

**LOUISIANA STATE BOARD OF DENTISTRY
ONE CANAL PLACE, SUITE 2680
365 CANAL STREET
NEW ORLEANS, LOUISIANA 70130
TELEPHONE NO. (504) 568-8574
FAX NO. (504) 568-8598**

NAME _____ DATE _____

FEES: \$2100.00 FOR DENTISTS \$900.00 FOR DENTAL HYGIENISTS

LICENSURE BY CREDENTIALS FOR DENTISTS & HYGIENISTS

Pursuant to La. R.S.37:768, the Louisiana State Board of Dentistry may license without examination any person who has been duly licensed to practice dentistry or dental hygiene in any state, the District of Columbia, the Commonwealth of Puerto Rico and the Commonwealth of the Virgin Islands if said person produces satisfactory evidence to the board that he or she has the requisite education, training, is of good moral character, and meets every other requirement set forth in LAC (Title 46 Professional and Occupational Standards, Part XXXIII, Dental Health Professions), Chapter 3. Dentists, Section 306, Requirements of Applicants for Licensure by Credentials, and Chapter 7. Dental Hygienists, Section 706, Requirements of Applicants for Licensure by Credentials, and as may be set forth by this board.

******PLEASE CONTACT OUR OFFICE DIRECTLY TO OBTAIN FINGERPRINT CARDS AND FORMS AS THEY ARE NOT IN ELECTRONIC FORMAT.******

CHECKLIST (Please use this as a checklist to assure you have attached all required information)

- 1. Have satisfactorily taken and passed a Louisiana jurisprudence examination.
- 2. Is endorsed as being in good standing by the State Board of Dentistry in the state of current practice and all prior states of licensure and practice. Dentist must have been in active practice, while possessing a non-restricted license in another state, by working full time as a dentist at a minimum of 1,000 hours per year for the preceding five years before applying for licensure in Louisiana or full time dental education as a teacher for a minimum of three years immediately prior to applying for licensure or has completed a two year general dentistry residency program or successfully completed a residency program in one of the board recognized dental specialties as defined in Section 301.
- 3. Have not failed the clinical examination of the Louisiana State Board of Dentistry within the last ten years prior to applying for licensure by credentials.
- 4. Have never been convicted of a felony or a misdemeanor involving moral turpitude, including, but not limited to, driving while under the influence of alcohol or drugs.
- 5. Have no pending criminal charges against him/her.
- 6. Have never been found guilty or entered a consent agreement with any State Board of Dentistry to any charge affecting his/her ability to practice dentistry or dental hygiene, or showing evidence of unprofessional conduct.
- 7. Have paid all costs and fees (non-refundable). \$2100.00 for dentists; \$900.00 for hygienists.
- 8. Have fully completed required application form with all supporting data and certification of competency and good character.
- 9. Have appeared for a personal interview before the Board.
- 10. Have submitted two recent passport type photographs.
- 11. Have all units of time accounted for.
- 12. Have provided true copy of diploma(s) and/or national board examination grades (and transcripts of dental hygiene school grades).
- 13. Have furnished three letters of recommendation from professional associates, i.e. associations, boards or prior employers listed on the application for licensure on letterhead stationery from said organization.
- 14. Possess a current certificate in CPR course "C", Basic Life Support for Health Care Providers as defined by the American Heart Association, the American Red Cross Professional Rescue Course, or their equivalent. Attach a copy of the certificate to the application.

- 15. Is a citizen or permanent resident of the United States, unless otherwise prohibited by the North American Free Trade Agreement. Attach original or certified true copy of documentation.
- 16. Is free of any communicable or contagious disease, including but not limited to Human Immunodeficiency Virus, Hepatitis B Virus, and Hepatitis C Virus, and provide a notarized certificate of health from a medical doctor relative to your physical and mental condition.
- 17. If applicant is a dentist, he/she must have submitted Drug Enforcement Administration registration certificate number and state narcotics license number in all states wherein same are held or have been held.
- 18. Have enclosed certifications of good standing from each state of prior or current licensure.
- 19. Have attached National Practitioner Data Bank self-query report.
- 20. Have provided sworn affidavit that there are no unresolved complaints against you.
- 21. Have provided a notarized statement from the local peer review chairman in all states where you are presently practicing stating that there have been no negative cases resolved against you within the preceding five years before applying for licensure. **(DENTISTS ONLY)**
- 22. Have a signed release authorizing the peer review chairman to provide such information to the Board. **(DENTISTS ONLY)**
- 23. Have shown that your professional liability insurance has never been revoked, modified, or non-renewed.
- 24. Provided documentation of completion of continuing education hours for the past two years?
- 25. Why are you applying for a Louisiana license?
- 26. Has completed an examination on a live patient.
- 27. Submitted all required fingerprint information.

