

**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 DENTAL LICENSURE BY EXAMINATION
DENTAL PEDIATRIC FELLOWS**

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, 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. Home Phone Number: - -

D. Work Phone Number: - -

E. E-Mail Address:

F. Gender: Female Male

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

Are you of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/> (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.)

H. Licensure in other states:

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

State	License Number

I. Maryland licensure:

Do you hold or have you ever held a Maryland Limited Dental License? Yes No If yes, License Number: _____

SECTION II - EDUCATION

A. School of Graduation (D.D.S., D.M.D., or equivalent) (Name, City, State, Country):

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

SECTION III – EXAMINATIONS

A. Have you passed Parts I and II of the National Board Examinations? Yes No

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

C. Have you passed all sections of the North East Regional Board examination? Yes No

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

E. Did you take the Curriculum Integrated Format examination? Yes No

F. Have you passed the Curriculum Integrated Format examination? Yes No

G. Date of examination: _____ Location of examination: _____

SECTION IV – QUALIFICATIONS

A. Have you successfully completed at least a 2-year pediatric dentistry residency program at a dental school or a hospital authorized by any state and which is recognized by the Board? Yes No

Name of program: _____ Institution at which completed: _____

Date completed: _____

B. Are you a pediatric dental fellow? Yes No

Name of Institution granting fellowship: _____ Date fellowship completed: _____

C. Have you completed at least a 2-year contractual obligation to provide pediatric dental services in a public health dental clinic operated by the State or a county or municipality of the State, or, in a federally qualified health center or Maryland qualified health center only to Medicaid, uninsured, or indigent patients or patients who otherwise qualify for dental care in a public health dental clinic?

Name of Clinic: _____ Dates of Contractual Obligation: From: _____ To: _____

D. Have you limited your practice to the public health dental clinic, federally qualified health center, or Maryland qualified health center for which you have contractually agreed to provide pediatric dental services? Yes No

If you answered "No" explain: _____

SECTION V - CHARACTER AND FITNESS

If you answered "YES" to any question(s) in Section V – 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 dental hygiene 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, failure to renew your privileges, or limitation, restriction, suspension, revocation or loss in 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 dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dental hygiene? |
| <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 schools, colleges, or faculties of dentistry, wherever located, 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 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

Application for Dental Licensure by Examination Dental Pediatric Fellows

Check List

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.

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose the \$450 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- 3. Did you enclose one photo that is between 2x2-inches and 3x3-inches with the required notarized affidavit? Note that the photo will be affixed to your license. 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 shall delay the issuance of your license.
- 4. Did you request that an original National Board score card be forwarded to the Maryland State Board of Dental Examiners?
- 5. Did you enclose a certified examination report from the North East Regional Board?
- 6. Did you enclose an original letter signed by the Dean of the University of Maryland Dental School on original letterhead, indicating that you have successfully completed a pediatric dental fellowship at the University of Maryland Dental School?
- 7. Did you enclose a certified letter with a raised embossed seal from the dental licensing authority of each state in which the applicant holds an active dental license or ever held an active dental license, indicating that the license is or was in good standing and whether the applicant: (a) is being investigated; (b) has charges pending against the applicant's license; (c) has been disciplined; (d) has been convicted or disciplined by a court of any state or country?
- 8. Did you enclose an original letter signed by an official of the public health dental clinic or Federally qualified health center, or Maryland qualified health center, on their letterhead, indicating that you have successfully completed at least a 2-year contractual obligation to provide pediatric dental care in accordance with Health Occupations Article, § 4-303.1(b)(1)(iv)?
- 9. A letter from the dean of the dental school at which the license is limited indicating that the applicant possesses sufficient comprehension and communication skills in written and spoken English to enable the applicant to adequately treat dental patients.
- 10. Did you enclose documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name?

11. Did you enclose the Maryland Jurisprudence Examination and the notarized affidavit along with the \$50.00 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
GUIDELINES FOR DENTAL LICENSURE BY EXAMINATION
DENTAL PEDIATRIC FELLOWS**

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 applicant shall:

- a. Be of good moral character; and
- b. Be at least 21 years old; and
- c. Holds a DDS, DMD, or an equivalent degree from a school, college or faculty of dentistry other than one located in the United States or Canada; and
- d. Has held a Maryland limited dental license in accordance with Health Occupations Article, § 4-303.1; and
- e. Has successfully completed at least a 2-year pediatric dentistry residency program at a dental school or hospital authorized by any state and which is recognized by the Board; and
- f. Has successfully completed a pediatric dental fellowship at the University of Maryland Dental School; and
- g. Has successfully completed a 2-year obligation to provide pediatric dental services in a public health dental clinic operated by the State or a county or municipality of the State or in a federally qualified health center or Maryland qualified health center only to Medicaid, uninsured, or indigent patients or patients who otherwise qualify for dental care in a public health dental clinic; and
- h. Has passed the North East Regional Board of Dental Examiners (NERB) examination; and
- i. Has passed the National Board Examinations; and
- j. Has passed the Maryland Dental Jurisprudence Examination; and
- k. A letter from the dean of the dental school at which the license is limited indicating that the applicant possesses sufficient comprehension and communication skills in written and spoken English to enable the applicant to adequately treat dental patients.

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

- *A \$450 non-refundable fee.* Additional fees may be levied by the Board for investigative purposes.
- A photograph that meets the requirements contained in the Checklist with the following statement: "The picture is a true photograph of me."
- *Original National Board score card.* You must contact the **National Board of Dental Examiners** at 211 E. Chicago Avenue, Suite 1846, Chicago, IL 60611 or **(312) 440-2678** or **(800) 621-8099** and request that an **Original Score Card** be forwarded to the Maryland State Board of Dental Examiners at the address below.
- *Certified examination scores from the North East Regional Board of Dental Examiners (NERB)* for the Examination in Dentistry. Applicants may make application for this examination by contacting **NERB at (301) 563-3300.**

- *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 indicating whether any disciplinary action has ever been taken against the license.*
- *Proof of completion of pediatric dental fellowship.* An original letter signed by the Dean of the University of Maryland Dental School on original letterhead, indicating that the applicant has successfully completed a pediatric dental fellowship at the University of Maryland Dental School.
- *Proof of completion of a 2-year obligation to provide pediatric dental services.* An original letter signed by an official of the public health dental clinic or Federally qualified health center, or Maryland qualified health center, on their letterhead, indicating that you have successfully completed at least a 2 year contractual obligation to provide pediatric dental care in accordance with Health Occupations Article, § 4-303.1(b)(1)(iv)
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.

Additional Requirements:

- All applicants for licensure in Maryland must take the Jurisprudence Examination on the Dental Laws and Regulations of this state. If you have taken the Jurisprudence Examination as a condition for issuance of a Limited License, you are not required to take the examination a second time. If you have not previously taken and passed the examination, you must do so to obtain a license under this application.
- It is an open book examination and is now available online at www.health.maryland.gov/dental/. If you choose to complete the online examination, please also complete the Affidavit form and return both documents to our office along with the Jurisprudence Examination fee of \$50.00. Applicants may also take the examination at the Board's offices Monday through Friday between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the exam after your completed application is reviewed.

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
Catonsville, MD 21228
ATTN: Licensing Unit