



Louisiana State Board of Dentistry
P.O. Box 5256
Baton Rouge, Louisiana 70821-5256
225.219.7330 Telephone ~ 225.219.0707 Fax
www.lsbdb.org

APPLICATION FOR DENTAL LICENSE BY CREDENTIALS FOR LOUISIANA RESIDENTS ONLY

NON-REFUNDABLE APPLICATION FEE \$2050

ALL APPLICATIONS SHOULD BE MAILED TO THE BOARD OFFICE. DO NOT BRING THEM IN PERSON. IF YOU PREFER TO FEDEX YOUR APPLICATION, PLEASE CALL THE BOARD OFFICE FOR THE PHYSICAL ADDRESS.

*This application **must** be accompanied by proof of your Louisiana residency. See instructions below regarding acceptable documents.*

REQUIREMENTS FOR LICENSURE

Each applicant applying for a Louisiana dental license by credentials for **Louisiana residents** must meet the following criteria. Use this list to be sure you are eligible for this license and are prepared to complete and submit your application.

1. Be a resident of Louisiana
2. Currently hold a nonrestricted dental license in good standing in another U.S. state or territory. This license must have been held for at least one year. There may be no disciplinary charges pending against this license.
3. Have successfully completed a clinical licensing examination at some point in the licensure history which included a hand skills assessment
4. CPR Certification: you must hold a current Basic Life Support (BLS) certification for healthcare providers from an approved entity (most commonly the American Heart Association or American Red Cross)
5. Provide the results of a self-query from the NPDB
6. Complete an approved opioid management course
7. Pass the board's jurisprudence exam
8. Submit to a fingerprint background check
9. Complete the application and have it notarized
10. Submit the \$2050 application fee

*****CRIMINAL HISTORY INFORMATION*****

Pursuant to Act 486 of the 2022 Regular Session of the Louisiana Legislature, anyone with a criminal record who is interested in pursuing an education to become a licensed dentist or dental hygienist in Louisiana has the right to petition the Board prior to beginning the education program for a determination pursuant to R.S. 37:33 on whether their criminal history would disqualify them from licensure. Criminal convictions may be used as a basis for denial of licensure. All of the factors listed in R.S. 37:2950 will be considered in determining whether licensure will be denied.

GENERAL INFORMATION

- Read all information and instructions prior to completing and submitting your application.
- *The board is unable to “rush” applications.* The standard processing time is approximately 30 days **after** receipt of your **completed application**. This includes all attachments and documents sent on your behalf by a third party.
- You should not make commitments on loans, practice start dates, home purchases, etc., until a license has been granted and you have it in your possession.
- The board will not verify receipt of documents prior to receipt of a completed application.
- Applicants should manage their own applications. The board will not communicate with any third party regarding the status of an application.

It is at the sole discretion of this board to grant licensure, and the filing of this application, along with the \$2050 fee, in no way guarantees approval of licensure.

PROOF OF LOUISIANA RESIDENCY

You must provide proof of your current residence in Louisiana. You are **required** to submit one of the following with your application:

1. A copy of your Louisiana driver’s license or identification card
2. A copy of your current Louisiana voter registration card
3. A copy of proof of your current Louisiana homestead exemption
4. A copy of current Louisiana employment for you or your spouse OR a notarized copy of a promise of Louisiana employment for you or your spouse*

**If you submit proof of employment to establish Louisiana residency, your license will only be valid for six months. You must provide proof of Louisiana residency with a Louisiana driver’s license or ID card, voter registration card, or homestead exemption within six months of your license issuance. If you do not submit one of these items within six months, your license will be automatically revoked. There are no extensions of this time period.*

FINGERPRINT BACKGROUND CHECK

You may schedule your fingerprint background check online through IdentoGO **AFTER** the board has received your application and fee. Do **not** have your prints taken before your completed application and fee are received in the board office.

