



LOUISIANA STATE BOARD OF DENTISTRY
365 CANAL PLACE, SUITE 2680
NEW ORLEANS, LOUISIANA 70130
PHONE: 504-568-8574 ~ FAX: 504-568-8598
www.lsbd.org

DENTAL LICENSURE BY CREDENTIALS

Applying for a license by credentials in Louisiana is a two-step process. All applications and supporting documentation must be received in this office no later than sixty days prior to the board meeting during which your application will be considered. There are two applications required: one from Professional Background Information Systems (PBIS) and one from the Louisiana State Board of Dentistry, which will also include your fingerprint and background check. Both the PBIS application and the LSBD fingerprint background check **may take up to twelve weeks**, so you are encouraged to send them in as early as possible to their respective offices.

All license by credentials applications will be considered at board meetings. Applications (both the PBIS and the Louisiana State Board of Dentistry applications) must be **complete and received in the board office no later than thirty days prior to the board meeting at which you would like your application considered**. The 2011 and 2012 meeting dates are as follows:

August 5, 2011
December 3, 2011
March 2, 2012
May 25, 2012
August 10, 2012
December 8, 2012

License by credentials applicants are usually not required to be present during the meeting at which their applications are considered. Should it be deemed necessary that you come in for a personal interview before the board, we will notify you prior to the board meeting.

You must also complete a fingerprint background check. **You must use fingerprint cards and forms that you receive directly from the Louisiana State Board of Dentistry**. If you have not received two (2) fingerprint cards and forms from this office, contact us so that we may send them to you.

PROFESSIONAL BACKGROUND INFORMATION SYSTEMS

Contact Professional Background Information Systems (their information is below) to obtain a **Level II Licensure by Credentials Application**. PBIS charges a non-refundable \$500.00 fee which you will pay directly to them.

Professional Background Information Systems
23460 North 19th Avenue
Suite 225
Phoenix, Arizona 85027
Phone: 602-861-5867
Fax: 602-861-9656
Website: pbisonline.com

Once PBIS has determined your application and file with them are complete, they will forward that information to us and you will be notified accordingly. Any questions regarding your application status with PBIS should be directed to PBIS.

LOUISIANA STATE BOARD OF DENTISTRY

You must also complete the enclosed application and the two fingerprint cards and forms and return them to our office along with your check or money order payable to the Louisiana State Board of Dentistry in the amount of \$1600.00 (non-refundable). You may have your fingerprints taken at any law enforcement agency. Please be sure the agency also fills out the required forms.

You will also find enclosed an HIV/HBV/HCV disclosure form. **YOU MUST ONLY COMPLETE THIS IF YOU HAVE TESTED POSITIVE FOR HIV, HBV, OR HCV.**

You will also be required to successfully complete the jurisprudence examination. Please contact our office directly—**after your application has been submitted and received by our office**—to schedule a time to take the examination. The jurisprudence examination tests your knowledge of the Louisiana Dental Practice Act, a copy of which may be found on our website: www.lsb.org. Jurisprudence examinations are given at the board office on Tuesdays and Thursdays at 10 AM only.

If you have any questions not addressed above or need additional assistance, please contact our office.

IMPORTANT

The Louisiana State Board of Dentistry will NOT issue your Louisiana dental license unless and until your entire application is complete, including results of the criminal background check. **WE WILL NOT PROCESS YOUR FINGERPRINT BACKGROUND CHECK UNTIL WE HAVE RECEIVED YOUR \$1600.00 APPLICATION FEE.**

The fingerprint background check may take a minimum of eight to twelve weeks from the date of receipt of the fingerprints and forms at the board office. Additionally, if the fingerprints are rejected, they must be re-taken and the entire processing time will start over. Please do NOT call the board office for a “rush request” as it is impossible.

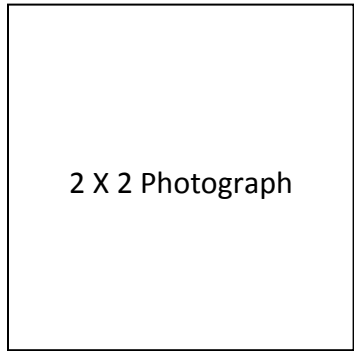
You may use the following as a checklist to ensure you have included everything required with your application *to the Louisiana State Board of Dentistry*.

- submitted separate application and fee to PBIS
- attached a passport sized photograph of yourself to the Louisiana State Board of Dentistry Application for Dental License by Credentials
- completed and notarized Louisiana State Board of Dentistry Application for Dental License by Credentials
- enclosed check or money order payable to the Louisiana State Board of Dentistry for \$1600.00 (non-refundable application fee)
- enclosed two completed fingerprint cards and all forms
- if applicable, completed HIV/HBV/HCV form (**ONLY IF YOU HAVE TESTED POSITIVE**)

Once we have received your Louisiana State Board of Dentistry application you may contact the board office to schedule the jurisprudence examination. Jurisprudence examinations are given in our office ONLY on Tuesdays and Thursdays at 10:00 AM.



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APPLICATION FOR DENTAL LICENSE BY CREDENTIALS
\$1600.00 NON-REFUNDABLE FEE

Name: _____
 Social Security Number: _____ Date of birth: _____
 Current mailing address: _____
 City: _____ State: _____ ZIP: _____
 Current home address: _____
 City: _____ State: _____ ZIP: _____
 Home phone: _____ Cell phone: _____
 Other phone: _____ Email address: _____

The PBIS application and background verification is a part of the process of applying for licensure by credentials and therefore the PBIS application is considered a part of this application. I understand and affirm that by signing this application I am representing to the board that I have submitted an application to PBIS and all information included is true and correct evidenced by the notary requirements below.

State of _____

 Signature of Applicant

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.

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.

AUTHORIZATION FOR THE RELEASE OF CONFIDENTIAL INFORMATION

PLEASE PRINT OR TYPE ALL INFORMATION REQUIRED

(COMPLETE ONLY IF YOU HAVE TESTED POSITIVE FOR HIV, HBV OR HCV)

I authorize _____ and the physicians
Name of Hospital/Physician/Facility
who treated _____ to release to
Name of Patient

Louisiana State Board of Dentistry
One Canal Place, Suite 2680
365 Canal Street
New Orleans, Louisiana 70130
(504) 568-8574

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 (Title 46 – Professional and Occupational Standards – Part XXXIII Dental Health Professions:) Chapter 12, § 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 (Title 46 – Professional and Occupational Standards – Part XXXIII Dental Health Professions:) Chapter 12, § 1208.

Signed _____ Patient	_____ 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	

§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.