

APPLICATION FOR DENTAL FACULTY LICENSURE IN OREGON

SUMMARY: Prior to issuance of a Faculty Dental license, the Board must receive a completed application, \$305 application fee, \$285 biennial licensure fee, \$50 Prescription Drug Monitoring Fee, an official transcript, certificate of employment, fingerprint card and, if applicable, verification of licensure in another state or Canadian Province, or verification of having held an instructor's or faculty license, or verification of having successfully passing any clinical examination recognized by the Board, or verification of being certified by the appropriate national certifying examination body in a dental specialty.

APPLICATION INSTRUCTIONS

Submit the following to the Board in care of the Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395

1. A completed application (a blank form is enclosed). Your application will be forwarded to us after receipt of the fee is verified.
2. A non-refundable application fee of \$305, in the form of a cashier's check or money order, payable to the Oregon Board of Dentistry.
3. A biennial license fee of \$285.
4. A Prescription Drug Monitoring Program fee of \$50.

Submit the following to the Oregon Board of Dentistry, 1500 SW 1st, Suite 770, Portland, Oregon 97201.

1. Certification of Employment. Verification of being a full-time instructor of dentistry at OHSU, School of Dentistry engaged in dental activities (this verification must come directly from the Dean); and
2.
 - a. An official transcript showing satisfactory evidence of graduation from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA) must be submitted by your program to the Board; or
 - b. If you graduated from a dental school outside the United States or Canada, an official transcript showing successful completion of at least two years of an advanced dental education program from an accredited dental school. Transcript must be submitted by your program directly to the Board; and submit
 - A. Verification of current licensure to practice dentistry from another state or Canadian Province; or
 - B. Verification of having held an instructor's or faculty license to practice dentistry in another state or Canadian province immediately prior to becoming an instructor of dentistry at the Oregon Health & Sciences University; or

- C. Verification of having successfully passed any clinical examination recognized by the board for initial licensure; or
 - D. Verification of being certified by the appropriate national certifying examination body in a dental specialty recognized by the American Dental Association.
3. If you answer “yes” to any of the questions on page two of the application, for any reason, you must submit additional supporting documentation for that question as indicated on the application.

This documentation should include:

- a. **Written letter of explanation** from you giving full details.
 - b. **Certified copies** of disciplinary action, police reports, court documents, and medical evaluations or any other pertinent information.
4. **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.
5. **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.
6. **Faculty Practice Plan**
Copy of your Faculty Practice Plan from Oregon Health and Science University.

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.

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.

Please note: the Board will match up all the above documents with the application which you send to Oregon Board of Dentistry, Unit 23, PO Box 4395, Portland, Oregon 97208-4395 with your fee.

ISSUANCE OF A DENTAL FACULTY LICENSE

Once all application materials and fees have been received, it will take approximately ten business days to issue a dental faculty license. A dental faculty license issued under this provision is restricted to the practice of dentistry in a facility devoted to dental care on the campus of Oregon Health and Science University.

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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:

<p>Dental Faculty Practice</p> <p><input type="checkbox"/> Application fee (2111) \$305</p> <p><input type="checkbox"/> Licensure fee (2101) \$285</p> <p><input type="checkbox"/> Prescription Monitoring Program (1706) \$50</p>	<p>Dental Hygiene Faculty Practice</p> <p><input type="checkbox"/> Application fee (2113) \$180</p> <p><input type="checkbox"/> Licensure fee (2103) \$230</p>
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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

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 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 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 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has there been any investigation or disciplinary action taken against you by any 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 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?	<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 bottom of the photograph in ink!

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 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: _____

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
 1500 SW 1st 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: Twilla Miller
100 SW Main Street, Suite 500
Portland, OR 97204
Telephone: 888-219-4261
Fax: 571-387-3047

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 1th Avenue, Suite 770
Portland, OR 97201
Fax: (971) 673-3202

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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.

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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.)**
Ethicity – Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)