If the board receives the results of your criminal background check before receiving your application and fee, the results will NOT be accepted. You will be required to schedule a second fingerprint background check at a service center. There will be an additional cost.

You will be able to check the status of your background check through the service center after you have been printed. Please do not call the board office to see if we have your results.

For additional information, see the fingerprint background check information and instructions later in this packet.

CLINICAL LICENSURE EXAMINATION

All applicants for a dental license must have completed a clinical licensure examination at some point. This examination must have included a hand skills assessment.

If you completed ADEX, the board will be able to retrieve your scores directly from ADEX. If you completed an examination other than ADEX, you must have that examining agency send proof of your successful completion of its examination.

FEE

The **non-refundable** application fee is \$2050. The board accepts only checks or money orders made payable to the Louisiana State Board of Dentistry.

OPIOID MANAGEMENT COURSE

All applicants must complete 3 hours of opioid management to receive their Louisiana dental license. The board maintains a list of approved opioid management CE courses on the CE page of its website at <http://www.lsbd.org/conted.htm>. The first course listed is offered through Dentalcare.com and will satisfy the requirement entirely.

Keep your opioid management CE certificate to upload to CE Broker after your license has been issued. This is required to renew your license for the very first time.

JURISPRUDENCE EXAMINATION

All applicants for a dental license must complete the jurisprudence examination. The test consists of 100 true/false and multiple choice questions. You must answer 75 correctly to pass the exam. The information you will be tested on may be found in the Louisiana Dental Practice Act. You may download and print a copy of the DPA from the board's website at www.lsbd.org.

Please contact the board office to schedule the jurisprudence exam. **You may not schedule your jurisprudence test unless and until your application and fees have been received in the board office.**

Jurisprudence test scores are valid for one year. If your license is to be issued more than one year after you completed the jurisprudence exam, you must retake it.

APPLICATION TIMELINE

The Board office will notify you of any deficiencies in your application. Repeatedly calling the board hinders the processing of your application.

The processing of licensure applications will take approximately 30 days after the board's receipt of your **completed** application. This includes ALL fees, application, background check results, documentation, and jurisprudence test. Plan your application time accordingly. Rush requests are not possible.

RELOCATION

If your address changes after you submit your application and before you receive your license, you **must** notify the board of your new address. This notification must be in writing and either faxed, emailed, or mailed to the Board office. The Board is not responsible for licenses sent to an incorrect address due to an applicant's failure to update his or her address with the board.

DOCUMENTATION TO BE SUBMITTED WITH YOUR APPLICATION

Please use the following checklists to ensure your application is complete prior to your submitting it to the board office.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING ITEMS WITH THEIR APPLICATION TO THE BOARD OFFICE:

- ☐ 1. Recent, passport sized color photograph with name written and signed on the back
- ☐ 2. Copy of your current CPR card. The courses accepted are the American Heart Association BLS Provider and the American Red Cross BLS Healthcare Provider course, or their equivalent. CPR courses which are completed entirely online are not acceptable. Please contact the Board office to determine whether your course is acceptable.
- ☐ 3. Proof of Louisiana residency
- ☐ 4. Completed, notarized application
- ☐ 5. Completion certificate from your opioid management course
- ☐ 6. Copy of your dental degree which shows your school name and full graduation date
- ☐ 7. Check or money order made out to the Louisiana State Board of Dentistry for the \$2050 application fee

ADDITIONAL ATTACHMENTS AS REQUIRED

- ☐ 1. If you have tested seropositive for HIV, HBV, or HCV, you must include the self-reporting form (found later in this packet). **COMPLETE THIS FORM ONLY IF YOU HAVE TESTED SEROPOSITIVE FOR HIV, HBV, OR HCV.**
- ☐ 2. Riders explaining details and circumstances for a specific question and any supporting documentation.

DOCUMENTATION TO BE SENT ON YOUR BEHALF DIRECTLY TO THE LOUISIANA STATE BOARD OF DENTISTRY BY A THIRD PARTY

To expedite your application, please have these entities send this information **after** the receipt of your application in the Board office.

