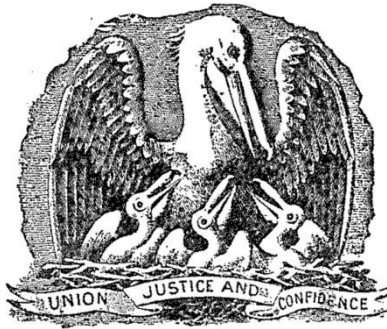


PHOTOGRAPH OF APPLICANT

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.)



FOR OFFICE USE ONLY

Fee Paid _____
 National Board Scores _____
 Photograph _____
 License Number Issued _____
 Date Issued _____
 Jurisprudence _____

APPLICATION FOR RESTRICTED LICENSE

APPLICATION FEE (NON-REFUNDABLE) \$100.00

APPLICANTS FOR A STUDENT LICENSE:

LICENSES ISSUED JULY 1 ARE VALID UNTIL DECEMBER 31 OF THE SAME YEAR. IF YOU WOULD LIKE YOUR LICENSE TO BE VALID UNTIL JUNE 30 (THEREBY AVOIDING HAVING TO RENEW IT IN DECEMBER) SEND **\$200.00** WITH YOUR APPLICATION.

Instructions for the applicant:

Print legibly or use a typewriter to provide the following information. If the space for any answer is insufficient, you must complete your answer on a rider, specifying the number of the question to which it relates, sign it, and enclose it with this application. You must attach one current, autographed (on the back) passport size photograph.

1. APPLICANT PROFILE DATA

A. NAME	Last _____	First _____	Middle _____
B. SOCIAL SECURITY NUMBER	_____		
C. MAILING ADDRESS	Street and Number _____	Apt. No. _____	City, State ZIP _____
D. RESIDENCE ADDRESS	Street and Number _____	Apt. No. _____	City, State ZIP _____
E. TELEPHONE NUMBERS	Home: _____	Business: _____	F. CITIZEN OR PERMANENT RESIDENT OF U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No
G. OTHER NAMES	Have you ever changed your name through marriage or through action of the court, or have you ever been known by any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, list name(s), and reason for change below. If by court order, enclose herein a certified copy of such order.		
H. DATE OF BIRTH	_____	AGE: _____	PLACE OF BIRTH _____
I. SEX	_____	HEIGHT _____	WEIGHT _____
EYE COLOR	_____	HAIR COLOR _____	RACE _____
IDENTIFYING MARKS	_____	COMPLEXION _____	BUILD _____
J. MARITAL STATUS:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
K. SPOUSE	If married, give spouse's full name: (If woman, give maiden name)		
L. FATHER	Full Name _____	Street and Number _____	City, State ZIP _____
M. MOTHER	Full name _____	Street and Number _____	City, State ZIP _____

2. APPLICANT EDUCATION DATA

A. **COLLEGE OR UNIVERSITY EDUCATION**
(as separate from 4 year dental education)

Name and Location of Institution	Period of Attendance
1 st Year _____	_____
2 nd Year _____	_____
3 rd Year _____	_____
4 th Year _____	_____

Number of hours received for college or university work: _____

Degree received for college or university work: _____

School within college or university awarding degree:
(i.e. School of Arts and Sciences—Mathematics) _____

Date degree was awarded: _____

Name of college or university awarding degree: _____

B. **DENTAL EDUCATION**

Name and Location of Institution	Period of Attendance
1 st Year _____	_____
2 nd Year _____	_____
3 rd Year _____	_____
4 th Year _____	_____

C. **POST GRADUATE EDUCATION**

Name and Location of Institution	Period of Attendance
1 st Year _____	_____
2 nd Year _____	_____
3 rd Year _____	_____

Completed Specialty Program? Yes No Specialized in: _____

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

If yes, give branch: _____ Are you a diplomate of a specialty board? Yes No

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

D. **INDICATE BELOW ALL TIME SPENT IN INTERNSHIP OR RESIDENCY**

Hospital or Other Institution	Location	Period of Attendance
1. _____	_____	_____
2. _____	_____	_____

Type of internship or residency: _____

3. APPLICANT HISTORY—GENERAL

A. 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

B. Branch of armed forces served in: _____ Date separated: _____

**If separated, attach a copy of discharge.*

Have you ever been a defendant in a military court martial or received a dishonorable discharge? Yes No

**If answer to 3A or 3B is yes, please list date, jurisdiction (state and parish), offense, disposition, and all other relevant information on a rider.*

C. Have you ever been declared legally incompetent? Yes No

**If yes, please explain on a rider including full details as to court, date, circumstances, and medical practitioners consulted.*

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

E. Are you presently afflicted with an incurable or recurring contagious or infectious disease? Yes No

F. Have you received regular treatment for amnesia, emotional disturbances, or mental disorder within the past five (5) years? Yes No

**If 3D, 3E, or 3F above is answered yes, please show on a rider the relevant dates and circumstances of such treatment, along with the names and addresses of the medical practitioners who treated you. In addition, it will be necessary for you to direct each of the practitioners or hospitals who treated you to furnish the board any information it may request with respect to said treatment.*

