



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600
Austin, Texas 78701
(737) 363-2320 | Fax: (512) 649-1658

2x2 Passport Photo
Required

ATTACH HERE

Dental Licensure Application

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. Select the application type and submit the appropriate fees (Check One). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 1801 Congress Avenue, Suite 8.600 Austin, TX 78701. A 2x2 passport photo is required.

- Licensure by Credentials: \$2,945 Foreign Graduate Licensure: \$360 Temporary Licensure by Credentials: \$895
Reinstate a Cancelled License: \$441

Social Security #* Date of Birth MM / DD / YYYY

Legal Last Name Legal First Name Legal Middle Name

List any other names used

Mailing Address City State Zip

Daytime Phone Number Email Address

Type of Practice Check One () Faculty () Government () Private () Resident () Retired () Other

Designated Practice Area Check One () below - Proof of the program completion is required. Graduates from a non-accredited CODA dental school must have completed a program below.

- General Dentistry Dental Anesthesia Dental Public Health Endodontics Oral and Maxillofacial Pathology Oral and Maxillofacial Radiology Oral Medicine Oral and Maxillofacial Surgery Orthodontics and Orthopedics Orofacial Pain Pediatric Dentistry Periodontics Prosthodontics Dental Anesthesiology

* 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.

Texas Non-Profit Corporation Employer: Applies only for applicants who are applying for a temporary license.

Corporation Name

Address City State Zip

Supervisor Name Supervisor Phone #:

Employer Medicaid Provider Identification #

Practice Information

Have you practiced dentistry in the last two years immediately preceding the date you are submitting this application? YES NO

If so, where?		
Have you practiced dentistry at least three (3) out of the last five (5) years immediately preceding the date you submit this application?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, where?		

State Licensure/Jurisdictions: List all state(s) and/or jurisdiction in which you have ever held a license. If you hold or have held a license in more than two states, please include the information on another sheet of paper submitted along with the application. For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application

You MUST self-report your previously issued dental assistant registration even if it was issued by TSBDE. Failure to do so will result in processing delays.

____ Yes ____ No Have you ever held a license issued by the Texas State Board of Dental Examiners (TSBDE)?
 If yes, include the type of license and license number:
 License Type: _____ License Number: _____

State: _____ License Number _____ Issue Date _____ Disciplinary Action: ____ Yes or ____ No

State: _____ License Number _____ Issue Date _____ Disciplinary Action: ____ Yes or ____ No

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

Dental Education: All applicants who have taken a regional clinical examination after January 1, 2019 are required to have successfully passed all examination components including Periodontics and Prosthodontics. For applicants applying by examination failure of three or more times of any one component requires a board approved remediation to be completed prior to beginning the program.

Dental School Attended		Degree Earned		Graduation Date
Post Graduate School Attended		Certification Earned		Completion Date
NBDE Part I & II or INBDE Completion Date			Jurisprudence Completion Date	
Regional Examining Board	Jurisdiction	Number of Times Taken	Date of Examination	Passed/Failed/Other (if other, please explain)
Regional Examining Board	Jurisdiction	Number of Times Taken	Date of Examination	Passed/Failed/Other (if other, please explain)

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 will delay the processing of your application.

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, registration, certification, or permit refused or denied by any licensing authority or government agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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2. Have you ever had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit? If you answer "Yes", you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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? 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. 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking independent medical care, self-limiting the licensee's practice, and/or anonymously self-referring to the Professional Recovery Network (PRN). The PRN (http://www.txprn.com/) is supported in part by your license fees and is a peer assistance program dedicated to helping health care professionals enter a safe, healthy recovery in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice.</p>		

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. 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 the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure. Additionally, I attest I will not practice as a Dentist in the state of Texas until I have been issued a Texas license.

_____ Applicant's Signature _____ Date

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)

All documentation is required to be submitted at the time you are mailing in your application package. ***Incomplete applications will be returned to the address listed on the application.*** If you are sending mail separately, you will need to include this information on another sheet of paper when submitting your application package via mail. Name changes or updates should be noted on the application and supported by submitting a copy of the legal document, which supports the name change. It is the applicant's responsibility to ensure are the required documents have been included in the application package.

