

**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, SRTA, 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 SRTA 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.

P. **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).