<u>FOR OFFICE USE ONLY</u>	<u>PHOTOGRAPH OF APPLICANT</u>
Date Received _____	An unmounted color passport type bust photograph, 2 1/2"x 2 1/2", taken not more than six months before date of application, must be securely pasted (NOT STAPLED) to this space and must not be larger than space provided. (No hats or caps, please.)
Interview Date _____	
Disposition _____	
License No. _____	
Date Issued _____	

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APPLICATION FOR LICENSURE BY CREDENTIALS

Examination Fee (Non-Refundable) \$ _____

DENTIST _____ HYGIENIST _____

Instructions for the applicant:

All statements are to be based on your own knowledge, unless the statement is expressly qualified to show the source of your information. Answer all questions and make your answers as specific as possible. If the space for any answer is insufficient, you may complete your answer on a separate attached sheet. **Supplying false information, or failing to provide certain information, is a violation of the Louisiana Dental Practice Act and may result in denial of the license application and/or disciplinary action.** The applicant must satisfy all requirements of LAC 46:XXXIII.306 (Dentists) or LAC 46:XXXIII.706 (Hygienists). It will be necessary for you to appear before the Louisiana State Board of Dentistry for an oral interview after having successfully passed a Louisiana jurisprudence examination.

1. **STATE THE FOLLOWING:**

a) Full Name _____

b) Present Office Address _____
(Street Address) (City) (State) (Zip Code)

c) Present Residence Address _____
(Street Address) (City) (State) (Zip Code)

d) Place of Birth _____ Date of Birth _____

e) Present Office Telephone No. _____ Residence Telephone No. _____

f) Enclose original or certified true copy of Birth Certificate.

g) Have you ever been known by any other name? _____

If yes, state in full every other name by which you have been known, the reason therefor, and inclusive dates so known.

If change was made by court order, enclose herein a certified copy of such order.

If married woman, give maiden name _____

h) Social Security # _____

i) Spouse's Name _____

PHYSICAL DESCRIPTION

Color of hair _____ Color of eyes _____ Height _____ Weight _____ Sex _____

Identifying marks _____

2. State every residence you have had in the past ten years. (DO NOT GO BACK BEYOND AGE SIXTEEN)

Street No.	City	State	From Mo. & Yr.	To Mo. & Yr.

HIGH SCHOOL EDUCATION

3. EDUCATION

a) 19 _____ to 19 _____ School _____ Location _____

1st Year
2nd Year
3rd Year
4th Year

GENERAL COLLEGE EDUCATION

b) 19 _____ to 19 _____ School _____ Location _____

1st Year
2nd Year
3rd Year
4th Year

DENTAL OR DENTAL HYGIENE EDUCATION

c) 19 _____ to 19 _____ School _____ Location _____

1st Year
2nd Year
3rd Year
4th Year

d) Internship, Residency, or Post-Graduate Education

School or Hospital: _____

Name	Location

Dates of Education: from _____ to _____

Nature of internship, residency or other education: _____

List Degree or Certification received: _____

Make a complete statement of all past and present employment you have had, or business or occupations in which you have been engaged on your own account. (Attach complete statement).

9. Supply evidence of post graduate continuing education for the past 2 years. Attach sheet listing title of course, sponsoring institution, date, and credit hours.
10. Give detailed statement regarding any service in the armed forces, including dates of active service, rank, serial number, locations, last commanding officer, and your last service address. If separated from service, state nature of separation and, if other than honorable, specify type thereof and circumstances surrounding your release. Give full particulars as to any conviction by court-martial while serving in the armed forces. (Attach statement).

Branch of Service _____ Serial Number _____

OTHER STATE LICENSES

11. a) I am licensed to practice dentistry/dental hygiene in the following jurisdiction(s) and no others:

JURISDICTION	HOW LICENSED (Exam, Reciprocal, Credentials, or other)	LICENSE NO.	DATE OF ISSUANCE	YEARS OF PRACTICE

- b) I have been refused dental licensure examination in the following jurisdictions, and no others, for the following reasons:

- c) I have failed the dental examination or been refused license in the following jurisdictions, and no others: (give dates)

- d) The licensing examination I passed in the State of _____ included procedures performed on a live patient.

