



APPLICATION FOR DENTAL OR DENTAL HYGIENE FACULTY LICENSE

GEORGIA BOARD OF DENTISTRY
237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
www.sos.ga.gov/plb/dentistry

Please read the instructions carefully and be familiar with the laws and rules governing the practice of as a dental/dental hygiene faculty member in the State of Georgia. Visit the Board's web site for information: <http://www.sos.ga.gov/plb/dentistry>.

The Board cannot process incomplete applications.

If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing and are void after one year.

PLEASE SUBMIT IN ONE PACKET:

NOTARIZED APPLICATION: Completed application form accompanied by a non-refundable fee of \$300.00 dentist, \$150.00 dental hygiene. Personal checks or money orders are acceptable, made payable to the order of Georgia Board of Dentistry. Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20. If license is granted, the license must be renewed by the last day of December in ODD numbered years, regardless of when you were licensed.

LICENSE VERIFICATION: Official license verification for every dental license ever held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) any disciplinary charges made against you by the licensing board or by any other state agency, 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. You should call each state board about fees for these services. **The verification(s) must** be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE**, and must be dated within four months of the Board's receipt of your complete application packet.

DEGREE TRANSCRIPT: An Official Transcript which documents graduation with a D.D.S. or D.M.D. degree from a dental school which is accredited by the American Dental Association Commission on Dental Education. The transcript must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE. Graduates from a non-accredited school please see Rule 150-3-.04 and O.C.G.A. § 43-11-40(a)(1)(A) and (B).

LETTER OF RECOMMENDATION from the Dean or Director of the teaching institution at which the applicant is seeking employment and a copy of the employment contract.

****DENTAL HYGIENE FACULTY APPLICANTS ONLY - NATIONAL BOARD**

SCORES: National Board Scores from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE. YOUR NATIONAL BOARD SCORE MUST COME DIRECTLY FROM THE ADA TO BOARD OFFICE.**

JURISPRUDENCE EXAMINATION: The examination must be downloaded from our website. The study materials are also on our website. The fee for this examination is \$25.00, payable to the order of Georgia Board of Dentistry. FEES ARE NON REFUNDABLE. *A score of 75 or higher is considered a passing score.*

NATIONAL PRACTITIONER DATA BANK: To obtain a self query from the NPDB-HIPDB, please visit www.npdb-hipdb.com or call the Customer Service Center at 1-800-767-6732.

If the National Practitioner Data Bank (NPDB) provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. *“The ONLY applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and who have never been issued a dental license in any state or U.S. territory”.*

The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case-by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) a copy of the final action, disposition, or settlement,
- 3) a personal explanation of the disciplinary action or the malpractice claim, and
- 4) any further information requested by the Board in separate communications.

CPR: Submit a photocopy of your current CPR certification

Copy of Court Document or Affidavit explaining any discrepancies of the applicant's name if documents submitted bear different name(s). [i.e. marriage certificate, divorce decree, legal name change]

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, (866) 888-1308, or mail. This will enable you to receive Board correspondence.



Do Not Write In This Section:
 Receipt#: _____
 Amount: _____
 Applicant #: _____
 Initials/Date: _____

Board Name: Georgia Board of Dentistry
Address: 237 Coliseum Drive
Address: Macon, GA 31217
Telephone #: (478) 207-2440
Fax #: (866) 888-1308
Website: www.sos.ga.gov/plb/dentistry

Application For: Dental/Dental Hygiene Faculty License
Obtained By Method: Application
Non-Refundable Application Fee(s)\$300 Dentist \$150 Dental Hygiene
Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.
VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit a copy of your DD-214 with your application.**

Part I: Personal Information

1. Name: _____
Last First Middle Maiden

Name as shown on exam records or transcripts (if different)

Last First Middle Maiden

2 Social Security Number*: _____ - _____ - _____ 3 Date of Birth: _____

4. Physical Address (P.O. Box not acceptable):

(Street) (Apt. #) (City/State/Zip Code)

5. Mailing address (if different):

(Street) (Apt. #) (City/State/Zip Code)

If you are granted a license, your name, mailing address and license number are public information.

