

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

**DENTAL THERAPY
LICENSURE BY EXAMINATION**

Introduction:

These instructions are designed to assist you in the application process for dental therapy licensure in Oregon. Licensure by Examination is intended for those applicants who have passed their clinical examination within the immediate five years preceding their application. Please read and follow them carefully. Failure to meet any of the requirements will result in your application being rejected. A checklist format has been used to assist you in requesting documentation and to ensure you meet all application requirements.

Licensure by Examination

Dental Therapists are eligible to apply for licensure by examination in Oregon within five (5) years of passage of an examination described in ORS 679.606 and/or established by the Board by rule.

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 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 679.615)

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 must be sent together to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395. Payment can be made with one or more cashier's checks or money orders, as long as the total fees paid balances with the forms submitted.

All supplemental forms, Official Transcripts, and Certificates of Standing from other states, jurisdictions, and/or countries are to be sent directly to the Oregon Board of Dentistry, 1500 SW 1st Avenue, Suite 770, Portland, OR 97201.

LICENSURE BY EXAMINATION: DOCUMENTATION REQUIREMENTS

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.

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.

Application Fee - \$180

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.**

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.

Biennial Licensure Fee - \$230

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 issued without the Biennial License Form and appropriate fee. **Fees paid are neither transferable nor refundable. All fees are mandatory.**

Certificate of Completion of a Dental Pilot Project defined by ORS 676.600 and OAR 818-038-0005.

Certificate of completion from a dental therapy education program approved by the Board. A certificate of completion from the Oregon Health Authority Dental Pilot Project #100 or #300 program and must be sent to the Board directly from the school or program. Graduates from CODA accredited dental therapy programs will not be eligible for Oregon licensure until January 1, 2025.

License Verifications

License verifications must be requested by the applicant and submitted directly to the Oregon Board of Dentistry by every state, country, or jurisdiction in which the applicant is currently licensed or has held licensure. (Note: Many states, jurisdictions, and 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.)

Proof of Clinical Examination within Five (5) Years of Passage

1. Regional: If the applicant passed a clinical examination administered by a regional testing agency, submit a photocopy of the original CRDTS, CDCA-WREB, or other Board-approved examination certificate.
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.
3. National Testing Agency: If the applicant passed a clinical examination administered by a national testing agency, submit evidence of passage of the National Testing Agency clinical examination.
4. Other Board-recognized testing agency: If the applicant passed a clinical examination administered by any other Board-recognized testing agency, submit evidence of passage of the Board-recognized Testing Agency clinical examination.

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.

Jurisprudence Examination

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

Healthcare Provider BLS/CPR

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

Proof of liability insurance

A photocopy of your liability insurance must be **submitted by you** to the Oregon Board of Dentistry (OBD).

Verification of Collaborative Agreement (You do not need this to become licensed, but it is **required** to practice as a licensed dental therapist).

OREGON BOARD OF DENTISTRY

APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Application must be completed on a computer or a typewriter. **(No handwritten applications will be accepted).**
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. ALL FEES ARE MANDATORY!**

I HEREBY APPLY FOR A LICENSE TO PRACTICE:

Dental Therapy – Licensure by Exam

Application fee (2108) \$180

First Name	Middle Name	Last Name	
Other Names Used - Enter None if None		Telephone Number	
Mailing Address/City, State, ZIP Code		Social Security Number	
Place of Birth		Date of Birth	
College Education (Name and Location)	From (mm/yy)	To (mm/yy)	Degree
Dental/Dental Hygiene/Dental Therapy School(s) (Name and Location)	From (mm/yy)	To (mm/yy)	Degree
Dental Pilot Project #100 or #300	From (mm/yy)	To (mm/yy)	Completion Date

You must respond fully and truthfully to these questions. Failure to fully and truthfully respond to these questions may result in the denial of your application or another appropriate sanction as authorized by law. Fully and truthfully includes, but is not limited to, reporting DUII (Driving Under the Influence of Intoxicants) and MIP (Minor in Possession) violations, possession of a controlled substance, theft, shoplifting, domestic violence, or assault violations, or any other violation of the law, misdemeanor, or felony, of any state or federal law, regardless of the state or territory in which it happened. **This information must be reported whether or not the arrest/citation was dismissed, dismissed through diversion, set aside, or judged not guilty, regardless of how long ago it happened.**

1. Are you aware of any physical or mental conditions 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 dental therapy, dentistry, or dental hygiene or denied the right to take an exam for such licensure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever voluntarily surrendered a license to practice dental therapy, dentistry, or dental hygiene?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever been the subject of any pending or final (formal, informal, or corrective) action regarding any dental therapy, 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 any other entity).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any dental therapy, dental, or dental hygiene school or program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. a. Have you ever been cited, arrested, charged or convicted of any crime, offense, or violation of the law in any state or country, even if those charges were dismissed or set aside?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are there any pending criminal actions against you that could result in your imprisonment in a state, local or federal institution (even if not imprisoned)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of any crime of any federal, state or local law relating to the possession, distribution, use, or dispensing of mind-altering or controlled substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed illegal drugs, scheduled controlled drugs, or mind-altering substances, that would have been a crime by state or federal law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever been evaluated for alcohol or drug abuse; or received treatment, counseling, or education for abuse of alcohol, drugs, or mind-altering substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. a. Do you currently hold, or have you ever held, a license in this or any other state or country to practice a health care profession other than dental therapy, 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 therapy, dental, or dental hygiene) by a licensing board or equivalent authority?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Paste photograph here.
Must be a passport type of photo taken within one year of application.

Sign and date across the photograph in ink!

List all states/countries in which you are or have been licensed/certified or in which application is pending. Enter "None" or "Not Applicable" if none.	Type of License(s)				License No.	Date Issued	Status
	State/Country	Dental Therapy	Dental	Dental Hygiene			

List in reverse chronological order all positions you have held in which you practiced dentistry, dental hygiene, or dental therapy 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 (mm/yy)	To (mm/yy)

AFFIDAVIT OF APPLICANT

STATE OF _____

COUNTY OF _____

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 dental therapy/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 THERAPY
BIENNIAL LICENSURE FEE**

Enclose the biennial licensure fee of \$230.00, 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 Phone

_____ 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/certificates 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

<input type="checkbox"/>	Current	Expiration Date _____
<input type="checkbox"/>	Expired	Date _____
<input type="checkbox"/>	Inactive	Expiration Date _____
<input type="checkbox"/>	Revoked	Date _____

Type of License Issued

<input type="checkbox"/>	Full
<input type="checkbox"/>	Limited
<input type="checkbox"/>	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 1st Avenue, Suite 770
Portland, Oregon 97201**

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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 1st 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.)
Ethnicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)



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.