GENERAL INFORMATION

State your DEA No. _____
(Attach copy of registration)

12. Why are you applying for licensure in the State of Louisiana? _____

13. Have you been entitled to practice in each of the jurisdictions specified under question eleven continuously from the date you first became entitled until the date hereof? Yes __ No ____

If no, why? _____

14. Have you been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dentist/dental hygienist or a member of any profession? Yes __ No ____

If yes, state the dates, the facts, the disposition of the matter and the name and address of the authority in possession of the record thereof. (Attach statements).

15. Have you ever been convicted of or plead guilty to any felony or misdemeanor involving moral turpitude including, but not limited to, driving while under the influence of alcohol or drugs other than non-moving traffic violations? Yes ____ No ____ If yes, state the dates, the facts, the disposition of the matter and the name and address of the authority in possession of the record thereof. (Attach statements).

16. Within the past five years, have you been a patient in any sanitarium, hospital, or mental institution for the treatment of a mental illness? Yes _ No ____ . If yes, attach statements giving full explanation, including name and address of doctor and institution.

17. Are you now, or within the past five years have you ever been addicted to, or have you received treatment for the habitual use of controlled substances or alcohol? Yes ____ No ____
If yes, attach statements, giving full explanation, dates, places, etc.

18. Are there any unsatisfied judgments against you? Yes ____ No ____ . If yes, list the details, giving amounts, dates, and the nature of the judgment, and the reason for non-payment.

19. Have you been reported to the National Practitioner Data Bank? Yes ____ No ____

REPORT VERIFICATION DOCUMENT MUST BE ATTACHED TO VERIFY ANSWER. The report verification document may be obtained from the National Practitioner Data Bank at P.O Box 10832, Chantilly, VA, 20153, 1-800-767-6732.

20. Give the name and location of each dental or dental hygiene association of which you are now or have been a member.

21. **Physician’s statement of examination of applicant:**

I, _____, a duly licensed physician of the State of _____ have this day examined _____ the applicant herein, and my medical examination reveals that such applicant is free from all infectious and contagious diseases, and such applicant is in good physical and mental health. Examination is made in _____

City _____ State _____
on this _____ day of _____, 20_____

License Number _____ M.D. _____
Signature _____

22. Submit three (3) letters of recommendation from professional associates, i.e.: Associations, boards, including a letter from last employer or associate listed under practice history on letterhead stationery from said organization.

AFFIDAVIT

23. THE STATE OF _____
PARISH/COUNTY OF _____

(a) I, _____, the applicant herein, upon oath depose and say that all facts, statements and answers contained in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of any information of facts concerning my qualifications as an applicant shall be sufficient to bar me from this application for licensure by credentials or any future examination given by the Louisiana State Board of Dentistry and such falsification, omission, or withholding shall serve as sufficient grounds for suspension, cancellation or revocation of my Louisiana dental/dental hygiene license or certificate, even though it is not discovered until after issuance.

(b)The attached photograph is a true likeness of the applicant.

(c)I have read the Louisiana Dental Practice Act; I solemnly declare upon my honor that if granted a license to practice dentistry/dental hygiene in Louisiana, that I will respectfully comply with any law governing the practice of dentistry or dental hygiene in this State, and will do my best to uphold and maintain the ethics of the profession.

(d)I hereby authorize and request, every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me, to furnish to the Louisiana State Board of Dentistry any such information, documents, or records or any other pertinent data, and to permit the Louisiana State Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

APPLICANT’S SIGNATURE

Sworn to and Subscribed before me the undersigned Notary Public on this _____ day of _____
20 _____, in the city of _____, State of _____.

SEAL

NOTARY PUBLIC

My Commission expires on the _____ day of _____, 20_____.

AFFIDAVIT

STATE OF _____

PARISH/COUNTY OF _____

BEFORE ME, the undersigned authority personally came and appeared:

who, after being by me first duly sworn, did depose and say:

Affiant has declared that there are no unresolved complaints against him/her and that his/her professional liability insurance has never been revoked, modified, or non-renewed.

