

**OREGON BOARD OF DENTISTRY
GENERAL INFORMATION AND INSTRUCTION SHEET**

DENTAL

LICENSURE WITHOUT FURTHER EXAMINATION

Introduction:

These instructions are designed to assist you in the application process for dental licensure in Oregon. Please read and follow them carefully. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

There are two methods of licensure in Oregon:

1. Licensure by Examination

Dentists are eligible to apply for licensure by examination in Oregon within five (5) years of passage of any clinical Board examination administered by any state or regional testing agency.

Dentists who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements. See item "H" on the checklist.

2. Licensure Without Further Examination

Dentists are eligible to apply for licensure without further examination if they hold an active dental license in another state, and if they have taken and passed the dental clinical examination conducted by any state or regional testing agency, in addition to meeting the requirements set forth in ORS 679.060 and 679.065. The applicant must verify to having 3,500 hours of licensed clinical practice in the past five years in other states, in Oregon, or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs. If in the military, the applicant must have a letter submitted to the Board from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken. In addition, the applicant must also verify to having completed 40 hours of continuing education in accordance with 818-021-0060 within two years immediately preceding submission of their application.

Dentists who have graduated from a dental program located outside the United States or Canada must also meet additional education requirements for Oregon. See item "H" on the checklist.

A dental license granted under 818-021-0011 will be the same as the license held in another state; i.e., if the dentist holds a general dentistry license, the Oregon Board will issue a general (unlimited) dentistry license. If the dentist holds a license limited to the practice of a specialty, the Oregon Board will issue a license limited to the practice of that specialty. If the dentist holds more than one license, the Oregon Board will issue a dental license which is least restrictive.

IMPORTANT INFORMATION – ALL APPLICANTS

Affirmative Responses to Questions on Page 2 of the Application Form

If you answer “yes” to any of the questions, for any reason, you must submit additional supporting documentation for that question as indicated on the application. This documentation should include:

1. **Written letter of explanation** from you giving full details.
2. **Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.

Application Valid For 180 Days (OAR 818-021-0120):

1. If all information and documentation necessary for the Board to act on an application is not provided to the Board by the applicant within 180 days from the date the application is received by the Board, the Board shall reject the application as incomplete.
2. An applicant whose application has been rejected as incomplete must file a new application and must pay a new application fee.
3. **An applicant who fails the examination or who does not take the examination during the 180-day period following the date the Board receives the application, must file a new application and must pay a new application fee.**

Fees Non-refundable – (ORS 679.120(8)):

All fees paid to the Board are non-refundable or transferable.

Please anticipate a minimum of 6 – 8 weeks for complete application processing. Once requested, documentation from other states or jurisdictions and background checks can take several weeks for processing.

WHERE FORMS ARE TO BE SENT:

The Application and the Biennial Licensure Forms and their fees are to be sent to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

All supplemental forms, Official Transcripts, and Certificates of Standings from other states are to be sent directly to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

LICENSURE WITHOUT FURTHER EXAMINATION: DOCUMENTATION REQUIREMENTS

A. Application Form

Application must be completed in full, notarized and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395.

B. Photograph (Signed and Dated)

Submit a current 2" X 2" photograph, signed and dated. Affix to page 2 of the application in the space provided.

C. Application Fee - \$790

Fees must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**

D. Prescription Monitoring Program Fee - \$50

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Application Form. A license will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

E. OHWI Data Collection Fee - \$5

Fees must be paid in U.S. Funds by cashier's check or money order, payable to the "Oregon Board of Dentistry" and submitted with the application form. Applications will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

F. Biennial Licensure Form

The Biennial Licensure Form must be completed and submitted with the required fee to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. When completing the form at least one address must be a physical street address.

G. Biennial Licensure Fee - \$260

This fee must be paid in U.S. funds, by cashier's check or money order, payable to the "Oregon Board of Dentistry," and submitted with the Biennial Licensure Fee form. A license will not be processed without the appropriate fee. **Fees paid are neither transferable nor refundable.**

H. Transcript (With Degree Posted)

Transcripts must be posted with dental degree from an ADA accredited dental program, and must be sent to the Board directly from the school. Dentists who completed non-ADA accredited programs must also have successfully completed either a predoctoral dental education program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association or completed a postdoctoral General Dentistry Residency program of not less than two years at a dental school accredited by the Commission on Dental Accreditation of the American Dental Association, and be proficient in the English language. (OAR 818-021-0011(1)(b))

I. License Verifications

License verifications must be requested by the applicant and submitted directly from every state or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states charge a fee for this service. Please contact the state directly prior to submitting your request to prevent delays in processing.)