6. E-Mail Address: _____ Your e-mail address will not be shared with third parties

7. Telephone #: Home: () _____ Work () _____ Other () _____

***This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner’s Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

Part II: Professional Education

8. Highest Degree Earned: ___ Doctorate ___ Master ___ Bachelor ___ Associate ___ Diploma/Certificate

9. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): _____

- a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

10. Name/Address of Graduate School/University: _____

- a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

11. Name/Address of Post-Graduate School/Hospital (if applicable): _____

- a. Type of training: _____ b. Dates Attended: _____

Part III:

12. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contendere to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI are **not** minor traffic violations.) () Yes () No **If yes, attach an explanation and submit certified copies directly to the Georgia Board office.**

13. Have you ever had been denied a DEA registration number or been issued a restricted DEA registration? () Yes () No **If yes, attach an explanation.**

14. Have you ever had revoked, suspended, or otherwise sanctioned any certificate/license by any Board or agency in Georgia or in any other State? () Yes () No **If yes, attach an explanation.**

15. Have you ever had a formal complaint filed against you with any dental society, association, hospital, or dental board? () Yes () No **If yes, attach an explanation.**

16. Have you ever had any malpractice suits filed against you? () Yes () No **If yes, attach an explanation.**

17. Have you ever voluntarily surrendered a dental license, a controlled substance registration or a DEA registration? () Yes () No **If yes, attach an explanation.**

18. To your knowledge, are you the subject of an investigation by any licensing board or hospital as of the date of this application? () Yes () No **If yes, attach an explanation.**

19. Do you presently have any contagious or infectious disease? () Yes () No **If yes, attach an explanation.**

20. Have you ever been charged with driving under the influence of alcohol or drugs? () Yes () No **If yes, attach an explanation.**

21. Are you licensed to practice dentistry in any State(s)? () Yes () No **If yes, complete the following and have the official certification(s) form each Board where you hold or ever held a certificate/license sent to the Georgia Board:**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____

22. Have you ever taken the CRDTS, or any other regional/state clinical examination? () Yes () No **If no, attach an explanation.**

Part IV:

23. AFFIDAVIT OF APPLICANT

I hereby certify that I am the person who executed the above application for a temporary public license in the State of Georgia, that all the statements herein contained are true in every respect; and that I hereby swear, if I am granted a temporary public health license in the State of Georgia, I will comply with all its dental laws, faithfully serve humanity, and refrain from anything which does not conform to the accepted code of ethics of the American Dental Association. I further understand that I will not be allowed to engage in the private practice of dentistry. **I will return this license, if granted, to the Georgia Board of Dentistry immediately upon termination of my employment with**

(Name of Institution)

I acknowledge and state that I have read the Application Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with Dental Practice Act and the Board rules.

I further state that by submitting this application for a license to practice dentistry in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board of Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records, and other information pertaining to me, to furnish to the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge or exonerate the Georgia Board of Dentistry, it's agents or representatives, and any other person so furnishing information, from any all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders of the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 9 & 10 of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Dentistry and/or criminal prosecution.

SIGNATURE PAGE FOR AFFIDAVIT OF APPLICANT

This is to certify that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

(PHOTOGRAPH)
Attach passport type recent photograph

(Print Name Above)

County _____ State _____

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

Notary Public

Notary: Do not notarize this section unless photograph is attached.

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

(SEAL) My Commission Expires _____

STATE LICENSURE CERTIFICATION

TO THE APPLICANT: *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dentistry. This form may be reproduced as necessary.*

TO: _____ **Board of Dentistry**

I am applying for licensure in the state of Georgia and the Georgia Board of Dentistry requires that your Board complete this form.

By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for review by the Georgia Board in its consideration of me for licensure.

My license number _____ was issued by your Board on _____ on the basis of () State Board Exam, () Reciprocity/Endorsement, () National Board, () Credentials, () Other _____.

Applicant's Full Name (print or type) Address

Signature City State Zip

This section to be completed by an official of the above reference licensing board.

Dental/Dental Hygiene License Number _____ to practice dentistry/dental hygiene in the State of _____ was issued on _____ day _____, _____.

Is license current and in good standing? () Yes () No*

Has any disciplinary action ever been taken against this license? () Yes* () No

***Please provide complete details, including copies of any documents.**

Signature Date

Title

(BOARD SEAL)

Licensing Board



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia Board of Dentistry ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State, Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]