



# Oregon

John A. Kitzhaber, MD, Governor

Board of Dentistry  
1500 SW 1st Avenue  
Suite 770  
Portland, OR 97201-5828  
(971) 673-3200  
Fax: (971) 673-3202  
[www.oregon.gov/dentistry](http://www.oregon.gov/dentistry)

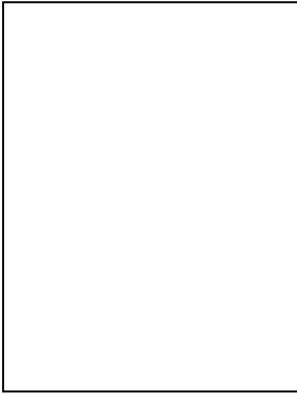
## **Volunteer License (Out-of-State Dentists and/or Dental Hygienists)**

ORS 679.025(j) & 680.020(j) provides that licensure in Oregon is not required if the following is met:

Dentists and Dental Hygienists, without an Oregon license, licensed in good standing in another state, may practice dentistry or dental hygiene without compensation in Oregon for no more than five consecutive days in any 12-month period, provided that the dentist and dental hygienist submit an application to the board at least 10 days before practicing dentistry or dental hygiene, and the application is approved by the board.

## **Instructions**

1. If you wish to practice dentistry or dental hygiene as a volunteer dentist or dental hygienist please complete the application (on the reverse), and return it to the Oregon Board of Dentistry. The application must be notarized.
2. License verifications must be requested by the applicant and submitted directly to the applicant. **Do not open** the verifications from the other states or jurisdictions. Include the verification(s) with your application, and mail all documents together to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, Oregon 97201. Verifications are required from every state or jurisdiction in which the applicant is currently licensed **or has held** licensure.
3. Attach copies of all active and inactive licenses.
4. Upon receipt of the above, the Board will issue you a letter authorizing you to practice dentistry or dental hygiene.
4. Please refer questions to Examination and Licensing Manager Teresa Haynes at (971) 673-3200.



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Portland, OR 97201  
(971-673-3200)

**Volunteer License Application  
(Out-of- State Dentist or Dental Hygienist)**

**Please print or type information**

**Current Passport Type Photo**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Dental/Dental Hygiene School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**Name of Agency, Institution, Corporation or Association you will be volunteering for:**

\_\_\_\_\_

Address where services are to be provided: \_\_\_\_\_

Contact Person and phone number: \_\_\_\_\_

Dates of Services to be provided: \_\_\_\_\_

List all states that you have or have held a license to practice dentistry and/or dental hygiene (Attach copies of all current licenses):

State:	License No.:	Status:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
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: \_\_\_\_\_