

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

41398-41300

1. Please complete on typewriter or in dark ink. Print legibly.
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. Mail completed application to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, OR 97208-4395.

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

**General Dentistry – Initial Licensure**

- Application fee (2111) \$305
- Licensure fee (2101) \$210

**Dental - Without Further Exam**

- Application fee (2112) \$750
- Licensure fee (2101) \$210

**Specialty of \_\_\_\_\_**

- Application fee (2111) \$305
- Licensure fee (2101) \$210
- Exam fee (2121)

*See Instructions*

**Dental Hygiene – Initial Licensure**

- Application fee (2113) \$140
- Licensure fee (2103) \$100

**Dental Hygiene - Without Further Exam**

- Application fee (2114) \$750
- Licensure fee (2103) \$100

|  |             |                        |        |
|--|-------------|------------------------|--------|
| First Name   | Middle Name | Last Name              |        |
| Other Names Used                                     |             | Telephone Number       |        |
| Mailing Address/City, State, ZIP Code                |             | Social Security Number |        |
| Place of Birth                                       |             | Date of Birth          |        |
| College Education (Name and Location)                | From        | To                     | Degree |
|  |             |                        |        |
|  |             |                        |        |
| Dental/Dental Hygiene School (s) (Name and Location) | From        | To                     | Degree |
|  |             |                        |        |
|  |             |                        |        |
| Specialty Training or Specialty Board Membership     | From        | To                     | Degree |
|  |             |                        |        |

If the answer to any of the following questions is yes, provide details on a separate sheet (except 10a). (see "IMPORTANT INFORMATION" on Instruction Sheet)

|  |     |    |
|--|-----|----|
| 1. Are you aware of any physical or mental condition that would inhibit your ability to practice safely?   | Yes | No |
| 2. Have you ever been denied a license to practice dentistry or dental hygiene or denied the right to take an exam for such licensure?   | Yes | No |
| 3. Have you ever voluntarily surrendered a license to practice dentistry or dental hygiene?  | Yes | No |
| 4. Has there been any disciplinary action, pending or final, regarding any dental or dental hygiene license you now hold or have ever held? (Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, Drug Enforcement Administration, state licensing board or other entity.) | Yes | No |
| 5. Has there been any investigation or disciplinary action taken against you by any dental or dental hygiene school or program?  | Yes | No |
| 6. a. Have you ever been convicted of any offense, misdemeanor or felony which could have resulted in your imprisonment in a state, local or federal institution? (Even if not imprisoned.)  | Yes | No |
| b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution?   | Yes | No |
| 7. Have you ever been convicted of any violation of any federal, state or local law relating to the possession, distribution, use or dispensing of mind altering or controlled substances?   | Yes | No |
| 8. Have you ever used or possessed any drugs, or mind altering substances in violation of any law?   | Yes | No |
| 9. Have you ever received treatment or counseling for abuse of alcohol, drugs or mind altering substances?   | Yes | No |
| 10. a. Do you currently hold, or have you ever held, a license in this or any other state to practice a health care profession other than dentistry or dental hygiene? If yes, list on page 3.   | Yes | No |
| b. Has there been any disciplinary action, pending or final, regarding any health care professional license (other than dental or dental hygiene) by a licensing board?  | Yes | No |

Paste photograph here.  
 Must be a passport type of photo taken within one year of application.  
 On the photograph, sign and date across bottom in ink.

| List all states in which you are or have been licensed or in which application is pending | Type of License(s) |        |                | License No. | Date Issued | Status |
|---|--------------------|--------|----------------|-------------|-------------|--------|
|   | State              | Dental | Dental Hygiene |             |             |        |
|   |                    |        |                |             |             |        |
|   |                    |        |                |             |             |        |
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|   |                    |        |                |             |             |        |
|   |                    |        |                |             |             |        |
|   |                    |        |                |             |             |        |

List in reverse chronological order all positions you have held in which you practiced dentistry or dental hygiene as well as any residencies or other formal training not otherwise listed on this application.

| Description | Name of Institution or Employer | Location | From | To |
|-------------|---------------------------------|----------|------|----|
|             |                                 |          |      |    |
|             |                                 |          |      |    |
|             |                                 |          |      |    |
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|             |                                 |          |      |    |

AFFIDAVIT OF APPLICANT

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STATE \_\_\_\_\_ OF \_\_\_\_\_  
COUNTY \_\_\_\_\_ OF \_\_\_\_\_ SS.

I, hereby declare that I am the person described in the attached application for licensure.

I have carefully read the questions in the attached application and have answered them completely, without reservations of any kind, and I declare under the penalty of perjury that my answers and all statements made by me are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice dentistry/dental hygiene in the State of Oregon.

I hereby authorize all hospitals, institutions, or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Oregon Board of Dentistry any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Board to release to the organizations, individuals and groups listed above any information, which is material to my application.

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
Type name as it appears on the application

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Notary Public for \_\_\_\_\_

My Commission Expires: \_\_\_\_\_