



**Texas State Board of Dental Examiners**  
1801 Congress Avenue, Suite 8.600  
Austin, Texas 78701  
Phone: (512) 463-0235  
Fax: (512) 463-7452  
www.tsbde.texas.gov

## **DENTIST TEMPORARY LICENSURE FOR CHARITABLE PURPOSE**

### **Instructions**

- (1) An incomplete application will be returned without action.
- (2) Application must be received by the Texas Dental Board at least 60 days prior to the date charitable practice begins in Texas.
- (3) Applicants approved for a Temporary License for Charitable Purpose will receive a letter, by mail, confirming Board approval to provide dental care in Texas.
- (4) As of January 1, 2016 all applicants are required to submit with each application the National Practitioner Data Bank (NPDB) self-query report.

### **Definition**

Voluntary Charity Care has the meaning assigned by SBDE Rule 101.7(c)(1)(A).

### **Qualifications for Temporary Licensure**

The Board shall grant temporary license for a dentist who presents proof that the applicant:

- (1) Has not been the subject of a final disciplinary action and is not the subject of a pending disciplinary action in any jurisdiction in which the dentist is or has been licensed;
- (2) Has graduated and received either the "DDS" or "DMD" degree from a dental school accredited by the Commission on Dental Accreditation of the American Dental Association;
- (3) Has taken and passed the examination for dentists given by the American Dental Association Joint Commission on National Dental Examinations; and
- (4) Either one of the following:
  - (A) Is currently licensed in another state, the District of Columbia, or a territory of the United States, provided that such licensure followed successful completion of a general dentistry clinical examination administered by another state or regional examining board; or
  - (B) Was previously licensed in another state, the District of Columbia, or a territory of the United States, provided that such licensure followed successful completion of a general dentistry clinical examination administered by another state or regional examining board, not more than two years before the date the dentist applies for a license under this section and was licensed in good standing at the time the dentist ceased practicing dentistry.

### **Texas Practice Requirements**

A dentist issued a Temporary License for Charitable Purpose shall:

- (1) Confine the dentist's practice to voluntary charity care;
- (2) Practice only in a geographic area specified by the license;
- (3) Practice only for the period specified by the license;
- (4) Maintain the license where charitable services are provided;
- (5) Not administer any form of anesthesia, other than local, without obtaining the proper permit from the Board; and
- (6) Provide the Board a procedure for:
  - (A) Emergency care for patients and reporting to the Board in compliance with SBDE Rule 108.6 (relating to Report of Patient Death or Injury Requiring Hospitalization);
  - (B) Continued dental care for patients in compliance with SBDE Rule 108.5 (relating to Patient Abandonment); and
  - (C) Maintenance of patient records in compliance with SBDE Rule 108.8 (relating to Records of the Dentist).

### **Disciplinary Action**

The Board shall take disciplinary action against a dentist licensed under this section for a violation of this section or Board rules in the same manner as against a dentist licensed under Texas Occupations Code, Chapter 256, Subchapter A.



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**Instructions:** Print legibly or type all information. All fields are required. Submitting an incomplete application will delay the approval process. Mail the completed application along with the required supporting documentation to the TSBDE at 1801 Congress Avenue, Suite 8.600, Austin, Texas 78701. Processing may take up to two weeks. If, you will be associated with a particular mission, it is recommended that you all submit all applications together along with a list of the applicants.

Date	Social Security Number	Date of Birth: <small>MM / DD / YYYY</small>
First Name	Middle Name	Last Name
Home Address		
Email Address		Phone Number

**EXAMINATION INFORMATION:** Proof of completion of an ADA-CODA accredited dental school along with copy of NBDE Part I and II scores are required

School Attended:	Degree Earned:	Graduation Date:		
NBDE Part I & II Completion Dates:		Jurisprudence Completion Date:		
Regional Clinical Exam Name:	Jurisdiction:	Number of Times Taken:	Date of Examination:	Passed/Failed/Other (if other, please explain)
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**STATE LICENSURE/JURISDICTIONS** List all states/jurisdictions in which you are or have been licensed. A verification of license is required from each state. Each verification of licensure must include the imprint of state seal issued to you by the dental board in which licensure is/was held. The document(s) must contain a statement indicating if disciplinary action has/has not been taken against the license. A copy of your license will not be accepted. No exceptions.

<u>State:</u> _____	<u>License Number:</u> _____	<u>License Issue Date:</u> _____	<u>License Status:</u> _____ Active _____ Retired	<u>Disciplinary Action?</u> _____ Yes _____ No
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Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**TEXAS DENTAL PRACTICE INFORMATION**

Medical Mission Name (if any): \_\_\_\_\_

Period of Service Practicing in Texas: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Practice: Location: \_\_\_\_\_ Street \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_ Phone Number: \_\_\_\_\_ Area Code and Number \_\_\_\_\_

Type of Charitable Care to be Provided: \_\_\_\_\_ Name of Dental Practice or Practice Owner (if applicable) \_\_\_\_\_

**PROCEDURE FOR CONTINUED DENTAL CARE.** (Use a separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROCEDURE FOR EMERGENCY CARE.** (Use a separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAINTENANCE OF PATIENT RECORDS.** (Use a separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_