Texas State Board of Dental Examiners  
333 Guadalupe St, Tower 3, Suite 800  
Austin, Texas 78701-3942  
Phone: (512) 463-6400/Fax: (512) 463-7452

VOLUNTEER CHARITY REQUEST FORM

Instructions: This form is intended to be used for a dentist holding a retired status and will be providing dental services to indigent or critical need populations within the state of Texas, without compensation. Submission of a fully completed application, copy of your current BLS CPR card, 1-2x2 Passport Photo, and proof of 6 hours of continuing education taken within the last year.

Once this application is approved, a letter of authorization will be mailed to the address provided. A dentist providing services under this title must complete 6 hours of continuing education. There is no fee for the submission under this title. Allow up to two weeks for processing. All fields are required. An incomplete application will delay the process.

First Name               Last Name               Middle Name

Phone Number             Retired Dental License#  Email Address

Current Address                   City                State                Zip Code

Background Information
1. Were you ever the subject of disciplinary action in any state of jurisdiction? YES ☐ NO ☐
2. For any criminal offense, including those pending appeal have you:  
   • Been convicted of a misdemeanor;  
   • Been convicted of a felony;  
   • Received deferred adjudication;  
   • Been placed on court-ordered probation;  
   • Been arrested or have any pending criminal charges;  
   • Been sentenced to service jail or prison time or court-ordered confinement or;  
   • Been subject to a court martial; Article 15 violation; or received any form of military judgement/punishment/action  
YES ☐ NO ☐
3. Are you currently the target or subject of a grand jury or governmental investigation? YES ☐ NO ☐
4. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, registration, or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? YES ☐ NO ☐
5. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug? YES ☐ NO ☐

Attestation: Initial each statement below to indicate your acceptance of the requirements of this program. Any questions regarding this application should be sent via email to licensinghelp@tsbde.texas.gov.

1. I may not accept remuneration for dental services offered under this exception
2. This authorization to offer charitable services expires at the end of this calendar year. I must reapply for authorization each calendar year.
3. I may not prescribe or administer controlled substance under the Drug Enforcement Administration Schedules I or II.
4. I must completed six (6) hours of technical and scientific continuing education hours this calendar year and will maintain a current certification in CPR.
5. I must execute a written agreement with the facility where I am offering services that will allow right of access to all dental records of patients I treat under this section.
6. I will make a copy of the authorization letter available to anyone questioning or requiring proof of my authority to offer services.

I hereby attest by signature below that I have read and I understand the requirements of offering charitable dental services with a retired Texas dental license and I am qualified to offer these services. All facts presents in this application are accurate to the best of my knowledge.

_________________________  ______________________
Signature                                      Date

Volunteer Charity Form  
August 23, 2018