- ☐ 1. Proof of your successful completion of a clinical licensure examination. This is usually a score report from your testing agency.
- ☐ 2. A certification of your license from each board of dentistry where you hold or have ever held a license. You may use the form included, or you may have each board send a certification letter as long as it contains the requested information. *Do not have certifications sent to the Louisiana State Board of Dentistry until **after** your application has been received in the Board office. We cannot file certifications appropriately unless there is an application with which to associate them.*
- ☐ 3. National Practitioner Data Bank (NPDB) self-query. Please visit www.npdb.hrsa.gov to request a self-query. *The results must remain in the original sealed envelope and be attached to your application to the Board.*

ADDITIONAL REQUIREMENTS

- ☐ 1. Once your application and fee have been received, contact the board office directly to schedule your jurisprudence examination.
- ☐ 2. Once your application and fee have been received, schedule your fingerprint background check at a service center.

BACKGROUND CHECKS

YOUR CRIMINAL FINGERPRINT BACKGROUND CHECK **MUST** BE SCHEDULED **AFTER** THE LOUISIANA STATE BOARD OF DENTISTRY HAS RECEIVED YOUR **APPLICATION AND FEE.**

*IF YOUR BACKGROUND CHECK RESULTS ARE RECEIVED BEFORE YOUR APPLICATION AND FEE, YOUR RESULTS WILL **NOT** BE ACCEPTED. YOU WILL THEN BE REQUIRED TO COMPLETE A NEW BACKGROUND CHECK AT A SERVICE CENTER. THERE WILL BE AN ADDITIONAL COST.*

INSTRUCTIONS FOR THE APPLICANT

Print legibly or use a typewriter to complete the application.

Your application must be completed fully, truthfully, and accurately. If a particular question does not apply to you, mark "N/A" in the appropriate space. If you need more space to answer any question(s), complete your answer on an additional sheet of paper and attach it to your application.

You must include a recent, color, passport sized photograph with your application. Write and sign your name on the back of the photograph, then attach it to your application in the space provided on the first page.

A. PERSONAL INFORMATION

Give the personal information requested.

Question 6: Any board correspondence will be sent to your mailing address, **including your original license**.

B. EDUCATION INFORMATION

Give the education information requested.

Question 2: If your dental education was interrupted or lasted longer than the standard 4 years, you must provide all details in a rider.

C. GENERAL HISTORY

Any "yes" responses in this section **must** be accompanied by a rider attached to your application. In the rider specify the question number and section to which you are responding. Give all relevant dates, circumstances, dispositions, outcomes, etc. Include copies of any documentation.

Failure to include a detailed explanation **will** result in a processing delay.

Questions 4 and 5: Even if you believe an arrest or conviction or other incident was expunged, it **must** be disclosed to the board. As a healthcare profession licensing agency, the board **will** receive all criminal record information **including expunged records**. Material omissions are considered grounds for license denial.

D. PROFESSIONAL HISTORY

Any "yes" responses in this section **must** be accompanied by a rider attached to your application. In the rider specify the question number and section to which you are responding. Give all relevant dates, circumstances, dispositions, outcomes, etc. Include copies of any documentation.

Failure to include a detailed explanation **will** result in a processing delay.

E. AFFIDAVIT

You must complete this section and sign it in front of a notary. Applications which are not notarized will be returned to the applicant.