J. Fingerprint Card

Fingerprints of applicants must be taken by a person qualified to take fingerprints. (Check with your local law enforcement agency.) The fingerprint card and the letter "To The Official Taking Fingerprints" must be returned to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, Oregon 97201. **To obtain a fingerprint card click here: [REQUEST FINGERPRINT CARD](#)**

K. Proof of Clinical Examination

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original ADEX, CRDTS, NERB, SRTA, or WREB certificate. The telephone number for CITA is 1-919-460-7750. The telephone number for CRDTS is 1-785-273-0380. The telephone number for NERB is 1-301-563-3300. The telephone number for SRTA is 1-757-318-9082. The telephone number for WREB is 1-602-944-3315.

2. State: If the applicant passed a state examination, verification from the state must be submitted directly to the Oregon Board of Dentistry, 1600 SW 4th Avenue, Suite 770, Portland, OR 97201.

L. DEA Form

Applicants who have been licensed in another state must have this form completed and returned to the Board by the Drug Enforcement Administration.

M. Verification of Clinical Practice Hours

Applicant must certify to having 3,500 hours of clinical practice in other states, in Oregon, or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs within the past five years and list applicable addresses and hours worked. **(Teaching, Residency and Post Graduate programs do not qualify for clinical practice hours.)**

N. Military/Commanding Officer Letter (If Applicable)

If applicant is on active duty in the military, a letter must be submitted from the commanding officer outlining duties, length of service and whether any adverse actions have been reported or taken.

O. Continuing Education

Applicants must submit verification of completion of 40 hours of continuing education in accordance with 818-021-0060 taken within two years immediately preceding submission of this application. (Details regarding acceptable continuing education are provided with the Continuing Education Log.)

P. Jurisprudence Examination

Once the application and application fee are received, the Jurisprudence Examination will be mailed to you. This examination is "open book" and may be returned to the Board by mail.

OREGON BOARD OF DENTISTRY

APPLICATION FOR LICENSURE

1. Please complete on a computer or a typewriter.
2. If additional space is needed, attach a separate sheet.
3. Make checks payable to the Oregon Board of Dentistry.
4. **Mail completed application and fees to the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

General Dentistry – Licensure by Exam

- Application fee (2111) \$345
- OHWI Data Collection fee (1707) \$5
- Prescription Monitoring (1706) \$50

Dental – Without Further Exam

- Application fee (2112) \$790
- OHWI Data Collection fee (1708) \$5
- Prescription Monitoring (1706) \$50

Specialty of _____

(Complete only if applying to take Specialty Examination)

- Application fee (2111) \$345
- OHWI Data Collection fee (1707) \$5
- Prescription Monitoring (1706) \$50
- Exam fee (2121)

See Instructions

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			

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

AFFIDAVIT OF APPLICANT

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: _____

OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395

DENTAL BIENNIAL LICENSURE FEE

Enclose the biennial licensure fee of \$260.00, payable by cashier's check or money order to the Oregon Board of Dentistry, with this form and mail to the above address.

a. Name as you wish it to appear on your formal license

b. Mailing address

Street or P.O. Box

City

State

Zip Code

Business address

Street

City

State

Zip Code

Home address

Street

City

State

Zip Code

c. Phone: Home

Area Code - Telephone Number

Business

Area Code - Telephone Number

d. Email address

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JURISPRUDENCE EXAMINATION

Once the Application and Application Fee are received, the Jurisprudence Examination will be mailed to you with a copy of the Dental Practice Act (DPA) on CD Rom (PDF Format). This examination is "open book" and MUST be returned to the Oregon Board of Dentistry (OBD) by mail. The OBD **will not** accept the Jurisprudence Examination by Fax.