AFFIANT

**SWORN TO AND SUBSCRIBED BEFORE ME, THIS _____ DAY OF _____,
20_____.**

NOTARY PUBLIC

§1747. Hepatitis B or Human Immunodeficiency carriers; practice requirements; report procedures; exemptions

- A. Each board licensing health care providers shall establish by rule practice requirements based on applicable guidelines from the Federal Centers for Disease Control which will protect the public from the transmission of the hepatitis B virus or human immunodeficiency virus in the practice of a profession regulated by the appropriate board.
- B. The boards shall by rule, based on applicable guidelines from the Federal Centers for Disease Control, establish requirements and procedures for a licensee and a licensure applicant to report his status as a carrier of the hepatitis B virus or human immunodeficiency virus to the board and shall enforce such requirements and procedures.
- C. Each report of hepatitis B virus carrier status or human immunodeficiency virus carrier status filed by a licensee or licensure applicant in compliance with this section and each record maintained and meeting held by the boards in the course of monitoring a licensee for compliance with the practice requirements established by Subsection A are confidential and exempt from the public records by R.S. 44:4(7), (9), and (11), except for the purpose of the investigation or prosecution of alleged violations of this part by the boards.

§1207 Self-Reporting

- A. Any dental health care provider who in the course of practice may at any time undertake to perform or participate in an exposure-prone procedure and who is or becomes HBV seropositive, HCV seropositive, or HIV seropositive shall be required to give notice of such seropositivity to the board in accordance with the provisions of this Section.
- B. Within 90 days of the effective date of this Chapter, any dental health care provider who has previously been verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall give notice of such diagnosis to the board on a reporting form supplied by the board.
- C. Within 10 days from the date on which a dental health care provider has been verified as being HBV seropositive, HCV seropositive, or HIV seropositive, the dental health care provider shall give notice of such diagnosis to the board on a reporting form supplied by the board which shall be mailed to the executive director of the board, marked "Personal and Confidential" by registered or certified mail.
- D. An applicant for licensure as a dental health care provider who at the time of application is verified as being HBV seropositive, HCV seropositive, or HIV seropositive shall acknowledge such diagnosis in his or her written application to the board.
- E. Aforementioned reporting forms will be provided to each licensee with his or her license and additionally with his or her biennial renewal application, or upon request.
- F. The seropositive dental health care provider must submit to evaluation within 15 working days of his notification by the board ordering said dental health care provider to be examined by experts selected by the board, and those experts must complete and submit their reports to the executive director of the board within 15 days following their examination.
- G. Reports from two physicians and two laboratories evidencing change in the dental health care provider's serostatus shall be submitted to the executive director for board evaluation of the change of the serostatus when any dental health care provider previously verified as HBV seropositive or HCV seropositive who becomes HBV seronegative or HCV seronegative.
- H. Any dental health care provider or applicant for licensure who is required under this Section to report his/her HBV, HCV, or HIV seropositive status and fails or neglects to provide notice as set forth in this Section shall be deemed in violation of R.S. 37:776(A)(1), (3), (7), (12), (16), (17), (20) and (24), and subject to sanctions associated therewith.

§1208. Confidentiality of Reported Information

- A. Reports and information furnished to the board pursuant to §1207 of this Chapter and records of the board relative to such information shall not be deemed public records, but shall be deemed and maintained by the board as confidential and privileged and shall not be subject to disclosure by means of subpoena in any judicial, administrative or investigative proceeding; provided that such reports, information and records may be disclosed by the board as necessary for the board to investigate or prosecute alleged violations of this Chapter.
- B. The identity of the seropositive practitioner or applicant for licensure who has reported their status as being HBV, HCV, or HIV seropositive pursuant to §1207 of this Chapter shall be maintained in confidence by the board on all matters pertaining to the HBV, HCV, and HIV diseases, and shall not be disclosed to any other party, except as may be necessary in the investigation or prosecution of suspected violations of this Chapter, necessary for the evaluation and monitoring of the physical and psychological condition of the seropositive practitioner or applicant for licensure, or as allowed by R.S. 40:1300.14.
- C. Provided that the identity of self-reporting practitioners and applicants seeking licensure is not disclosed, the provisions of this Section shall not be deemed to prevent disclosure by the board of statistical data derived from such reports, including, without limitation, the number and licensure class of those who have reported themselves as HBV, HCV, or HIV seropositive and their geographical distribution.