

Maryland State Board of Dental Examiners
Spring Grove Hospital Center ● Benjamin Rush Building
55 Wade Avenue / Tulip Drive
Catonsville, Maryland 21228
(410) 402-8500

APPLICATION FOR DENTAL LICENSURE BY EXAMINATION

Authority: Health Occ. Article, § 4-302, 4-303.1(d), 4-305, and 4-306, Annotated Code of Maryland
(COMAR) 10.44.15

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 completed before it is submitted.

The following criteria must be met by all candidates for licensure who are applying for licensure.

To qualify for a general license to practice dentistry t applicant shall:

- 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 its 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 collegiate training and as maintaining an acceptable course of dental instruction; and
- d. Have passed the American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination. In accordance with COMAR 10.44.15 the Board may require that an applicant for licensure successfully pass each required section of the ADLEX clinical examination if the Board determines that the applicant may have lost clinical skills because of an extended absence from clinical practice.

To apply for licensure, submit the Application for Dental Licensure by Examination and enclose the following with your application:

- a. A \$450 non-refundable fee, in addition, there is a \$50.00 jurisprudence examination fee. Additional fees may be levied by the Board for investigatory purposes.
- b. A Passport size photograph with required notarized affidavit.
- c. Original National Board score report.
- d. Certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA). Applicants may make an application for this examination by contacting the Commission on Dental Competency Assessments (COCA) at **301-563-3300**.
- e. 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.**
- f. A certified letter with the state seal affixed to 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.
- g. If applicable, proof of legal name change, such as a marriage certificate or court documents.

Additional Requirements:

- h. 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 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.

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

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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.

Information for Veterans, Service Members, and Military Spouses

Please note the following:

“Veteran” is a former service member who was discharged from active duty under circumstances other than dishonorable within 1 (one) year before the date on which this application has been submitted. “Veteran” does not include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license, certificate, or permit is submitted.

“Service member” is an individual who is an active-duty member of the armed forces of the United States, a reserve component of the armed forces of the United States, or the National Guard of any state.

“Military Spouse” is the spouse of a service member or veteran and includes the surviving spouse of a veteran, or a service member who died within 1 (one) year before the date on which the application for licensure is submitted to the Board.

Veterans, service members and military spouses are assigned an advisor to assist in the application process. In addition, the Board will expedite the processing of completed applications for veterans, service members, and military spouses. If you do not meet the education or training or experience requirements for licensure, your advisor will assist you in identifying programs that offer relevant education or training, or ways to obtain the necessary experience.

Are you a: Veteran: Yes No **Service Member:** Yes No **Military Spouse:** Yes No

Veteran Notation.

If you are a veteran, do you wish the Board to: (1) place a notation on your license or certificate that you are a Veteran; (2) place a notation on your public profile that you are a Veteran; (The public profile is the information that the public is entitled to obtain in accordance with the Maryland Public Information Act, such as name, license number, license status, public address, public e-mail address, etc.); and (3) consent that the Board be permitted to transmit electronically, to another executive branch agency, appropriate information about you, if asked by the executive branch agency, subject to the Maryland Public Information Act and other applicable laws.

Yes No

If you chose Yes you would be required to attach one of the following qualifying documents to your application.

SECTION I – GENERAL INFORMATION (CONT'D)

C. GENDER IDENTIFICATION: _____ FEMALE _____ MALE _____ PREFER NOT TO ANSWER

D. RACE: (Please circle all applicable; for statical purposes only)

1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian 5 – Native Hawaiian or Other Pacific Islander 6 – Other _____ 7 - Prefer not to Answer _____

Are you of Hispanic or Latino Origin? _____ YES _____ NO _____ PREFER NOT TO ANSWER

E. MOBILE DENTAL SERVICES AND PORTABLE DENTAL SERVICES:

Yes No Do you provide mobile dental services in Maryland?

Answer the following questions only if your response to the above is No.

Yes No Do you intend to provide mobile dental services in Maryland?

Yes No Do you provide portable dental services in Maryland?

Answer the following question only if your response to the above is No.

Yes No Do you intend to provide portable dental services in Maryland?

F. 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/CERTIFICATE NO.	ISSUE DATE	EXPIRATION DATE

SECTION II -DENTAL EDUCATION

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

B. Date of Graduation: _____

C. Degree Earned: _____

SECTION III - EXAMINATIONS

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

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

C. Have you passed all sections of the American Board of Dental Examiners (ADEX)/North East Regional Board (NERB) examination? Yes No

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

If you have passed either the American Dental Licensing Examination (ADEX) or the North East Regional Board (NERB) more than 3 years prior to the date of this application, please attach a detailed work history with the application, including the full name, address, telephone number, and date of employment for each place employed.

SECTION IV - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section IV - 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

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist license in any jurisdiction been withdrawn for any reason? |
| <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 court of law in a malpractice action or have you, either personally or through an insurance carrier, settled a malpractice claim, regardless of whether that claim was filed in a court of law? |
| <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, go to

www.dentalwellbeing.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 by the Board. I 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 Article, §4-315.

