

## **GENERAL INFORMATION SPECIALTY LICENSURE**

### **INTRODUCTION**

The Oregon Board of Dentistry issues specialty licenses in the following specialty areas:

Dental Public Health	Oral and Maxillofacial Pathology
Endodontics	Pediatric Dentistry
Oral and Maxillofacial Radiology	Periodontics
Oral and Maxillofacial Surgery	Prosthodontics
Orthodontics AND Dentofacial Orthopedics	

Specialty licensure restricts the holder to the practice of the specialty only.

### **ELIGIBILITY**

An applicant for a specialty license must:

1. Be licensed to practice general dentistry in another state (except those qualifying under 818-021-0017(2)(b)).
2. Have completed a postgraduate specialty program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA), and
3. Have graduated:
  - From a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA); **or**
  - From a non-ADA accredited dental school, either
    - (a) Evidence of active licensure as a general dentist in another state obtained as a result of passage of any clinical Board examination administered by any state or regional testing agency; or
    - (b) Certification of having successfully passed the clinical examination administered by any state or regional testing agency within the five years immediately preceding application.

### **APPLICATION PROCEDURES**

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

1. A completed application (online). Your application will be forwarded to us after receipt of the appropriate fee is verified.
2. A non-refundable application fee of \$345, in the form of a cashier's check or money order, payable to the Oregon Board of Dentistry.
3. A biennial license fee of \$340. (Because this fee is non-refundable, it is recommended that you submit this fee after you have been advised that you passed the examination.)

4. A Prescription Monitoring Program Fee of \$50. (Because this fee is non-refundable, it is recommended that you submit this fee after you have been advised that you passed the examination.)

**Submit the following to the Oregon Board of Dentistry, 1500 SW 1<sup>st</sup> Avenue, Suite 770, Portland, Oregon 97201:**

1. Certification of passage of the examination of the Joint Commission on National Dental Examinations or Canadian National Dental Examining Board Examination. A copy of your National Board certificate is satisfactory.
2. Evidence of graduation.
  - 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 the school directly to the Board.
  - b. If you graduated from a dental school outside the United States or Canada, you must arrange to have an official transcript sent to the Board of Dentistry showing satisfactory evidence of:
    - < graduation from a dental school,
    - < proficiency in the English language.
3. Evidence of completion of a postgraduate program accredited by the Commission on Dental Accreditation of the American Dental Association (CODA/ADA) must be submitted by the school directly to the Board.
4. Evidence of licensure in another state (except those qualifying under 818-021-0017(2)(b)).

You must be licensed as a general dentist in at least one state. Licensure as a general dentist must have been obtained as a result of passage of any clinical Board examination administered by any state or regional testing agency. A certificate of licensure from the Secretary of the licensing board must be submitted by each state in which you are licensed directly to the Oregon Board of Dentistry. A blank certificate is enclosed which you should send to each state in which you currently hold, or have held, a license.

5. Evidence of successfully passing a clinical examination administered by any state or regional testing agency within the five years immediately preceding application (for those qualifying under OAR 818-021-0017(2)(b)).

## **EXAMINATION**

A candidate for specialty licensure must pass the Board's specialty examination which is administered by the Commission on Dental Competency Assessments. Following is the link for information on specialty examinations:

- <https://www.cdcaexams.org/specialty-exam/>

Applicants must also pass a jurisprudence examination, which is a written test of knowledge of the Oregon Dental Practice Act. The jurisprudence examination is open book and untimed.

## 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.

**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.

## SPECIALTY LICENSURE: 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 - \$345**

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.**

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.  **OHWI Data Collection Fee - \$5**

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.**

F.  **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.

G.  **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.**

H.  **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 have transcripts from non-ADA accredited program submitted to the Board directly from school, and be proficient in the English language.

I.  **Specialty Transcript (With Degree Posted)** or Letter from Director of Specialty Program showing completion of specialty residency from an ADA Accredited Program in the United States or Canada

J.  **National Board Scores**

A photocopy of the National Board Scores must be **submitted by you** to the Oregon Board of Dentistry (OBD). If you need a copy, contact the Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, Illinois 60611, telephone number 1-800-232-1694; have them mail you a copy, then mail a photocopy to the OBD after you receive it.

K.  **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 charge a fee for this service. Please contact the state and/or country directly prior to submitting your request to prevent delays in processing.)

L.  **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.

M.  **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.

N.  **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.

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).

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# OREGON BOARD OF DENTISTRY

## APPLICATION FOR LICENSURE

Date Application Received:	License No:
	Date License Issued:

1. Complete this application only if you have **completed the required Specialty Examination!**
2. Application must be typed or completed on computer. (No hand written application accepted).
3. If additional space is needed, attach a separate sheet.
4. Make checks payable to the Oregon Board of Dentistry.
5. **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: \_\_\_\_\_

- Application fee (2111) \$345
- OHWI Data Collection fee (1707) \$5
- Prescription Monitoring (1706) \$50

First Name	Middle Name	Last Name	
Other Names Used (If no other names enter N/A)		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?	<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. 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.)	<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 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.)	<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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever used or possessed any drugs, or mind altering substances in violation of any law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever received treatment or counseling 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 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.

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

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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**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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**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."

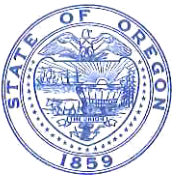
*Guamanian or Chamorro* - Includes people who indicate their race as such, including Chamorro or Guam.

*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)*



# 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.