



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600

Austin, Texas 78701

(512) 463-6400 / Fax: (512) 649-1658

Reinstate a Retired Dental License

2x2 Passport Photo Required

PLACE HERE

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. 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.

Application Fee: \$214

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

Form with fields for Texas Dental License #, Social Security #, Date of Birth, Legal Last Name, Legal First Name, Legal Middle Name, Mailing Address, City, State, Zip, Is the mailing address your home address?, Daytime Phone Number, Email Address, Jurisprudence Completion Date, BLS CPR Issue Date, BLS CPR Expiration Date, Type of Practice Check One (✓) with options: 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.

Clinical Practice – If the applicant has been practicing within the two years from the date the application is accepted, a clinical affidavit must be submitted in its own sealed unopened envelope attached to the application package.

Has the applicant actively practiced dentistry within the two years immediately preceding the date of the application? YES NO

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.

State: License Number Issue Date Disciplinary Action: Yes or 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. Since your license was placed on retirement, 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"/>
2. Since your license was placed on retirement, have you 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. Since your license was placed on retirement, have you been the subject of disciplinary action by any licensing authority or government agency with regard to 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, since your last renewal, have you:  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?  <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.	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"/>

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.

**Attestation**

I hereby give my permission for the 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.

If 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.

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 TSBDE in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding or 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 it is not discovered until after reinstatement.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

## Reinstate a Retired License Application Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- If you have **not** practiced within the last two years, you must provide proof of completion of 24 hours of CE in accordance with TSBDE Rule 104.1.
- If you **have been** practicing within the last two years in another state or jurisdiction,
  - a. you are required to provide proof of completion of 12 hours of CE in accordance with TSBDE Rule§ 104.1 and
  - b. Proof of clinical practice is required. Submit a completed clinical practice affidavit form. This form cannot be completed by the applicant
- Proof of completion of the Jurisprudence for dentists without sedation taken within one year immediately prior to application.
- Proof of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate
- 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 examination application. 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 18months to 30 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

## Additional Information

Anesthesia Permits. Dentists must hold an active Texas Dental License before submitting an application for an Anesthesia Permit.

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

Foreign Language Documents. All documents issued in a foreign language must be translated to English.