Foreign Graduate Licensure Checklist

- Submit a fully completed application along with the required application fee.
- 1- 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Proof of successful completion of dental school education issued by a foreign dental school. (The transcript or diploma must be translated to English if in another language, and must be in the original sealed envelope.)
- Official final transcript of the ADA- approved specialty in a CODA-accredited education program that consists of at least two (2) full time academic years of training. **Recognized Specialties:** Endodontics, Periodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Dental Public Health, Prosthodontics, Oral Medicine, Dental Anesthesiology, or Orofacial Pain
- Proof of successful completion of National Boards Parts I and II or the INDBE. TSBDE now has access to electronic results, which have been made available to Texas. Contact ADA's department of testing services to ensure Texas will have access to your results.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board dated within 7 years from the date of examination. TSBDE will electronically validate score reports that have been made available to Texas from ADEX and CRDTS-SRTA.
- Proof of completion of the Jurisprudence for dentists without sedation 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>.
- Proof of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate.
- For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued. A copy of the license alone is not acceptable. Verification must be received in its own sealed unopened envelope.

Reinstate a Canceled License Checklist: If you are currently licensed and have been in practice in another state for the two years preceding the date of application, you may obtain a new license without reexamination.

- Submit a fully completed application and fee.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school.
- Proof of successful completion of National Boards Parts I and II or the INDBE. TSBDE now has access to electronic results, which have been made available to Texas. Contact ADA's department of testing services to ensure Texas will have access to your results.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board. TSBDE will electronically validate score reports that have been made available to Texas from ADEX and CRDTS-SRTA.
- Proof of completion of the Jurisprudence Assessment for dentists without sedation taken within one year immediately prior to application.
- Proof of practice is required. Submit a completed proof of practice affidavit. This form cannot be completed by the applicant.
- 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>.

- Proof of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate.
- Certificates of completion of 12 hours of continuing education taken within the preceding 12 months. All hours should be taken in accordance with the requirements for continuing education as mandated by Chapter 104.
- For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued. A copy of the license alone is not acceptable. Verification must be received in its own sealed unopened envelope.

Licensure by Credentials Checklist: - Applicants seeking to apply by Credentials must have practiced dentistry or dental hygiene for a minimum of three (3) of the five (5) years immediately preceding application or as a dental educator for the five (5) years preceding application to Texas.

- Submit a fully completed application and fee.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school.
- Proof of successful completion of National Boards Parts I and II or the INDBE. TSBDE now has access to electronic results, which have been made available to Texas. Contact ADA's department of testing services to ensure Texas will have access to your results.
- Proof of completion of a general dentistry clinical examination administered by another state or regional examining board. TSBDE will electronically validate score reports that have been made available to Texas from ADEX and CRDTS-SRTA.
- Certificates of completion of 12 hours of continuing education taken within the preceding 12 months. All hours should be taken in accordance with the requirements for continuing education as mandated by Chapter 104.
- Proof of completion of the Jurisprudence Assessment for dentists without sedation taken within one year immediately prior to application.
- Proof of practice is required. Submit a completed proof of practice affidavit. This form cannot be completed by the applicant.
- American Association of Dental Board (AADB) self-query report. Report results must remain in the original sealed envelope. Contact AADB at <http://aadbdentalboards.org/>
- 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>
- Proof of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate.
- For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued. A copy of the license alone is not acceptable. Verification must be received in its own sealed unopened envelope.

Temporary Licensure by Credentials

Must meet all requirements of licensure by credentials with the exception, that a license granted under this section is valid only for practice as an employee of the non-profit corporation named on this application. Submit the completed dental application, proof of residency in Texas, along with verification of licensure from each state, territory, Canadian province, or country. Upon receipt of the completed application an email will be sent, notifying the applicant of further information required in order to schedule a fingerprint session. Once the application has been reviewed, an authorization to practice letter will be issued. This authorization is not renewable nor will it be extended.

Fingerprint Session is required for all methods of licensure

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 will receive your decorative wall license within 7-10 business days via mail..