

**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 conducted licensed clinical practice in Oregon, other states or in the Armed Forces of the United States, the United States Public Health Service or the United States Department of Veterans Affairs for a minimum of 3,500 hours in the five years immediately preceding application. Licensed clinical practice could include hours devoted to teaching by dentists employed by a dental education program in a CODA accredited dental school, with verification from the dean or appropriate administration of the institution documenting the length and terms of employment, the applicant's duties and responsibilities, the actual hours involved in teaching clinical dentistry, and any adverse actions or restrictions. 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, 1500 SW 1st 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. 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.

### F. Biennial Licensure Fee - \$340

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.**

### G. 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))

### H. License Verifications

License verifications must be requested by the applicant and submitted directly from every state, country or

jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states and/or countries charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

I.  **Fingerprints – Live Scan**

**Live Scan fingerprints can only be transmitted electronically. Once the Oregon Board of Dentistry receives your application and application fee, we will send you the Request for Transmission for Live Scan Fingerprints form. Fingerprints can be taken via Live Scan throughout the United States.**

J.  **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, SRТА, 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 SRТА 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, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.

K.  **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.

L.  **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.)**

M.  **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.

N.  **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.) **Failure to meet the continuing education requirements PRIOR to submitting your application will result in your application being rejected.**

O.  **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.

Q  **Health Care Provider BLS/CPR.**

**A photocopy of your Health Care Provider BLS/CPR or its equivalent certification must be submitted by you to the Oregon Board of Dentistry (OBD).**

# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

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  
 Prescription Monitoring (1706) \$50

**Dental – Without Further Exam**

- Application fee (2112) \$790  
 Prescription Monitoring (1706) \$50

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

(Complete only if applying to take Specialty Examination)

- Application fee (2111) \$345  
 Prescription Monitoring (1706) \$50

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 and/or countries in which you are or have been licensed or in which application is pending. Enter "None" or "Not Applicable" if none.	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. Enter "None" or "Not Applicable" if none.

Description	Name of Institution or Employer	Location	From	To

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: \_\_\_\_\_



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

Rev. Code 2101

### DENTAL BIENNIAL LICENSURE FEE

Enclose the biennial licensure fee of \$340.00, 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

Cell

\_\_\_\_\_ Area Code - Telephone Number

d. Email address

\_\_\_\_\_

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# CERTIFICATE OF LICENSURE

(Not applicable if no state and/or out of country licenses have been obtained)

Name of Applicant (Please Print or Type)		
Street Address		
City	State	Zip Code:
License No:	Date Issued:	

I certify that \_\_\_\_\_ was granted license number \_\_\_\_\_ to practice \_\_\_\_\_ in the State and/or Country of \_\_\_\_\_, on the basis of successfully passing \_\_\_\_\_ examination.

STATUS OF LICENSE       Current      Expiration Date \_\_\_\_\_  
                                   Expired      Date \_\_\_\_\_  
                                   Inactive      Expiration Date \_\_\_\_\_  
                                   Revoked      Date \_\_\_\_\_

Type of License Issued       Full  
   Limited  
   Conditional/Restricted (Please explain)

Legal/Disciplinary Action:  Yes  No  
Legal/Disciplinary Action Pending  Yes  No  Unable to disclose

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

SEAL

\_\_\_\_\_  
Signature of Official  
  
\_\_\_\_\_  
Title  
  
\_\_\_\_\_  
Date Certificate Prepared

**Return directly to:**

**Oregon Board of Dentistry  
1500 SW 1<sup>st</sup> Avenue, Suite 770  
Portland, Oregon 97201**

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Oregon Board Of Dentistry  
 1500 SW 1st Avenue, Suite 770  
 Portland, Oregon 97201  
 (971) 673-3200  
[www.oregon.gov/dentistry](http://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
<b>TOTAL HOURS</b>				

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 818-021-0060(2) & 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 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, 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 passes the examination.

(d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

**(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours (dentists) or two hours (dental hygienists) of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.**

(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 Oregon Health Authority. 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.

**(6) At least 2 hours of continuing education must be related to infection control. (Effective January 1, 2015).**

**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** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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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** \_\_\_\_\_

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**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:**

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## **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.
2. Initial training/education was completed within **the immediate five (5) years prior** to 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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**NITROUS OXIDE PERMIT  
APPLICATION FORM  
FEE \$40.00**

**Mail Application and Fee to:**

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

Name \_\_\_\_\_ License No. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The Oregon Board of Dentistry understands that protocols and forms may change throughout your career, however, if you are not currently practicing but wish to apply for a nitrous oxide permit you may use the protocols and forms used in your dental or dental hygiene programs, or you may also prepare your own forms to attach to the nitrous oxide permit application.

If you have any questions, please contact the Board office at 971-673-3200.

**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.

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

Please complete the identifying information and submit to:

Drug Enforcement Administration  
Attention: Twilla Miller  
100 SW Main Street, Suite 500  
Portland, OR 97204  
Telephone: 888-219-4261  
Fax: 503-721-6602

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 I have ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied.

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

DEA Response:

Applicant has surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied: YES NO (Not to be completed by applicant!)

Please mail or fax to the following: Oregon Board of Dentistry  
1500 SW 1<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201  
Fax: (971) 673-3202

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# Oregon

Kate Brown, Governor

**Board of Dentistry**  
1500 SW 1st Ave. Ste 770  
Portland, OR 97201-5837  
(971) 673-3200  
Fax: (971) 673-3202

## 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.

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**INFORMATION REQUESTED**

The 2001 Legislature passed Senate Bill 786 (ORS 676.400), which requires that health professional regulatory boards maintain information regarding racial, ethnic and bilingual status of licensees and applicants and report to the data to the 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)
- 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**  
1500 SW 1<sup>st</sup> Avenue, 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)*