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

<u>PHOTOGRAPH OF APPLICANT</u>	<u>FOR OFFICE USE ONLY</u>	
<p>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 attached to this space and must not be larger than space provided. (No hats or caps, please.)</p>	<p>Application fee _____</p> <p>PHF fee _____</p> <p>National board scores _____</p> <p>CPR _____</p> <p>Photograph _____</p> <p>Proof of citizenship _____</p> <p>Fingerprints sent _____</p> <p>Fingerprints received _____</p>	<p>Jurisprudence _____</p> <p>Transcript _____</p> <p>Regional exam _____</p> <p>Opioid management _____</p> <p>Other state certifications _____</p> <p>NPDB-HIPDB _____</p> <p>License number issued _____</p> <p>Date Issued _____</p>

A. PERSONAL INFORMATION

1. Name: _____

First
Middle
Last
2. Name as you wish it to appear on your board license:

3. List all previous names and reason(s) for change. If by court order, enclose a copy of such order.

4. Social security number: _____
5. Citizen or permanent resident of the U.S. OR do you possess valid and current legal authority to live and work in the U.S.? ☐ Yes ☐ No
6. Mailing address:

Number and street
City
State
ZIP
7. Home address:

Number and street
City
State
ZIP
8. Phone number: _____
9. Email address: _____
 Use this email address for board correspondence? ☐ Yes ☐ No
10. Place of birth: _____ Date of birth: _____
11. Sex: _____ Race: _____
12. Clinical licensing examination: _____ Date completed: _____

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

B. EDUCATION INFORMATION

1. **UNDERGRADUATE EDUCATION (AS SEPARATE FROM 4 YEAR DENTAL EDUCATION)**

College/university attended	Location	From month/year	To month/year
-----------------------------	----------	--------------------	------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Degree received: _____ Date degree received: _____

2. **DENTAL EDUCATION**

Dental school attended	Location	Number of years	From month/year	To month/year
------------------------	----------	-----------------	--------------------	------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Degree received: _____ Date degree received: _____

Attach a copy of your degree certificate which shows your school name and full graduation date.

Was your dental education interrupted (other than for the usual vacation periods) or extended beyond the standard four years? If so, explain the circumstances in a rider. ☐ Yes ☐ No

3. **POST-GRADUATE DENTAL EDUCATION**

Dental school attended	Location	Number of years	From month/year	To month/year
------------------------	----------	-----------------	--------------------	------------------

_____	_____	_____	_____	_____
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Certificate received: _____ Date certificate received: _____

4. Have you ever held yourself out as being a specialist in any branch of dentistry? ☐ Yes ☐ No

If yes, give branch: _____

5. Are you a diplomate of a specialty board? ☐ Yes ☐ No

If yes, give name of specialty board and date of certification: _____

6. Do you possess a current certificate in the Cardiopulmonary Resuscitation Course "C" Basic Life Support for Healthcare Providers as defined by the American Heart Association, the American Red Cross Professional Rescue Course, or an equivalent? (Attach copy of CPR card.) ☐ Yes ☐ No

7. Have you successfully completed all portions of the National Board Dental Examination? ☐ Yes ☐ No

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

C. GENERAL HISTORY

ANY "YES" ANSWERS IN THE FOLLOWING SECTION **MUST** BE EXPLAINED IN DETAIL IN A RIDER ATTACHED TO YOUR APPLICATION.

1. Provide a chronological history of your **home address for the past seven years**. There can be no time gaps. If you need additional space, attach another sheet to this application.

Home address:

Number and street	City	State	ZIP
<hr/>			
Start date: _____	End date: _____		

Home address:

Number and street	City	State	ZIP
<hr/>			
Start date: _____	End date: _____		

Home address:

Number and street	City	State	ZIP
<hr/>			
Start date: _____	End date: _____		

2. Branch of armed forces served in: _____ Date separated*: _____

Have you ever been a defendant in a military court martial or received any discharge other than honorable? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

3. Have you ever been dropped, suspended, or been the subject of any disciplinary action by any school or college for any cause whatsoever? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

Questions C-4 and C-5 pertain to criminal history. Anyone with a criminal record who is interested in pursuing an education to become a licensed dentist or dental hygienist in Louisiana has the right to petition the Board prior to beginning the education program for a determination pursuant to R.S. 37:33 on whether their criminal history would disqualify them from licensure. Criminal convictions may be used as a basis for denial of licensure. All of the factors listed in R.S. 37:2950 will be considered in determining whether licensure will be denied. This message is pursuant to Act 486 of the 2022 Regular Session of the Louisiana Legislature.

