



Texas State Board of Dental Examiners

1801 Congress Avenue Suite 8.600
Austin, Texas 78701
Phone: (512) 463-0235 Fax: (512) 649-1658

Attach a 2x2
Passport Photo
taken within the
last 6 months

VOLUNTEER CHARITY REQUEST FORM

Instructions: This form is intended to be used for a dentist holding a retired status and will be providing dental services to indigent or critical need populations within the state of Texas, without compensation. Submission of a fully completed application, copy of your current BLS CPR card, 1- 2x2 Passport Photo, proof of 6 hours of continuing education taken within the last year. Proof of the (HHS) approved Human Trafficking Course. Once this application is approved, a letter of authorization will be mailed to the address provided. A dentist providing services under this title must complete 6 hours of continuing education. There is no fee for the submission under this title. Allow up to two weeks for processing. All fields are required. An incomplete application will delay the process.

Form with fields: First Name, Last Name, Middle Name, Phone Number, Retired Dental License#, Email Address, Current Address, City, State, Zip Code

Background Information section with 5 numbered questions regarding disciplinary action, criminal offenses, grand jury investigations, licensing issues, and drug use.

Attestation section with 6 numbered statements for acceptance of requirements, such as 'I may not accept remuneration for dental services offered under this exception'.

I hereby attest by signature below that I have read and I understand the requirements of offering charitable dental services with a retired Texas dental license and I am qualified to offer these services. All facts presents in this application are accurate to the best of my knowledge.

Signature _____ Date _____