



# Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600  
Austin, Texas 78701  
(512) 463-6400 / Fax: (512) 649-1658

2x2 Passport Photo  
Required

ATTACH HERE

## Military Registered Dental Assistant Application

**Instructions:** Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation must be submitted with this application. A 2x2 passport photo is required. **Completion of this application along with supporting documents may be emailed to [militarylicense@tsbde.texas.gov](mailto:militarylicense@tsbde.texas.gov)**

Please check (✓) one.

**Initial Application (1<sup>st</sup> time applicant)**     Military Spouse Authorization\*\*

**No Application Fee  
Is Required**

Please check (✓) one. Military Active Duty, Veteran, & Spouse: NO FEE:

Active Duty\*\*     Veteran\*\*     Active Duty Spouse\*\*     Military Service Member\*\*

\*\* 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	
Legal Last Name	Legal First Name	Legal Middle Name	
<b>The address provided will become a public record and must be disclosed, if it is requested through an open records request.</b>			
Mailing Address	City	State	Zip
Is the mailing address your home address? (✓ check one)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Email Address		
*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.			

**Active Duty Military Spouse Authorization: Applies only for military service member whom the military spouse is married is stationed at a military installation in Texas.**

Texas Military Installation Base Name			
Address	City	State	Zip Code

**State Licensure/Registration: List all state(s) and/or jurisdiction(s) in which you have ever held a Dental Assistant Permit/Registration or certificate. A verification of licensure is required from each state in which you have held a permit or registration. A copy of the permit or registration is not acceptable. 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.**

State: \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_ Yes or \_\_\_\_\_ No

State: \_\_\_\_\_ Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_ Yes or \_\_\_\_\_ No

<b>Employer Information: All fields are required. You may enter N/A if an area does not apply to you.</b>			
Are you currently employed in a dental office?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Dentist Name	Dentist License #:	Phone Number	
Address	City	State	Zip
Business Email			

<b>Education Information: A response is required for each question. Failure to attach and submit a copy of the required document(s) will make your application incomplete and will delay your process.</b>		
Have you successfully graduated from an accredited high school or completed a high school equivalency, General Equivalency Diploma (GED)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a Dental Assisting National Board (DANB-CDA) certification? If, "YES" please attach a copy.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you hold a current DANB CDA certification and are using this as proof of an approved TSBDE course, have you completed the Texas Jurisprudence Assessment? If, "YES", please attach a copy of the completion certificate.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you hold a current Basic Life Support (BLS) CPR certification? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you completed an approved TSBDE Dental Assistant Registration course and exam? If, "YES" please attach a copy	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>Background Questions: 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 <u>SIGNED</u> and <u>NOTARIZED</u> 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.</b>		
<b>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).</b>		
1. Have you ever had an application for a dental assistant 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"/>
2. Have you ever had a dental assistant or professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?  <b>If you have previously been issued a dental assistant registration and it has cancelled, you must answer "Yes", and attach a notarized affidavit with an explanation.</b>	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 a dental assistant or any professional license, registration, certification, or permit?  <b>If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. For any criminal offense, including those pending appeal, have you:  A. been convicted of a misdemeanor (other than a 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 the subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p><b>If Yes</b>, 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.</p>		
<p>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?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p><b>Important:</b> 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 (<a href="http://www.txprn.com/">http://www.txprn.com/</a>) 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 registration 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 registration.

\_\_\_\_\_ 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 submitting your application package. 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.

**Registration Requirements Check List: All documentation listed below must be mailed in to the TSBDE**

- A fully completed dental assistant registration application and fee. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport photo
  - Your head must face the camera directly with full face in view
  - You must have a neutral facial expression or a natural smile, with both eyes open.
  - Use a plain white or off-white background.
  - Be sized correctly
- Must have graduated from an accredited high school or hold a certificate of high school equivalency, General Equivalency Diploma (GED);
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification – Online courses are not acceptable.
- Copy of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate. For information on where to find approved courses please visit the following site: <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>
- Proof of successful completion of a TSBDE approved dental assistant registration course. For a list of board approved RDA course/exams visit <https://tsbde.texas.gov/licensing/dental-assistants/texas-dental-assistant-schools/>
  - If the RDA course/exam was taken over a year from the date of submitting your application, you will need to take and successfully pass the Texas Jurisprudence Assessment for dental assistants from the board's website.
  - A copy of your current DANB CDA Card. If you are submitting a DANB card, please note you are also required to complete the TSBDE Jurisprudence Assessment for dental assistants.
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from the state board of dentistry in which the applicant has ever held a Dental Assistant permit/registration. A copy of the permit or registration is not acceptable.
- Submit fingerprint submission for the retrieval of criminal history record information – **This information will be emailed to the applicant once a completed application has been received.** Once you have completed the fingerprint session, applicants will be required to email a copy of their receipt from IdentoGO to [militarylicense@tsbde.texas.gov](mailto:militarylicense@tsbde.texas.gov).

**Application Process - All documentation must match the name on the application. If there is a name, discrepancy i.e.; marriage or divorce etc., submit a copy of the legal document which reflects the name change. This application must be signed in front of a notary public.**

Applications are processed in the order received. The estimated processing turnaround time is 3-4 weeks with the exception of graduation season at which processing times will be extended. Applicants with a criminal history or disciplinary action should expect a longer processing time. Incomplete applications will not be processed and will be returned to the applicant. Please allow two (2) weeks before contacting the Licensing Division requesting a status of your application. Once the application has been approved, the staggered registration period will range from 18 months to 30 months. The length of the initial registration period will be determined by the registrant's birth month, but will not be less than 18 months.

**Active Duty Military Spouse Authorization – In accordance with §55.0041(a), Texas Occupations Code; This authorization is exempt from licensure and is limited to the duration of the military spouse that is, stationed at a military installation in Texas. As stated in Rule 114.7, this authorization is not to exceed three years.**

Submit the completed dental assistant registration 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

**Continuing Education (CE) Requirements: Refer to Rule 114.12 Continuing Education for Certificate Holders**