If you prefer to receive the DPA in a booklet (hard copy) form, please complete the following information and return this document with your Application and Application Fee. If the OBD **does not** receive this form with your Application and Application Fee, the DPA will be mailed to you on a CD Rom:

Name: _____
(Print or type Name)

Signature _____ Date: _____

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CERTIFICATION OF CLINICAL PRACTICE

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice in the five years **immediately preceding this application** (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025). Use additional sheets if necessary.

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ **years** _____ **months**

From _____ to _____ **TOTAL HOURS** _____

I certify that the above information is true and correct.

Applicant's Signature _____ Date _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Location/Address: _____

Average hours per week _____ years _____ months

From _____ to _____ **TOTAL HOURS** _____

Oregon Board Of Dentistry
 1600 SW 4th Avenue, Suite 770
 Portland, Oregon 97201
 (971) 673-3200
www.oregon.gov/dentistry

CONTINUING EDUCATION LOG

 Name

Dental

To be licensed in Oregon, a dentist who is applying for Licensure Without Further Examination must submit proof of completion of 40 hours of Board approved continuing education courses taken within the two years **immediately preceding submission** of the application for licensure.

Dental Hygiene

To be licensed in Oregon, a dental hygienist who is applying for Licensure Without Further Examination must submit proof of completion of 24 hours of Board approved continuing education courses taken within the two years **immediately preceding submission** of the application for licensure.

	DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/ INSTRUCTOR	HOURS
Example	XX/XX/XX	“Esthetic Dentistry” Placing composite restorations.	OHSU	3.0
TOTAL HOURS				

By signing below I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license.

Signature _____ Date _____

Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0070(2)).

Oregon Board of Dentistry Continuing Education – Dentist

To be licensed in Oregon, a dentist who is applying for Licensure Without Further Examination must submit proof of completion of 40 hours of Board approved continuing education courses taken within the two years **immediately preceding submission** of the application for licensure.

Continuing Education – Dental Hygiene

To be licensed in Oregon, a dental hygienist who is applying for Licensure Without Further Examination must submit proof of completion of 24 hours of Board approved continuing education courses taken within the two years **immediately preceding submission** of the application for licensure.

OAR 818-021-0060 and 818-021-0070 states that Continuing Education (C.E.) **must be directly related to clinical patient care or the practice of dental public health** and includes:

- (a) Attendance at lectures, study clubs, college post-graduate courses, or scientific sessions at conventions.
- (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 6 hours for hygienists or 12 hours for dentists may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, journal articles, poster sessions and lectures.)
- (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist or hygienist passes the examination.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office and not more than four hours for dentists or two hours for hygienists may be in Practice Management and Patient Relations.

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Department of Human Services. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.



Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry
1600 SW 4th Avenue
Suite 770

Portland, OR 97201-5519
(971) 673-3200

Fax: (971) 673-3202

www.oregon.gov/dentistry

EDUCATIONAL REQUIREMENTS FOR NITROUS OXIDE, MINIMAL SEDATION, MODERATE SEDATION & GENERAL ANESTHESIA PERMITS

No dentist or dental hygienist will be granted a permit to administer sedation or general anesthesia **without documentation** of current training/education and/or competency in the permit category for which the applicant is applying.

The applicant may demonstrate current training/education or competency by any one of the following:

1. Initial training/education was completed within the **immediate two (2) years prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation of training/education or competency in the permit category applying.

Initial training/education was completed within **the immediate five (5) years prior** to

2. applying for a sedation or general anesthesia permit.
 - Provide documentation of all continuing education that would have been required for the anesthesia/permit category during the five year period following initial training.
 - Nitrous Oxide 10 hours – OAR 818-026-0040(9)
 - Minimal Sedation 10 hours – OAR 818-026-0050(9)
 - Moderate Sedation 35 hours – OAR 818-026-0060(12)
 - General Anesthesia 35 hours – OAR 818-026-0070(12)

or

- Provide documentation of completion of a comprehensive review course approved by the Board in the permit category to which the applicant is applying and must consist of at least one-half (50) % of the hours required by rule for a Nitrous Oxide (7 hours), Minimal Sedation (8 hours), Enteral Moderate Sedation (12 hours), and Parenteral Moderate Sedation (30 hours) Permits. General Anesthesia Permits will require at least 120 hours of general anesthesia training.

