

Last Name

Criminal History Evaluation (CHE) Application

Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600

Austin, Texas 78701

Phone: (512) 463-6400/Fax: (512) 649-1658 E-Mail: <u>Licensinghelp@tsbde.texas.gov</u>

Middle

Website: www.tsbde.texas.gov

Instructions: This application should be submitted to determine if your criminal history will allow you to be eligible for licensure as a dentist, a dental hygienist, or registration as a dental assistant in Texas. If you can answer "YES" to ANY question asked in the Criminal History section of this application: Enclose your non-refundable \$25 cashier's check or money order made payable to the Texas State Board of Dental Examiners (TSBDE). Mail this application to the TSBDE at the address listed above. An incomplete application will be returned to the applicant. Texas law allows the agency 90 days to evaluate your materials; however, you will receive a response as quickly as possible.

First Name

FEE IS

\$25

Check or Money Order

Date of Birth MM/D	e of Birth MM/DD/YYYY Phone Number							
	City	State		Zip				
			l					
* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, or 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. I am requesting an evaluation of my criminal history to determine if I will be eligible for a: (✓) Check One								
□ Dental Licensure □ Dental Hygiene Licensure □ Registered Dental Assistant								
CRIMINAL HISTORY: "YES" to ANY of the questions listed below REQUIRE you TO provide a signed and dated personal letter describing each offense and submit certified copies of all applicable court documents including, but not limited to, indictments, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation. (Note: You may exclude Class C Misdemeanor traffic violations) If you were ever required to register as a sex offender, you must answer "YES".								
s listed below do	NOT complete this a	pplication.						
		n, or permit	YES 🗆	N	10 🗆			
			YES 🗆	N	10 🗆			
		jovernment	YES 🗆	N	10 🗆			
	questions listed becertified copies of ion, judgments, plemeanor trafficular listed below do rofessional license of government agency, or inary action by any	t, the social security number of an applicant for one in a specific occupation or profession that is parent Code. Inistory to determine if I will be eligible for a: Dental Hygiene Licensure Responsible to the count in the control of the count in the	City State City	City State City Check One Cistory to determine if I will be eligible for a: (*) Check One Cistory to determine if I will be eligible for a: (*) Check One City Check O	City State Zip It, the social security number of an applicant for or holder of a license, or registration be in a specific occupation or profession that is provided to the licensing agency is coment Code. Inistory to determine if I will be eligible for a: (/) Check One Dental Hygiene Licensure Registered Dental Assistant Questions listed below REQUIRE you TO provide a signed and date certified copies of all applicable court documents including, but no ion, judgments, probation records, and evidence of completion of demeanor traffic violations) If you were ever required to register is listed below do NOT complete this application. Professional license, registration, certification, or permit revoked, suspended, ernment agency? Progistration, certification, or permit revoked, suspended, ernment agency, or voluntarily surrendered?	City State Zip It, the social security number of an applicant for or holder of a license, or registration, or other leve in a specific occupation or profession that is provided to the licensing agency is confidential and the specific occupation or profession that is provided to the licensing agency is confidential and the specific occupation or profession that is provided to the licensing agency is confidential and the specific occupation of professional Hygiene Licensure Registered Dental Assistant		

4. For any criminal offense, including those pending appeal, have you ever:							
A. been convicted of a misdemeanor (other than minor traffic violations)? B. been convicted of a felony? C. pled nolo contendere, no contest, or guilty? D. received deferred adjudication? E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? F. been sentenced to serve jail or prison time? court-ordered confinement? G. been granted pre-trial diversion? H. been arrested or have any pending criminal charges? I. been cited or charged with any violation of the law? J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?	YES		NO				
conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.							
5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES		NO				
6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES		NO				
7. Have you ever been 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, Dental Hygienist, or Dental Assistant in a competent, ethical, and professional manner?	YES		NO				
NOTE: EXPUNGED AND SEALED OFFENSES: While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.							
NOTE: ORDERS OF NON-DISCLOSURE: Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are subject to an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code Chapter 411, the TSBDE is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the TSBDE discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the TSBDE may require you to provide information about any conduct that raises issues of character. APPLICATION TO REQUEST EVALUATION OF CRIMINAL HISTORY Texas State Board of Dental Examiners 333 Guadalupe Street, Tower 3, Suite 800 Austin, TX 78701-3942 Phone: (512) 463-6400 Website: www.tsbde.texas.gov							
ATTESTATION							
I, the Petitioner referred in this application, acknowledge this document is a legal document and I attest that the statements herein contained are true in every respect. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.							
Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency; and I consent to release of confidential information to the Texas State Board of Dental Examiners (TSBDE) and further authorize the TSBDE to use and to release said information as needed for the evaluation and disposition of my application. I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider. I will immediately notify the TSBDE if at any time after signing this affidavit I no longer meet the eligibility requirements.							
Applicant's Signature Da	ıte:	/	/				

Have you provided your Full Name, Address, Phone Number, Social Security Number and Date of Birth?
Have you indicated whether you are seeking an evaluation for eligibility as a dentist, dental hygienist or
registered dental assistant?
Have you prepared and signed a personal letter, addressed to the TSBDE, explaining the details of each
offense? (Please be advised that if you withhold the details of any criminal history your application for licensure
or registration will not be approved.)
Have you submitted certified copies of all applicable court documents including, but not limited to,
indictments, orders of deferred adjudication, judgments, probation records, and evidence of completion of
probation?
Have you enclosed the non-refundable fee of \$25 (cashier's check or money order) made payable to the
TSBDE?

Checklist – Use the checklist below to ensure you submit a complete application package. Incomplete

Once the completed application has been received, staff will email the instructions on scheduling a fingerprint session with IdentoGO. Once the applicant has completed their fingerprint session, the applicant will need to email a copy of their fingerprint receipt to Licensinghelp@tsbde.texas.gov and include their full name and date of birth.

Disclosure of Criminal History or Disciplinary Action(s)

- ➤ The TSBDE has determined that criminal behavior is highly relevant to an individual's fitness to practice dentistry, dental hygiene and dental assisting. Therefore, all arrests, criminal convictions or deferred orders, prosecution, or adjudication (a determination by a court that is withheld or delayed for a specific time period) must be reported to the TSBDE.
- This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. Submit a signed and dated personal letter of explanation describing each offense and any rehabilitative efforts that have been performed since the order. In addition, submit certified copies of the following documentation for all felonies and for all misdemeanors:
 - 1. Charges (indictment, information, or complaint);
 - 2. Disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
 - 3. Evidence that the conditions of the court have been met.

Frequently Asked Questions (FAQs)

application packages will be returned.

If I do not have a criminal history do I need to complete this application? No. (You may exclude Class C Misdemeanor traffic violations)

What does "Certified" mean? Each page of every document submitted must be stamped with the court seal and certified by the court clerk as being a true and original copy of the court record. Copies or non-certified documents will not be accepted.

How do I get my copy of court documents certified? Contact the county clerk where your case was adjudicated and ask for instructions on how to obtain a copy of your record(s). Allow time for response to your request as some records go through a search and approval procedure before being released.

My lawyer has all the documents. Can I get them from her/him? Contact your attorney for assistance. Copies will still need to be certified by the court clerk as being true and original copies.

I don't know the outcome of my criminal matter. Who do I talked to? Consult with your attorney if you have questions regarding the outcome of any criminal matter.

Where can I obtain a copy of my criminal history? A criminal history can be obtained from the Texas Department of Public Safety.

What Law applies to the Consequences of a Criminal Conviction? Texas Occupations Code Chapter 53, (Consequences of a Criminal Conviction), Subchapter B (Ineligibility for License).