



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

APPLICATION FOR RESTRICTED DENTAL LICENSE

NON-REFUNDABLE APPLICATION FEE \$200

WELL-BEING PROGRAM FEE \$25

REQUIREMENTS FOR LICENSURE

Each applicant applying for a Louisiana restricted dental license must

1. Complete and submit the entire notarized dental license by examination application
2. Successfully complete the Louisiana State Board of Dentistry jurisprudence examination
3. Pay all applicable fees

GENERAL INFORMATION

- Read all information and instructions prior to completing and submitting your application to your program or department.
- Your application must be completed and submitted to your program or department for certification. Your program or department will forward it, all attachments, and the payments to the board office.
- 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 third party 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 \$200 fee, in no way guarantees approval of licensure.

*****NOTE*****

Please use the checklist on page 3 of these instructions to ensure that you have included all required items and documentation with your application.

Incomplete applications are maintained in the board office for one year from the date of initial receipt. After that time, applications are destroyed and the applicant must re-apply and pay all required fees.

FEES

You must submit two separate payments with your application. The board accepts only checks or money orders. The **non-refundable** application fee is \$200. Additionally, all applicants must pay \$25 to support the well-being program. Checks and money orders must be made payable to the Louisiana State Board of Dentistry.

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.lsbdd.org.

The jurisprudence examination is given in the board office Tuesdays and Thursdays at 10:00 AM. Please contact the board office to schedule the jurisprudence exam. **You may not schedule your jurisprudence test unless and until your application and fee 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. If you apply for and receive a full license more than one year after you completed the jurisprudence exam for your restricted license, you **will be required to complete it again.**

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 a minimum of 30 days after the board's receipt of your **completed** application. 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 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 your program or department. Once you have submitted the notarized application, attachments, and fees to your program or department, they will forward it on to the board office. Do **not** submit your application directly to the board office.

ALL APPLICANTS MUST INCLUDE THE FOLLOWING:

- 1. Recent, passport sized color photograph with name written and signed on the back
- 2. Completed, notarized application
- 3. One check or money order made out to the Louisiana State Board of Dentistry for the \$200 application fee
- 4. Additional check or money order made out to the Louisiana State Board of Dentistry for the \$25 well-being program fee

IF YOU CURRENTLY HOLD OR HAVE EVER HELD A LICENSE IN ANOTHER JURISDICTION, YOU MUST ALSO ATTACH THE FOLLOWING:

- 1. A certification of your license from each board of dentistry where you hold or have ever held a license. You may use the form on page 8, or you may have each board send a certification letter as long as it contains the requested information. *If the board(s) send your certification directly to the Louisiana State Board of Dentistry, your application should already have been received in the board office.* We cannot file certifications appropriately unless there is an application with which to associate them.

ADDITIONAL ATTACHMENTS AS REQUIRED

- 1. If you have tested seropositive for HIV, HBV, or HCV, you must include the self-reporting form (Page 7). **COMPLETE THIS FORM ONLY IF YOU HAVE TESTED SEROPOSITIVE FOR HIV, HBV, OR HCV.**
- 2. If you have served in the U.S. military and are separated, attach a copy of your DD-214.
- 3. 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 your results **after** the receipt of your application in the board office.

- 1. An **official transcript** from your dental school. This transcript must be sent directly to the board office and contain the graduation date and the degree received. If your dental school was outside of the U.S., have your dental school provide on letterhead information on your start and graduation dates, the name of the program, and the degree received. This information must also be sealed by the dean or head of your dental school.

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. Your restricted dental license, however, will be sent directly to the school or hospital employing you.

B. EDUCATION INFORMATION

Give the education information requested.

Question 20: 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.

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. CERTIFYING AUTHORITY INFORMATION

Give the information requested regarding your employment.

F. CERTIFICATIONS

Once you have completed the rest of the application (including the notarized affidavit), submit it, your fee, and all attachments to your department or program for them to complete this portion. They will then forward your application on to the Louisiana State Board of Dentistry. **Do not submit your application directly to the board office.**

AFFIDAVIT

You must complete this section and sign it in front of a notary. Then submit your application, fees, and all attachments to your department or program.

