

**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 LIMITED LICENSE TO PRACTICE DENTISTRY
FOR GRADUATES OF U.S. AND CANADIAN DENTAL SCHOOLS**

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 Maryland, General Provisions Article, §4-333, 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.

Your advisor is Ms. Deborah Welch may be reached at 410-402-8511. In Ms. Welch's absence you may contact Ms. Sandra Sage at 410-402-8510.

Are you a:

Veteran Yes No **Service Member** Yes No **Military Spouse** Yes No

SECTION I – GENERAL INFORMATION

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

APPLICATION FEE – MADE PAYABLE TO THE MARYLAND STATE BOARD OF DENTAL EXAMINERS

Limited License: \$225

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 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.)

H. Licensure in other states:

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

State	License Number

I. Have you ever held a Maryland Limited License to practice dentistry? Yes No

If yes: License Number: _____ Expiration Date: _____

SECTION II - EDUCATION

A. School of Graduation (DDS, DMD, or equivalent) (Name, City, State, Country):

B. Date of Graduation: _____ Degree Earned: _____

C. Dates Attended: _____

SECTION III - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section III – 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 dental hygiene license in any jurisdiction been withdrawn for any reason?

SECTION III - 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, 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.

SECTION IV – FACILITY

A. Location where applicant will practice: (name and address)

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Applicant Signature

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.

_____ **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

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Limited License to Practice Dentistry for Graduates of U.S. or Canadian Dental Schools

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.

ALL CANDIDATES

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Have you enclosed a written request from the hospital, sanitarium, or dental school to which the license to practice dentistry is to be limited?
- 3. Have you enclosed a \$225 non-refundable fee made payable to the Maryland State Board of Dental Examiners?

APPLICANTS WHO HAVE NEVER HELD A MARYLAND LIMITED LICENSE

In addition to items 1 through 3 above, initial applicants must also enclose the following:

- 4. 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.
- 5. Have enclosed certified proof of your dental education, such as a copy of a diploma or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of transcripts and diplomas submitted to the Board.*
- 6. Have you enclosed 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?
- 7. If applicable, have you enclosed evidence of legal name change, such as a marriage certificate or court documents?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
GUIDELINES FOR A LIMITED LICENSE TO PRACTICE DENTISTRY
FOR GRADUATES OF U.S. OR CANADIAN DENTAL SCHOOLS**

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 submitting it to our office.

The applicant shall:

- a. Be of good moral character;
- b. Be at least 18 years old;
- c. Shall 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 or any province of Canada to grant the degree and is recognized by the Board as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction.

To apply for licensure, submit the Application for a Limited License to Practice Dentistry and enclose the following with your application:

All applicants for a Maryland Limited License must enclose the following:

- *A written request from the hospital, sanitarium, or dental school to which the license to practice dentistry is to be limited.*
- *A \$225 non-refundable fee.*

If you do not currently hold or have not previously held a Maryland Limited License and this is your first application to the Board, you must also enclose 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."
- *Certified proof of your dental education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the school, or official transcripts. 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 indicating whether any disciplinary action has ever been taken against the license.*
- If applicable, *evidence of legal name change*, such as a marriage certificate or court documents.

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

PLEASE MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

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