

OREGON BOARD OF DENTISTRY

APPLICATION FOR LICENSURE

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:

Dental Hygiene – Licensure by Exam

- Application fee (2113) \$180
 Licensure fee (2103) \$115

Dental Hygiene – Licensure Without Further Exam

- Application fee (2114) \$790
 Licensure fee (2103) \$115

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: _____