<u>PHOTOGRAPH OF APPLICANT</u>	<u>FOR OFFICE USE ONLY</u>	
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.)	Fee paid _____ Photograph _____ Transcript _____ Other state certifications _____ Jurisprudence _____	License number issued _____ Date Issued _____

A. PERSONAL INFORMATION

- Name: _____
First Middle Last
- Name as you wish it to appear on your board license:

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

- Social security number: _____
- Citizen or permanent resident of the U.S.? Yes No
- Mailing address:

Number and street City State ZIP
- Home address:

Number and street City State ZIP
- Home phone: _____ Cell phone: _____
- Email address: _____ Use this email address for board correspondence? Yes No
- Place of birth: _____ Date of birth: _____ Age: _____
- Sex: _____ Height: _____ Weight: _____ Race: _____
- Eye color: _____ Hair color: _____
- Identifying marks: _____
- Marital status: Single Married Divorced Widowed
- Spouse's full name (include original last name):

- Father's full name and current address:

Full name Number and street City, state ZIP
- Mother's full name and current address:

Full name Number and street City, state ZIP

B. EDUCATION INFORMATION

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

College/university attended	Location	From month/year	To month/year
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Degree received: _____ Date degree received: _____

19. **DENTAL EDUCATION**

Dental school attended	Location	Number of years	From month/year	To month/year
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Degree received: _____ Date degree received: _____

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

20. **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: _____

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

If yes, give branch: _____

22. Are you a diplomate of a specialty board? Yes No

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

C. GENERAL HISTORY

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

23. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, Yes No or charged with, or pled guilty to, or pled nolo contendere to a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations—*DUI and DWI are not minor traffic violations*), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter?

Although a 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.

24. 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.

25. Branch of armed forces served in: _____ Date separated*: _____
*If separated, attached a copy of discharge

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.

26. 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 27 through 30 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.

27. 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.

28. 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

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

29. Have you been addicted to or received treatment for the use of drugs, narcotics, or intoxicating liquors within the past 5 years? Yes No

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

30. 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 HISTORY

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

- 31. 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.
- 32. 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.
- 33. 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.
- 34. 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.
- 35. 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.
- 36. 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.
- 37. 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.
- 38. 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.
- 39. 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.

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

40. If you have been admitted to practice in any jurisdiction, provide the following information. Make a complete statement of all of your practices from dental school graduation to date. Include temporary or part-time work.

From month/year	To month/year	Address of practice	Reason for leaving
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E. CERTIFYING AUTHORITY INFORMATION

41. Name and address of certifying authority: _____

42. List your job title and department: _____

43. Give a brief, but complete, description of your duties in connection with your employment.

F. CERTIFICATIONS

44. **CERTIFICATION OF DENTAL COLLEGE EMPLOYING APPLICANT**

I, _____, Dean of the College of Dentistry at _____
certify to the reputability of _____, who is applying for a Restricted Dental
License. I further certify that _____ is registered and/or employed as
_____ (job title) with the aforementioned college or university, and his/her duties
are restricted to practicing his/her profession only in connection with the terms of his/her employment at said
dental college or university. In the event the employment of said dentist is terminated, the certifying authority will
notify the Louisiana State Board of Dentistry in writing within ten (10) days.

Date: _____

Signature of Dean
(place seal here)

45. **CERTIFICATION OF HOSPITAL, STATE INSTITUTION, OR STATE AGENCY EMPLOYING APPLICANT**

I, _____, Director of the _____
certify to the reputability of _____, who is applying for a Restricted Dental
License. I further certify that _____ is registered and/or employed as
_____ (job title) with the _____
and his/her duties are restricted to practicing his/her profession only in connection with the terms of his/her
employment with the aforementioned institution. In the event the employment of said dentist is terminated, the
certifying authority will notify the Louisiana State Board of Dentistry in writing within ten (10) days.

Date: _____

Signature of Director
(place seal here)

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 \$ 200.00 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 have attached a check or money order in the amount of \$25.00 made payable to the Louisiana State Board of Dentistry to fund the well-being program.

(e) 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.”

(f) 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

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
1201 North Third Street
Suite G-136
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? Yes No
If yes, please attach a copy of documentation.

Is there any disciplinary action currently pending? Yes No
If yes, please attach a copy of documentation.

Is license current? Yes No

Expiration date _____

Board representative signature

Date

Title

Board seal