

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

**APPLICATION FOR RETIRED VOLUNTEER
DENTAL OR DENTAL HYGIENE LICENSE**

SECTION I – GENERAL INFORMATION

This section must be completed by both dentists and dental hygienists.

Name (Last, First, Middle Initial):	
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. Home Phone Number: - -

C. Work Phone Number: - -

D. E-Mail Address:

E. Requested licensure status: (Check one) Retired Volunteer Dentist Retired Volunteer Dental Hygienist

F. Maryland Dental or Dental Hygiene General License Number: _____

G. Gender: { 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 or dental hygiene license. Include license number(s).

State	License Number

SECTION II - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section II – 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.

This section must be completed by both dentists and dental hygienists.

YES NO

- a. Has any licensing or disciplinary board of any jurisdiction or any federal or state 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?
- 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 or dental hygiene license been withdrawn for any reason?
- d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
- 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?
- 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 traffic violations?
- 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?
- h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?
- i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry or dental hygiene?
- j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?
- k. Do you illegally use drugs?
- l. 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?
- m. Have you been named as a defendant in a filing or settlement of a malpractice action?
- n. 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 or state entity for any disciplinary reasons or while under investigation for disciplinary reasons?

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

SECTION III - CONTINUING EDUCATION REQUIREMENTS

This section must be completed by both dentists and dental hygienists. Choose one statement that applies to you.

- a. Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, and maintained my CPR certification during the two years prior to this application.
- b. Continuing education requirement not met. I have not fulfilled the continuing education requirements of the Board and have attached a written explanation of my continuing education activities during the two years prior to this application.

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.

Applicant Signature

Practice of dentistry and dental hygiene without a license is a violation of the Dental Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

Applicant Signature

Date

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Retired Volunteer Dental or Dental Hygiene Licensure

CHECK LIST

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

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ALL CANDIDATES

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose one 3x3-inch photograph with a notarized statement?
- 3. Did you request that an original National Board score card be forwarded to the Board?
- 4. Did you enclose an examination score card from the North East Regional Board certifying that you have passed the Diagnostic Skills Examination (DSE)?
- 5. Did you enclose certified proof of 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 the document you submit.*
- 6. Did you enclose certified letters 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?
- 7. Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, and proof of current cardiopulmonary resuscitation (CPR) certification?
- 8. Did you enclose the completed Affidavit of Volunteer Dentistry or Dental Hygiene?
- 9. Did you enclose the completed Affidavit of Malpractice Insurance?
- 10. Did you enclose court 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 Jurisprudence Examination and the notarized Affidavit?

PATH 1 CANDIDATES:

- 1. Did you enclose certified examination scores from the Central Regional Testing Service (CRDTS), 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 statement attesting to 850 or more hours of active practice during the 5 years preceding application?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
APPLICATION FOR RETIRED VOLUNTEER
DENTAL OR DENTAL HYGIENE LICENSE**

THIS APPLICATION WILL NOT BE ACCEPTED FOR PROCESSING UNTIL EACH PROVISION AND REQUIREMENT IS FULFILLED.

The applicant shall:

- a. Be of good moral character;
- b. Have had an active general license to practice dentistry in Maryland within the previous two years; and
- c. Agree to donate at least 100 hours of dental services without compensation before the expiration of the retired volunteer license; and
- d. Have completed the continuing education requirements that the Board establishes for a general license; and
- e. Be covered by malpractice insurance.

To apply for licensure, submit the Application for Retired Volunteer Dental or Dental Hygiene Licensure and enclose the following with your application:

- *A photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."*
- & *Did you request that an original National Board score card be forwarded to the Board?*
- & *Did you enclose an examination score card from the North East Regional Board certifying that you have passed the Diagnostic Skills Examination (DSE)?*
- & *Did you enclose certified proof of 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 the document you submit.*
- *A certified letter with a raised embossed 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 the licensee is being investigated, has charges pending against the license, has been disciplined, or has been convicted or disciplined by a court of any state or country.*
- *Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, and proof of current cardiopulmonary resuscitation (CPR) certification?*
- *Notarized Affidavit of Volunteer Dentistry*
- *Notarized Affidavit of Malpractice Insurance*
- *If applicable, evidence of legal name change, such as a marriage certificate or court documents.*
- *Did you enclose the Jurisprudence Examination and the notarized Affidavit?*
- ***There is no fee for a retired volunteer dental or dental hygiene license.***

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
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228

Revised 4/18/16

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

**Affidavit
Retired 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 Retired 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: _____