G. Have you ever been dropped, suspended, or disciplined by any school or college for any cause whatsoever? Yes No

**If yes, state reasons fully on rider, giving name of school, dates, and cause.*

4. APPLICANT HISTORY—PROFESSIONAL LICENSURE

A. Have you ever been denied the right to take a dentistry examination in any state? Yes No

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

C. 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 state? Yes No

D. 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

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

F. Have you ever failed the dental examinations given by another board or testing agency? Yes No
If yes, how many times? _____

**If any of the questions 4A through 4F above is answered yes, you must provide complete details as to state(s), license number(s), dates, and relevant circumstances in a rider.*

G. I am licensed to practice in the following jurisdictions and no others:

JURISDICTION	LICENSED BY (i.e. examination, credentials, etc.)	LICENSE NO. AND DATE ISSUED	YEARS OF PRACTICE	TYPE OF PRACTICE

H. If you have been admitted to practice in any jurisdiction, provide the following certification and make a complete statement of all your practices since graduation to date. Include temporary or part-time work.

PERIOD OF PRACTICE BEGAN—ENDED	NAME AND ADDRESS OF EMPLOYERS, ASSOCIATES, ETC.	REASON FOR LEAVING

I. NATIONAL BOARDS: Have you successfully completed the National Board Examination in dentistry? Yes No

**Results are obtained from the ADA (312-440-2676) and must be sent directly to the Louisiana State Board of Dentistry. If you have taken the national boards more than once, a full history should be provided if available from the ADA.*

J. Are you or have you ever belonged to a local, district, or state dental association? Yes No

If yes, give name of association and date you became a member: _____

Have you ever resigned or been dropped from the roll of any of these associations? Yes No

**If yes, give name of association, date, and explanation on a rider.*

K. Do you use a laser in your dental practice? Yes No

5. OFFICIAL CERTIFICATIONS

RECOMMENDATION BY STATE DENTAL ASSOCIATION**(If you are not a member of a state association, leave this portion blank.)**

A.

I, _____, Executive Director of the _____ Dental Association certify that _____ has been a member in good standing of said association for _____. I further certify to the reputability of said applicant as appears of record in this office, and it based upon this record that I am able to recommend him/her, on behalf of the association, to the Louisiana State Board of Dentistry as a fit and proper person to receive a license.

Date _____

Signature of Executive Director
(Place seal here)**NOTE:**

A "reputable record," for the purpose of this portion of the application, is one which reflects no unfavorable decisions in connection with peer review or any other breach of professional or ethical standards to which said association subscribes. If the executive director is unable to recommend said applicant, the Louisiana State Board of Dentistry requests you forward all derogatory information in connection with applicant's association record directly to the board's office.

B.

CERTIFICATE OF DENTAL COLLEGE GRANTING DEGREE

I hereby certify that _____ matriculated in the _____ Dental College located in _____ on the _____ day of _____, 20_____, and attended and successfully completed a full course in professional dentistry comprised of four academic years of instruction. I further certify the above named applicant has graduated or will graduate with the degree of _____ on the _____ day of _____, 20_____. Certification is also made that the photograph as appears in this application is the likeness of said applicant and is the identical person to whom the said diploma was originally issued.

Date _____

Signature of Dean
(Place seal here)

C. CERTIFICATE OF SECRETARY OF BOARD OF DENTAL EXAMINERS OF THE STATE IN WHICH APPLICANT IS CURRENTLY PRACTICING OR LAST STATE IN WHICH APPLICANT ATTAINED LICENSURE

I, _____, Secretary of _____, hereby certify that _____ was granted state License No. _____ to practice dentistry in the state of _____ on the _____ day of _____, 20_____.

Acting on behalf of the said board, I hereby certify to the reputability of said applicant as appears of record in this office and recommend him/her to the Louisiana State Board of Dentistry as a fit and proper person to receive a license. I also certify the photograph as appears in this application is the likeness of said application and the person named in the above endorsement.

Date _____

Signature of Secretary
(Place seal here)

6. CERTIFYING AUTHORITY DATA

A. Name and address of certifying authority: _____
_____B. Give job title: _____
(use official title)C. Give a brief, but complete, description of your duties in connection with your employment.

D.

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)

E.

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)

7. 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 Louisiana Restricted
Dental License I will respectively comply with any law governing the practice of dentistry in this state and will confine the practice of my
profession in accordance with L.R.S. 37:760 (12) which states in part: "All holders of restrictive licenses shall practice their profession only in
connection with the terms of their employment." Additionally, I 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 \$_____ made payable to the Louisiana State Board of
Dentistry to cover the fee for the Restricted Dental License. I understand that this fee will be returned only if this application is not accepted
by the Board.

(d) I understand that if granted a Louisiana Restricted Dental License, same must be reapplied for annually. I further
understand failure to re-apply for said license each year may result in the suspension or revocation of my Restricted Dental License. I
acknowledge it is my responsibility by law, along with the certifying authority's, to notify the Secretary-Treasurer of the Louisiana State Board
of Dentistry should, for any reason, my employment be terminated with the certifying authority. This notice must be submitted in writing
within ten (10) days of said termination.

(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 be sufficient to bar me from receiving a restricted
license or any other license issued by the Louisiana State Board of Dentistry, and any such falsifications, omissions, or withholding shall
serve as sufficient grounds for the suspension, cancellation, or revocation of my Restricted 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