3. Initial training/education that was completed **greater than five (5) years immediately prior** to applying for a sedation or general anesthesia permit.
 - Provide documentation from another state that the applicant is licensed in that state and that the applicant holds the level of permit being applied for in Oregon and provides documentation of the completion of at least 25 cases in the requested level of sedation or general anesthesia in the 12 months immediately preceding application.

or

- Demonstration of competency to the satisfaction of the Board that the applicant possesses adequate sedation or general anesthesia skill to safely deliver sedation or general anesthesia services to the public.

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OREGON BOARD OF DENTISTRY
UNIT 23
PO BOX 4395
PORTLAND, OR 97208-4395
(971) 673-3200



APPLICATION FORM
NITROUS OXIDE PERMIT
FEE \$40.00

Name _____ License No. _____
Mailing Address _____ Business Phone _____
Business Address _____
City _____ State _____ Zip _____

I. TRAINING

1) Describe and **provide evidence of your formal training in nitrous oxide** (use additional sheets if necessary) and **submit a copy of your current Health Care Provider BLS/CPR level, or its equivalent, certification.**

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

2) Describe the formal education and in-office training your anesthesia assistant(s) has/have:

TITLE OF COURSE	DATE	HOURS (CLINIC)	HOURS (CLASSROOM)	SPONSORING INSTITUTION OR LOCATION

3) Provide copies of your anesthesia assistant's (s') valid and current Health Care Provider BLS/CPR level, or its equivalent, course completion documentation.

4) Briefly describe your minimum training standards for personnel who assist you with anesthesia.

II. PRE-OPERATIVE

1) Briefly describe your pre-operative evaluation procedures, including your minimum health standards for nitrous oxide administration, and how you document your pre-operative evaluation.

2) What pre-induction instructions do you give patients? Do you have an instruction sheet which you give the patient? (Attach a copy.)

3) Attach a copy of your informed consent form.

4) Attach a copy of your health history form.

III. OPERATIVE

Describe your nitrous oxide administration procedures, listing dosages used, and documentation of monitoring.

IV. POST-OPERATIVE

Describe your standards for discharge.

V. EMERGENCY

1) Describe your emergency protocol (i.e., time line or allegorhythm) and explain what responsibilities your staff members have.

2) Do you have regularly scheduled emergency drills? _____yes _____no If yes, how often? _____
Date of most recent drill _____ .

3) Describe your emergency kit. What does it contain? What criterion do you have for its use? Please describe your method of keeping its contents current.

I certify that the above statements are true and pursuant to OAR 818-026-0110, I acknowledge that by applying for a permit, I consent to the conduct of office evaluations.

Signature _____ Date _____

NOTE: Under ORS 679.170(5), willfully making a material false statement on this application is grounds for discipline.

CERTIFICATE OF LICENSURE

(Not applicable if no state licenses have been obtained)

Name of Applicant (Please Print or Type)		
Address		
City	State	Zip code
License No.	Date Issued.	

I certify that _____
was granted license number _____ to practice _____
in the State of _____, on _____ on the
(date)
basis of successfully passing _____ examination.

STATUS OF LICENSE Current Expiration Date _____
 Expired Date _____
 Inactive Expiration Date _____

TYPE OF LICENSE ISSUED Full
 Limited
 Conditional/Restricted (Please explain)

Legal/Disciplinary Action Yes No

Legal/Disciplinary Action Pending Yes No

If yes, please attach copies of any disciplinary action or pending disciplinary action.

Secretary

(Date Certificate Prepared)

SEAL

Return to: Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, Oregon 97201

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To The Applicant – Fill out this form if licensed in another State

Please complete the identifying information and submit to:

**Drug Enforcement Administration
Attention: Pandora – Diversion Unit
400 Second Avenue West
Seattle, WA 98119**

Date: _____

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if there is any derogatory information on file against me. Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

Name: _____

Date of Birth: _____

DEA Registration Number: _____

Address where DEA No. is Registered: _____

Signature of Applicant

Please Print Name

Response:

Please mail or fax to the following:

**Oregon Board of Dentistry
1600 SW 4th Avenue, Suite 770
Portland, OR 97201**

Fax: (971) 673-3202

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INFORMATION REQUESTED

The 2001 Legislature passed Senate Bill 786 (ORS Chapter 973), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the 2003 Legislature.

