affidavit of Volunteer Dentistry stating that the dentist will donate at least 100 hours of dental services without compensation.
- An Affidavit of Malpractice Insurance.
- If applicable, proof of legal name change, such as a marriage certificate or court documents.
- Certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report for the Diagnostic Skills Examination (DSE). Applicants may make application for this examination by contacting the Commission on Dental Competency Assessments (CDCA) at **(301) 563-3300**.
- Maryland Jurisprudence Examination. All applicants for licensure in Maryland must take and pass the Jurisprudence Examination on the Dental Laws and Regulations of this State with at least a score of 75%. It is an open book examination and may be found on the Board's website at www.health.maryland.gov/dental/. The examination cannot be taken on-line. You must download the examination, print a hard copy, and complete the examination. Send the completed examination, notarized Affidavit Form, and \$50.00 examination fee to the Board office. Applicants may also take the examination at the Board office Monday through Friday, except holidays, between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed. Please call to schedule the examination if you wish to take the examination at the Board office.

In addition to the requirements in Section I, Path 1 candidates must submit:

- Certified examination scores from one of the following Regional Boards: the Central Regional Testing Service (CRDTS), the American Board of Dental Examiners (ADEX), the North East Regional Board (NERB), the Southern Regional Testing Agency, Inc. (SRTA), or the Western Regional Examining Board, Inc. (WREB).

In addition to the requirements in Section I, Path 2 candidates must submit:

- A notarized affidavit attesting to the applicant's active practice history of at least 850 hours during the 5 years preceding application in Maryland for licensure. The affidavit should include the following: **(please print or type)** the name of your employer, name of your supervising dentist, street address, telephone number, dates of employment, and the number of hours worked for each employer. If you owned your own dental practice please indicate when appropriate.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue/Tulip Drive
Catonsville, MD 21228
ATTN: Licensing Unit

**Maryland State Board of Dental Examiners
Application for Volunteer Dental or Dental Hygiene Licensure**

**Affidavit
Volunteer Dentistry or Dental Hygiene**

I agree to donate, before June 30 of the second year following the effective date of this license, at least one hundred (100) hours of dental or dental hygiene services without compensation only in a dental office, dental clinic, ambulatory care facility, or hospital; and only for an entity providing medical care to the poor, elderly, or handicapped that is operated by the State or local government, or a bona fide charitable organization.

Signature of Applicant

Date

NOTARY

STATE OF _____, **CITY/COUNTY OF** _____

I HEREBY CERTIFY THAT on this _____ day of _____, 20____, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me _____, and made oath in due form of law that signing the foregoing Affidavit of Volunteer Dentistry or Dental Hygiene was HIS\HER voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires: _____

SEAL

**Maryland State Board of Dental Examiners
Application for Volunteer Dental or Dental Hygiene License**

**Affidavit
Malpractice Insurance**

A. Name of Malpractice Insurer:

B. Name, Address, and telephone number of Malpractice Insurance Agent:

C. If You Do Not Have an Agent, Provide the Address and Telephone Number of the Malpractice Insurer:

D. Policy Number _____

E. Amount of Coverage _____

F. Expiration Date of Policy _____

I affirm that the information I have given in answer to these questions is true and correct to the best of my knowledge and belief. I will advise the Board of any changes to the information provided above. I understand that I must maintain malpractice insurance as a condition of licensure as a retired volunteer dentist.

Signature of Applicant

Date

NOTARY

STATE OF _____, **CITY/COUNTY OF** _____

I HEREBY CERTIFY THAT on this _____ day of _____, 20____, before me, a Notary Public of the State of Maryland and the City/County aforesaid, personally appeared before me _____, and made oath in due form of law that signing the foregoing Affidavit of Malpractice Insurance was HIS\HER voluntary act and deed.

AS WITNESS my hand and Notarial Seal.

Notary Public

My Commission Expires: _____