

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.

First Name		Last Name			Middle Name				
Phone Number Retired Dental License#			Email Address						
Current Address			City		State	Zip Code			
Background Information									
Were you ever the subject of disciplinary action in any state of jurisdiction?						YES 🗆	NO 🗆		
 2. For any criminal offense, including those pending appeal have you: Been convicted of a misdemeanor; Been convicted of a felony; Received deferred adjudication; Been placed on court-ordered probation; Been arrested or have any pending criminal charges; Been sentenced to service jail or prison time or court-ordered confinement or; Been subject to a court martial; Article 15 violation; or received any form of military judgement/punishment/action 							YES 🗆	NO 🗆	
Are you currently the target or subject of a grand jury or governmental investigation?						YES 🗆	NO 🗆		
4. Has any licensing authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a license, registration, or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you?						YES 🗆	NO 🗆		
5. Within the past five (5) years have you been addicted to and/or treated for the use of alcohol or any other drug?						YES 🗆	NO 🗆		
Attestation: Initial each statement below to indicate your acceptance of the requirements of this program. Any questions regarding this application should be sent via email to licensinghelp@tsbde.texas.gov.									
I may not accept remuneration for dental services offered under this exception									
2. autho	This authorization to offer charitable services expires at the end of this calendar year. I must reapply for authorization each calendrer year. I may not prescribe or administer controlled substance under the Drug Enforcement Administration Schedules I or II.								
3. I must completed six (6) hours of technical and scientific continuing education hours this calendar year and will									
I must	maintain a current certification in CPR. I must execute a written agreement with the facility where I am offering services that will allow right of access to all								
l will r	dental records of patients I treat under this section. I will make a copy of the authorization letter available to anyone questioning or requiring proof of my authority to								
6. offer services.									
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			

Volunteer Charity Form November 2022