



## APPLICATION FOR VOLUNTEERS IN DENTISTRY/DENTAL HYGIENE INITIAL LICENSURE

### GEORGIA BOARD OF DENTISTRY

237 Coliseum Drive

Macon, Georgia 31217

Phone (478) 207-2440

[www.sos.ga.gov/plb/dentistry](http://www.sos.ga.gov/plb/dentistry)

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

#### **\*\*Important\*\***

**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. Incomplete applications are void after one year.**

### Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

| Please Note: There is no fee for this type of license.

#### **ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED WITH COMPLETED APPLICATION IN ONE PACKAGE TO THE BOARD OFFICE.**

1. **Completed application form.** If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed.
2. **Official letter(s) of licensure verification for every dental license ever held.** Each letter must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) standing of license, 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 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 letter(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 Board receipt of your complete application packet.
3. **A National Practitioner Data Bank(NPDB) certified report of any pending or final disciplinary actions or malpractice actions against any license ever held by the applicant in any state. All applicants must submit a NPDB report**

4. **along with a completed application.** (NPDB must dated within four months). The **ONLY** applicants exempted from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation 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.** Those applications which have any 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. To obtain information (self-query) from the NPDB-HIPDB, please visit [www.npdb-hipdb.com](http://www.npdb-hipdb.com), scroll to the right side of the home page, and click **Perform a Self-Query**. The self-query is \$20.00, payable by credit card (VISA, MasterCard, Discover, or American Express). If you do not have Internet access, contact the Customer Service Center at 1-800-767-6732 from 8:30 a.m. to 6:00 p.m. Eastern Time (8:30 a.m. to 5:30 p.m. Fridays).
5. **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]
6. **Current CPR** certification (photocopy)
7. **Letter from Employing Department Head** at which the applicant is seeking employment and a copy of the employment contract.
8. **Physicians statement of mental and physical competency** verifying that the applicant is able to practice dentistry with reasonable skill and safety to patient.
9. **Jurisprudence Examination.** The examination must be downloaded from our website (see-applications and other forms). The study materials are also on our website. ([www.sos.ga.gov/plb/dentistry](http://www.sos.ga.gov/plb/dentistry)) **A score of 75 or higher is considered a passing score.**

AFTER YOU HAVE RECEIVED A TEMPORARY VOLUNTEER DENTAL LICENSE YOU MUST SUBMIT THE FOLLOWING:

10. **Forty (40) hours of Continuing Education Credits** must be completed and submitted to the Board office within 6 months of date your temporary volunteer dental license is issued. Only courses that are sponsored or approved by those organizations and associations listed in Board Rules (150-3-.09) are eligible for continuing education credits. A minimum of thirty (30) hours shall be clinical courses in the actual delivery of dental services to the patient or to the community.

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

**GEORGIA BOARD OF DENTISTRY**

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440  
[www.sos.ga.gov/plb/dentistry](http://www.sos.ga.gov/plb/dentistry)

APPLICATION FOR VOLUNTEER IN DENTISTRY & DENTAL HYGIENE

**Application Fee \$0**

**License Type:** \_\_\_\_\_ Volunteer Dentist  
 \_\_\_\_\_ Volunteer Dental Hygienist

**Method Obtained by:**

Applicant is applying for above referenced license by: Application

**Name** as desired on License \_\_\_\_\_  
 First Middle Last

Name as shown on exam records or transcripts  
 (if different) \_\_\_\_\_  
 First Middle Last

\_\_\_\_\_ I am a U.S. citizen

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
 \_\_\_\_\_ **I am not a U.S. citizen** but  
 am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully  
 present in the United States. **\*\*Submit attached checklist form with documentation**

**Physical Address** \_\_\_\_\_  
 Number and Street Apt. No City/State Zip  
*P.O. Box not acceptable*

**Mailing Address** \_\_\_\_\_  
 (if different) Number and Street Apt. No City/State Zip

\_\_\_\_\_ Telephone Number Day \_\_\_\_\_ Telephone Number Evening



**If yes, please request the agency or state board to send a certified copy of the Hearing Notice (if applicable) and Final Order to this office. Additionally, you must provide the Georgia Board of Dentistry with the name of the agency or board in the space provided.**

---

(Name of Agency or Board)

- B.** Have you been arrested, indicted, convicted, sentenced, pled guilty to, plead nolo contendere, 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** considered by the Georgia Board of Dentistry to be a minor traffic violation.)  **Yes**  **No**

**Please explain a “yes” response and request the court to send a certified copy of the record to this office, including the final disposition of the case(s).**

---

(Name of Court or County where violation occurred)

8. The Georgia Board of Dentistry requires all candidates for licensure to query the National Practitioners Data Bank before licensure will be granted. You may receive the form by downloading at: [www.npdb-hipdb.com](http://www.npdb-hipdb.com) or by calling 1-800-767-6732 from 8:30 a.m. to 6:00 p.m.

National Practitioners Data Bank  
P.O. Box 10832  
Chantilly, VA 22021

9. Have you within the past five (5) years personally used narcotics or alcohol excessively or have you ever received treatment for addiction to alcohol or other drugs?  **Yes**  **No** **If yes, attach an explanation.**
10. Have you ever voluntarily surrendered a dental license, or DEA registration?  **Yes**  **No** **If yes, attach an explanation.**
11. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry?  **Yes**  **No** **If yes, attach an explanation.**
12. Do you presently have any contagious or infectious disease?  **Yes**  **No** **If yes, attach an explanation.**
13. Are you retired from the practice of dentistry and not currently engaged in practice either full time or part time and have prior to retirement, maintained full licensure in good standing in dentistry in any state?  **Yes**  **No** **If no, you are ineligible for a volunteer license**
14. Photograph:

Provide one 2 X 2 head or shoulder passport-type photograph taken within the last six (6) months. Sign the front of the photograph.

**ATTACH PHOTO HERE**

**Part III**

**Affidavit of Applicant**

**APPLICANT AFFIDAVIT:**

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of \_\_\_\_\_, and I agree to abide by these laws and rules, as amended from time to time.

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 other document as indicated on page \_\_\_\_ 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 State Board of \_\_\_\_\_ and/or criminal prosecution.

\_\_\_\_\_  
Signature of applicant

The facts set forth in this application are true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure and/or authorization. The Georgia Board of Dentistry is hereby authorized to request any information necessary to process my application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

County \_\_\_\_\_ State \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_



**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)]