4. Have you ever been: 1. Arrested or 2. Charged with or convicted of a misdemeanor or felony? ☐ Yes ☐ No

Although an arrest or conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question. If you entered and completed a pretrial intervention program or diversion program, all details must be disclosed.

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

5. Have you ever been convicted or found guilty—regardless of adjudication—of a crime in any jurisdiction? (Do not include parking or speeding violations.) ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. LIST RELEVANT DETAILS, DATES, CIRCUMSTANCES AND DISPOSITION.

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

Questions C-6 through C-9 pertain to certain mental or physical conditions with which you may have been diagnosed. No mental or physical diagnosis in and of itself is an impediment to licensure. The Louisiana State Board of Dentistry focuses on the applicant's conduct and abilities to determine whether or not an applicant can practice safely. If you respond "yes" to any of the following 4 questions, you must attach an explanation in a rider. Depending on the explanation, the board may request your medical records.

6. Have you ever been declared legally incompetent? ☐ Yes ☐ No
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
7. Have you, in the last 5 years, engaged in any conduct deleterious to others which caused or required you to seek treatment for amnesia, emotional disturbances, or a mental disorder? ☐ Yes ☐ No
Seeking treatment for mental health issues does not necessarily disqualify one from receiving a license. The board is only interested in determining whether you are currently able to safely practice dentistry.
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
8. Have you been addicted to or received treatment for the use of drugs, narcotics, or intoxicating liquors within the past 5 years? ☐ Yes ☐ No
Seeking treatment for substance abuse issues does not necessarily disqualify one from receiving a license. The board is only interested in determining whether you are currently able to safely practice dentistry.
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.
9. Do you have any physical or mental condition which currently affects or limits your ability to practice a full range of dentistry in other than a competent manner? ☐ Yes ☐ No
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

D. PROFESSIONAL INFORMATION

ANY "YES" ANSWERS IN THE FOLLOWING SECTION **MUST** BE EXPLAINED IN DETAIL IN A RIDER ATTACHED TO YOUR APPLICATION.

1. Provide a chronological history of your **professional employment from the date of your graduation from dental school**. There can be no time gaps. Indicate the address(es) of your current employment location(s). For periods of unemployment, check the box marked "unemployed" and provide the remaining information. If you need additional space, attach another sheet to this application.

Employment information ☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street _____ City _____ State _____ ZIP _____

Employment information ☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street _____ City _____ State _____ ZIP _____

Employment information ☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street _____ City _____ State _____ ZIP _____

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

Employment information

☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street

City

State

ZIP

Employment information

☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street

City

State

ZIP

Employment information

☐ Current employment ☐ Unemployed

Start date: _____ End date: _____ Average hours worked per week: _____

Number and street

City

State

ZIP

2. Why are you applying for a license in Louisiana?

3. Are there any unsatisfied judgements against you? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

4. Have you ever been denied the right to take a clinical examination in any state? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

5. Have you ever been refused a license to practice dentistry or any other license—or the renewal thereof—in any state? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

6. Have you ever had a license or certificate of registration to practice dentistry or any other licensed profession revoked, suspended, or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any jurisdiction? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

7. Is there currently pending against you, in any jurisdiction, a complaint against your professional conduct or competence as a dentist? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

8. Have you ever been terminated from any dental or medical residency or internship program? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

9. Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was negligence, malpractice, or lack of professional competence? ☐ Yes ☐ No

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

10. Have you ever been refused any privilege of prescribing controlled substances, or had any prescribing privileges of controlled substances suspended or revoked? ☐ Yes ☐ No
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

11. Have you ever failed any clinical licensing examination? ☐ Yes ☐ No
A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. INCLUDE DATES, DETAILS, AND CIRCUMSTANCES.