Applicant Signature

Date

NOTARY SECTION

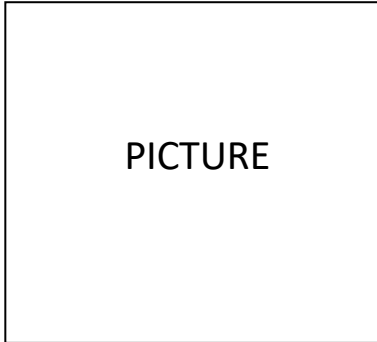
State of _____, County of _____, then personally appeared the above named

_____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

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*Please provide (1) 2x2 color photo with the head centered and sized between 1" and 1.4"

This is a true self photo taken in the last 2 years to reflect my current appearance with the photograph requirements contained in an initial application.

Print Name _____

Applicant Signature _____ Date _____

Notary Section

State of _____, 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: _____

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Jurisprudence Examination Affidavit

AFFIDAVIT of Applicant:

I, _____, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Maryland Dental Practice Act and Regulations.

I have read the Maryland Dental Practice Act and Regulations in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with Maryland Health Occupations Code Annotated, §4- 315, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding that licensee or applicant has knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of dentistry or on any document connected therewith.

Witnessed my signature, the _____ day of _____, 20____.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

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INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	<p>NOTARIZED APPLICATION: Completed application form accompanied by the appropriate fee (\$450.00). Your application will not be processed unless the fee and all supporting documents are received.</p> <p>The licensure process could take up to a minimum of 4 weeks after submission of a completed application. Plan your application time accordingly.</p>
<input type="checkbox"/>	<p>APPLICATION FEE – The total application fee of \$500.00 (Jurisprudence Exam fee included) payable by check or money order to the Maryland Board of Dental Examiners must be included with your application.</p>
<input type="checkbox"/>	<p>NOTARIZED PHOTOGRAPH: Passport size photograph with required notarized affidavit. ***Please note guidelines include: 2x2 color photo with the head centered and sized between 1’ and 1.4” taken in last 2 years, use a clear image of your face. Do not use filters commonly used on social media, have someone else take your photo. (No selfies) and use a plain white or off-white background. Unacceptable photos will be returned and may delay the issuance of your certificate.</p>
<input type="checkbox"/>	<p>PROOF OF EMPLOYMENT: Identify any employes for the 3-year period immediately preceding the date of your application beginning with the most recent employer. This document should include the following: name of employer, name of supervising dentist, street address, dates of employment, and the number of hours worked for each employer. If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.</p>
<input type="checkbox"/>	<p>NATIONAL BOARD SCORES: National Board Dental Hygiene Examination Scores (NBDHE) from the ADA Joint Commission on National Dental Examinations. The ADA will no longer send results via mail. You may access your national board results online by going to https://jcnde.ada.org/nbdhe/nbdhe-results. Download your results and submit with your application or request the score to be released to the Maryland Board of Dental Examiners. The board will obtain the scores after you have made the request. If you have any issues accessing this information, please contact the ADA at 800-621-8099 or adadts.my.site.com/.</p>
<input type="checkbox"/>	<p>CLINICAL LICENSURE (ADLEX/NERB/CDCA) EXAMINATION REPORT: Did you enclose a certified American Board of Dental Examiners (ADLEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA)? Proof of having successfully passed both the clinical and computer simulated clinical exam through the Commissions on Dental Competency Assessments (CDCA) with a score of 75 or higher. The testing agency currently approved by the board is the American Dental Exam (ADHEX) or CDCA scores.adextesting.org/login/.</p>
<input type="checkbox"/>	<p>DENTAL EDUCATION: An official transcript or letter which documents graduation with an A.S., A.S.S., B.A., B.S., or CERT. degree from a dental hygiene school which is accredited by the American Dental Association (ADA) Commission on Dental Education. The transcript/letter must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE. Please note that the original embossed school seal must be affixed to copies of Diploma or transcript submitted to the Board.</p>

<input type="checkbox"/>	<p>LICENSE VERIFICATION: Official licensure verification for every dental hygiene license ever held. Each verification must indicate the date of licensure, the licensure status (active, inactive, non-renewed, probation, etc.), any disciplinary actions taken against you by the licensing board and the result of these actions. The applicant must provide a certified copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. <u>You should call each state board about fees for these services.</u> The verification must be submitted with your application IN THE ORIGINAL SEALED ENVELOPE FROM THE STATE BOARD and must be dated within 6 months of Board receipt of your complete application packet. If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement</p>
<input type="checkbox"/>	<p>DOCUMENT OF LEGAL NAME CHANGE, if applicable explaining any discrepancies of the applicant’s name if documents submitted display different name(s). [i.e., marriage certificate, divorce decree, legal name change]</p>
<input type="checkbox"/>	<p>JURISPRUDENCE EXAMINATION: Successful completion of the Jurisprudence Examination with a score of 75 or higher and the notarized affidavit form (See enclosed). The Jurisprudence Examination may be taken as an open book online exam. The fee for the Jurisprudence Exam is \$50 which is included in the 500.00 initial fee.</p>
<input type="checkbox"/>	<p>RELOCATION: If you relocate during the time that your application is being processed, you must notify the Board of your new address in writing by fax 410-402-8505 or email to mdh.md.dentalboard@maryland.gov. This will enable you to receive Board correspondence. Should you relocate after receiving your license, you must notify the board within 60 days. A fine of \$10 will be assessed after 60 days.</p>

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

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