



Texas State Board of Dental Examiners

333 Guadalupe, Tower 3, Suite 800
 Austin, Texas 78701-3942
 (512) 463-6400 / Fax: (512) 463-7452

**2x2 Passport Photo
 Required**

PLACE HERE

**Dental Hygiene Faculty Member
 Application**

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation should be submitted with this application. Fees are Non-Refundable. Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport photo is required.

Faculty License: \$125

Military Active Duty, Veteran, & Spouse: NO FEE:

Active Duty** **Veteran**** **Active Duty Spouse****

**** Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social Security #*:			Date of Birth: MM / DD / YYYY	
Last Name:	First Name		Middle	
Current Address:	City:	State:	Zip	
Permanent Address:	City:	State:	Zip:	
Business Address:	City:	State:	Zip:	
Preferred mailing address: (preferred address will be made available to the public)				
<input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business				
Daytime Phone #:	Email Address:			
Employing School:				
City:	Assigned Department:			

* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

Dental Education:

Name of School:	Degree Earned:	Graduation Date:
Name of School:	Degree Earned::	Graduation Date
Jurisprudence Completion Date:		

Health Insurance

Are you a Texas Medicaid Provider? ____Yes ____No

Are you a participating provider in the Texas Children’s Health Insurance Program (CHIP)? ____Yes ____No

LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer “Yes” to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever voluntarily surrendered your dental license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever allowed your dental license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Have you ever allowed any other professional license to lapse, or had a limited license issued by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Has your dental hygiene license ever been revoked by any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Have you ever had any other professional license revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you Been the subject of disciplinary action not yet reported to the TSBDE? If you answer “Yes” you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Have you ever been denied a Drug Enforcement Administration (DEA) or controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended voluntarily surrendered or revoked? If YES, please specify date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Have you ever been arrested, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer “YES”, you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

17. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Do you currently have or have you been previously diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Have you ever had anesthesia permits in Texas or any other jurisdiction suspended, probated, or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TO BE COMPLETED BY DEAN, DEPARTMENT CHAIR, OR PROGRAM DIRECTOR

I, _____, verify that the above-named applicant holds a:
 Part Time Full Time

Salaried position with the following teaching institution: _____ and is a fit and proper issued faculty license to provide direct patient care with this institution or its adjunct facilities.

Signature of Dean, Department Chair, or Program Director:	Date:
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IN ADDITION TO THE FOREGOING:

- A. I hereby give my permission for the Texas State Board Dental Examiners (TSBDE) to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.
- B. I further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.
- C. I, the applicant herein, state 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 the Board in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if not discovered until after issuance.

Signature of Applicant:	Date:
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STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct.

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

Notary Signature

(Seal)

Faculty Dentist License Application Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- Copy of a diploma from a dental school
- Endorsement from the Dean, Department Chair or Program Director of the employer-school verifying full-time or part-time salaried faculty position at a CODA-accredited dental school.
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.

Fingerprint Session

Once the Texas State Board of Dental Examiners is in receipt of your application, you will be notified via email of the agency's service code. This code is required in order for you to schedule a fingerprint session with IdentoGo.

2-Step Application and Payment process

Once TSBDE has approved your application, a license number will be issued. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

Exception: Active duty military, veterans and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 6 months to 17 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

Additional Information

Change of Address. Licensees are required to notify the TSBDE within 60 days of a change in address.

CPR Requirement. CPR Courses must include a hands-on demonstration of skills by the applicant on a manikin and a written assessment of skills.