12. List below **all** dental clinical licensing examinations you have taken and indicate your results. **Each attempt should be indicated as a separate entry.** (Do not list national board exam failures.)
If you need additional space, attach a rider. If you failed any portion of any dental examination, provide all relevant details in a rider.

<i>Name of exam</i>	<i>Date taken</i>	<i>Pass/fail</i>	<i>Portion(s) failed</i>

13. Indicate below any jurisdiction in which you **currently hold or have ever held a dental license**. Have each board where you currently hold or have ever held a dental license send a certification of your license directly to the Louisiana State Board of Dentistry.

<i>Jurisdiction</i>	<i>Licensed by (examination, credentials, etc.)</i>	<i>License no. and date issued</i>	<i>Years of practice</i>	<i>Type of practice</i>

14. Provide your current DEA registration information. If you do not have one, select N/A. ☐ N/A
If you need additional space, attach another sheet to this application.

DEA registration number: _____
Issue date: _____ Expiration: _____

15. Provide any current state controlled substances permit information. If you do not have one, select N/A. If you need additional space, attach another sheet to this application. ☐ N/A

Permit number: _____ State: _____
Issue date: _____ Expiration: _____

16. Are you currently in compliance with continuing education requirements in any current state of licensure? ☐ Yes ☐ No
If no, please contact the board office before submitting your application.

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

17. Have you had any malpractice or negligence lawsuits or claims brought against you, whether ☐ Yes ☐ No the claim or lawsuit was made against you directly or any practitioner by whom you were employed, or any entity by whom you were employed, within the last ten (10) years with dates and results, including settlements or resolution.

If yes, provide your explanation. Include all cases that were dismissed or were settled without payment. Include active and pending cases. Provide a statement and documentation.

A "YES" ANSWER **MUST** BE EXPLAINED IN DETAIL IN A RIDER. Provide your explanation.

Include all cases that were dismissed or were settled without payment. Include active and pending cases. Provide a statement and documentation.

18. List all malpractice insurance carriers (including addresses & policy numbers) with whom you have been insured during the past ten (10) years. Leave no time gaps. If you have had an individual policy or if you have been covered by others, (employer/group policy, military, school employment/residency, or federal/public health), indicate coverage type. Provide the name of your carrier as well as the policy number.

If you need additional space, attach another sheet to this application.

If you have never carried malpractice insurance, nor been covered under any other policy, write "N/A."

☐ Current policy

Coverage type: _____

Carrier: _____

Policy No.: _____

Start date: _____ End date: _____

☐ Current policy

Coverage type: _____

Carrier: _____

Policy No.: _____

Start date: _____ End date: _____

LOUISIANA STATE BOARD OF DENTISTRY
DENTAL LICENSE BY CREDENTIALS APPLICATION—LOUISIANA RESIDENTS

AFFIDAVIT

In addition to the foregoing, I add the following:

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

(b) I hereby give permission to the Louisiana State Board of Dentistry to secure additional information concerning me or any statement in this application from any person or any source the Board may desire. I further agree to submit to questioning by the Board or any member thereof and to substantiate my statements if desired by the Board.

(c) I have attached a check or money order in the amount of \$ 2050.00 made payable to the Louisiana State Board of Dentistry to cover the cost of the license. I understand that this fee is non-refundable.

(d) I hereby affirm that I have received a self-reporting form from the Louisiana State Board of Dentistry relative to the reporting of my serostatus of the human immunodeficiency virus, the hepatitis B virus, and the hepatitis C virus as required by Louisiana Administrative Code—Title 46 (Professional and Occupational Standards—Dental Health Professions) Chapter 12 “Transmission prevention of HIV/HBV/HCV.”

(e) I, _____, the applicant herein, state and depose 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 information or facts concerning my qualifications as an applicant shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Louisiana dental license even if it is not discovered until after issuance.