This law was the result of a study performed by the Governor's Racial and Ethnic Health Task Force, which determined that access to health care by racial and ethnic minorities is inadequate to address the chronic health issues these communities face. People of color and people with native languages other than English experience extreme difficulty accessing health services. Culturally competent health care providers are critical in providing appropriate health care and the collection of the information requested below will assist decision makers in developing programs to address the disparity in access to health care experienced by various communities.

See the reverse of this page for racial and ethnic definitions from the State of Oregon employment documents and the US Census Bureau.

Provision of this information is voluntary. If you choose not to provide the information, it will have no effect on the acceptance or processing of your application or renewal



Please print information

Name: _____

License No. _____

RACE: *Please check one.*

- White/Caucasian (not of Hispanic origin)
- Black/African American (not of Hispanic origin) D Asian
- Asian
- Hispanic/Latino
- Native American Indian/Alaska Native
- Native Hawaiian/Other Pacific Islander
- Other: _____

Ethnicity: _____ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

Languages: Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.



Thank you for your assistance. Please return this survey with your application or renewal form, or you may mail or fax it at a later date. ,

OREGON BOARD OF DENTISTRY
1600 SW 4th, Suite 770
Portland, OR 97201
FAX: (971) 673-3202

The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.

Race - The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

White/Caucasian - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

Black/African American - A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."

Asian Indian - Includes people who indicate their race as "Asian Indian" or identify themselves as Bengalese, Bhara, Dravidian, East Indian, or Goanese.

Chinese - Includes people who indicate their race as "Chinese" or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

Filipino - Includes people who indicate their race as "Filipino" or who report entries such as Philipino, Philippine, or Filipino American.

Japanese - Includes people who indicate their race as "Japanese" or who report entries such as Nipponese or Japanese American.

Korean - Includes people who indicate their race as "Korean" or who provide a response of Korean American.

Vietnamese - Includes people who indicate their race as "Vietnamese" or who respond Vietnamese American.

Cambodian - Includes people who provide a response such as Cambodian or Cambodia.

Hmong - Includes people who provide a response such as Hmong, Laohmong, or Mong.

Laotian - Includes people who provide a response such as Laotian, Laos, or Lao.

Thai - Includes people who provide a response such as Thai, Thailand, or Siamese.

Other Asian - Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

Hispanic/Latino - A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

Native American Indian and Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

American Indian - Includes people who indicate their race as "American Indian," entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

Alaska Native - Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

Native Hawaiian and Other Pacific Islander -A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

Native Hawaiian - Includes people who indicate their race as "Native Hawaiian" or who identify themselves as "Part Hawaiian" or "Hawaiian."

Guamanian or Chamorro - Includes people who indicate their race as such, including Chamorro or Guam.

Samoan - Includes people who indicate their race as "Samoan" or who identified themselves as American Samoan or Western Samoan.

Other Pacific Islander - Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

Some Other Race - Includes all other responses not included in the "White," "Black or African American," "American Indian and Alaska Native," "Asian," "Hispanic" and the "Native Hawaiian and Other Pacific Islander" race categories described above.

CODE: **Race – Bold, underlined, italic print. (White, Black/African American, Asian, Hispania, etc.)**
Ethicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)



Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry
1600 SW 4th Avenue
Suite 770
Portland, OR 97201-5519
(971) 673-3200
Fax: (971) 673-3202
www.oregon.gov/dentistry

PRIVACY ACT NOTIFICATION

As part of your application for an initial professional license, you are required to provide your Social Security Number to the Oregon Board of Dentistry (OBD). This is a mandatory requirement under Oregon Laws 1997, Chapter 746, section 117 (ORS 25.785) and under Federal Law USC section 666(a)(13)(a).

Failure to provide your Social Security Number will be a basis to refuse to issue your license.

The OBD will maintain a record of your Social Security Number in your licensing file.

The OBD is required to report your Social Security Number to the following entities:

- Division of Child Support – ORS 25.750 –25.785
- Oregon Department of Revenue – ORS 305.380 – 305.385
- United States Health Care Integrity Protection Data Bank (HIPDB) – 45 CFR, Part 61, established under Section 1128E of the Social Security Act.
- National Practitioners Data Bank (NPDB) – Section (5) Medicare and Medicaid Patient and Program Protection Act of 1987.