Applicant's Signature

State of _____

Parish/County of _____

Before me, the undersigned authority, on this day personally appeared _____, who, after being duly sworn by me on his/her oath, certifies that all facts, statements, and answers contained in this application are true and correct in every respect, and that the attached photograph is a true likeness of the applicant.

Applicant-Affiant

Sworn to and subscribed to before me on this _____ day of _____, 20_____, to certify which witness my hand and official seal of office.

Notary Public

SEAL

Parish/County of _____ State of _____
or State of _____ at Large.

MAKE ALL FEES PAYABLE TO THE LOUISIANA STATE BOARD OF DENTISTRY



Fingerprint Service Code Form

Service Name: Louisiana State Board of Dentistry

To Schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

27N2Y4

*Service Code is unique to your hiring/licensing agency. **Do not use this code for another purpose.***

Please bring one of the identification documents from the list below to your enrollment appointment. Identification must be valid, not expired, and contain a photograph of the applicant.

- Driver's License issued by a State or outlying possession of the U.S.
- Driver's License PERMIT issued by a State or outlying possession of the U.S.
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S.
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States



Don't have access to the Internet? You can still schedule an appointment by calling 844-539-5543.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

**COMPLETE THIS FORM ONLY IF YOU HAVE TESTED POSITIVE FOR HIV,
HBV, OR HCV**

PLEASE PRINT OR TYPE ALL INFORMATION AS REQUIRED

I authorize _____ and the physicians
Name of hospital/physician/facility
who treated _____ to release to
Name of patient

Louisiana State Board of Dentistry
P.O. Box 5256
Baton Rouge, Louisiana 70821-5256
(225) 219-7330

my medical record or specific information relative to:

TEST RESULTS FOR HUMAN IMMUNODEFICIENCY VIRUS, HEPATITIS B VIRUS OR HEPATITIS C VIRUS

I understand that the Louisiana State Board of Dentistry is mandated by R.S. 37:1747 to establish procedures for reporting a licensee's status as a carrier of HIV, HBV, or HCV, and that pursuant to Louisiana Administrative Code 46:XXXIII.1207, I am required by law to report my seropositive status or be subjected to those sanctions associated with violations of R.S. 37:776.

I further understand that the release of reports called for herein shall be maintained in confidence as required by Louisiana Administrative Code 46:XXXIII.1208.

Patient signature

Patient's date of birth

Date of signature

Patient's social security number

In patient

Date(s)

Emergency room

Date

Outpatient

Date(s)/Type of service

CERTIFICATION OF DENTAL LICENSURE

Louisiana State Board of Dentistry
P.O. Box 5256 ♦ Baton Rouge, Louisiana 70821-5256
(225) 219-7330

This form must be completed by each state where you currently hold or have ever held a dental license. This form should be mailed directly from the board by which you are licensed or may accompany your application in a sealed envelope from that board office.

Applicant: Complete the top portion and then forward this form to the jurisdiction where you are requesting certification of licensure. Some jurisdictions charge a fee, so please call to confirm the procedure for submitting this form.

Licensing board: Please complete the requested information and then return this form directly to the Louisiana State Board of Dentistry or to the applicant in a sealed envelope. ***The Louisiana State Board of Dentistry will accept other forms of certification if all information requested in this form is included.***

TO BE COMPLETED BY APPLICANT

Name: _____

Mailing address: _____

Applicant signature

Date

TO BE COMPLETED BY LICENSING BOARD REPRESENTATIVE

I, _____, Representative of the _____
hereby certify that _____ was granted certificate/license number _____ to practice
dentistry in the state of _____ on the _____ day of _____, _____.
Said license was granted on the basis of _____.

Has this licensee ever been the subject of any disciplinary action?
If yes, please attach a copy of documentation.

☐ Yes ☐ No

Is there any disciplinary action currently pending?
If yes, please attach a copy of documentation.

☐ Yes ☐ No

Is license current?

☐ Yes ☐ No

Expiration date _____

Board representative signature

Date

Title

Board seal