

**GENERAL INFORMATION**  
**SPECIALTY LICENSURE WITHOUT FURTHER EXAMINATION**

**INTRODUCTION**

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

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

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

**Licensure Without Further Examination – Specialty**

Dentists are eligible to apply for specialty licensure without further examination in Oregon if they have conducted licensed clinical practice in the applicant's postdoctoral dental specialty in Oregon, other states or in the Armed Forces of the United States, the United States Department 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 the applicant's dental specialty by dentists employed by a dental education program in a CODA-accredited dental school, with written 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 in the specialty applicant is applying for, and any adverse actions or restrictions. In addition, the applicant must also verify to having completed 40 hours of continuing education in accordance with the Board's continuing education rules within the two years immediately preceding application.

**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.

**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 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 - \$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. All fees are mandatory.**

**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.**

**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 - \$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.**

**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.

**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

**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.

**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.)

**Proof of Clinical Examination – (General)**

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.
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 an other Board-recognized testing agency, submit evidence of passage of the Board-recognized Testing Agency clinical examination.

**Proof of Specialty Examination**

1. The Commission on Dental Competency Assessments (CDCA): If applicant passed an CDCA specialty examination, administered by the CDCA, submit evidence of passage.
2. American Board: If the applicant passed and is Board Certified, submit evidence of passage of the specialty examination and proof of Board certification.

**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.**

**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 immediate past five years and list applicable addresses and hours worked, please list only the past five years only on this form.

**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.

**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.

**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.

**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.

**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).

# 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 applications will be 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: \_\_\_\_\_

**Licensure by Examination - Specialty**

- Application fee (2111) \$345
- Prescription Monitoring (1706) \$50

**Licensure Without Further Examination - Specialty**

- Application fee (2112) \$790
- Prescription Monitoring (1706) \$50

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	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!

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

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**

Oregon Board of Dentistry  
 1500 SW 1st Avenue, Suite 770  
 Portland, Oregon 97201  
 Telephone: (971) 673-3200  
 Fax: (971) 673-3202  
 Email: information@oregondentistry.org  
 www.oregon.gov/dentistry

**DENTAL  
 LICENSURE WITHOUT FURTHER EXAMINATION  
 CONTINUING EDUCATION LOG**

\_\_\_\_\_  
 Applicant's Name

To be licensed in Oregon, a dentist who is applying for Licensure Without Further Examination must submit proof of completion of 40 hours of Board approved continuing education courses **that have been taken within the two years immediately preceding submission of the application for licensure.**

DATE	COURSE TITLE and BRIEF DESCRIPTION	SPONSOR/INSTRUCTOR	HOURS
List two hours of Infection Control Course(s)	Please note that if using OSHA, Infection Control hours must be delineated separately on the certificate from other subjects within the course to count towards this requirement.		
List at least three hours of Medical Emergencies related to a dental practice.	Please note, that using your BLS for Health Care Providers for Medical Emergencies will not qualify for the CE required to renew a nitrous oxide permit.		
List any practice management/patient relation courses.	Please note that no more than four (4) hours may be counted toward the CE requirements.		
<b>Total Hours</b>			

List all courses that are related to direct clinical patient care or the practice of dental public health.				
				<b>Total Hours</b>

List at least two hours of CE in cultural competency (Effective January 1, 2021)				
				<b>Total Hours</b>

By signing below, I certify that the information given on this form is true and correct. I understand that any falsification could result in disciplinary action including denial, suspension, or revocation of my license. I understand **CE hours must be taken prior to submitting my application** for Licensure Without Further Examination, **failure to complete the required CE prior to submitting my application will result in my application being rejected.** If my application is rejected I understand that I must reapply for a new license once I have meet the requirements and pay a new application fee.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reminder: Records of C.E. must be retained for four (4) years (OAR 818-021-0060(2)).**

### **818-021-0011**

#### **Application for License to Practice Dentistry Without Further Examination**

(1) The Oregon Board of Dentistry may grant a license without further examination to a dentist who holds a license to practice dentistry in another state or states if the dentist meets the requirements set forth in ORS 679.060 and 679.065 and submits to the Board satisfactory evidence of:

- (a) Having graduated from a school of dentistry accredited by the Commission on Dental Accreditation of the American Dental Association; or
- (b) Having graduated from a dental school located outside the United States or Canada, completion of 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 completion of 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 proficiency in the English language; and
- (c) Having passed the dental clinical examination conducted by a regional testing agency, by a state dental licensing authority, by a national testing agency or other Board-recognized testing agency; and
- (d) Holding an active license to practice dentistry, without restrictions, in any state; including documentation from the state dental board(s) or equivalent authority, that the applicant was issued a license to practice dentistry, without restrictions, and whether or not the licensee is, or has been, the subject of any final or pending disciplinary action; and
- (e) 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; and

**(f) Having completed 40 hours of continuing education in accordance with the Board's continuing education requirements contained in these rules within the two years immediately preceding application.**

(2) Applicants must pass the Board's Jurisprudence Examination.

(3) A dental license granted under this rule 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.

### **818-021-0060**

#### **Continuing Education — Dentists**

(1) Each dentist must complete 40 hours of continuing education every two years. Continuing education (C.E.) must be directly related to clinical patient care or the practice of dental public health.

(2) Dentists must maintain records of successful completion of continuing education for at least four licensure years consistent with the licensee's licensure cycle. (A licensure year for dentists is April 1 through March 31.) The licensee, upon request by the Board, shall provide proof of successful completion of continuing education courses.

(3) Continuing education includes:

- (a) Attendance at lectures, dental study groups, college post-graduate courses, or scientific sessions at conventions.
- (b) Research, graduate study, teaching or preparation and presentation of scientific sessions. No more than 12 hours may be in teaching or scientific sessions. (Scientific sessions are defined as scientific presentations, table clinics, poster sessions and lectures.)
- (c) Correspondence courses, videotapes, distance learning courses or similar self-study course, provided that the course includes an examination and the dentist passes the examination.
- (d) Continuing education credit can be given for volunteer pro bono dental services provided in the state of Oregon; community oral health instruction at a public health facility located in the state of Oregon; authorship of a publication, book, chapter of a book, article or paper published in a professional journal; participation on a state dental board, peer review, or quality of care review procedures; successful completion of the National Board Dental Examinations taken after initial licensure; a recognized specialty examination taken after initial licensure; or test development for clinical dental, dental hygiene or specialty examinations. No more than 6 hours of credit may be in these areas.

(4) At least three hours of continuing education must be related to medical emergencies in a dental office. No more than four hours of Practice Management and Patient Relations may be counted toward the C.E. requirement in any renewal period.

(5) All dentists licensed by the Oregon Board of Dentistry will complete a one-hour pain management course specific to Oregon provided by the Pain Management Commission of the Oregon Health Authority. All applicants or licensees shall complete this requirement by January 1, 2010 or within 24 months of the first renewal of the dentist's license.

(6) At least two (2) hours of continuing education must be related to infection control.

(7) At least two (2) hours of continuing education must be related to cultural competency (Effective January 1, 2021).

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**CERTIFICATION OF CLINICAL PRACTICE**

List all locations at which you practiced to verify the 3,500 hours of licensed clinical practice in the five years **immediately preceding this application** (Dentists OAR 818-021-0011, Dental Hygienists OAR 818-021-0025). Use additional sheets if necessary.

**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Average hours per week \_\_\_\_\_ **years** \_\_\_\_\_ **months**

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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I certify that the above information is true and correct.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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**Location/Address:** \_\_\_\_\_

Average hours per week \_\_\_\_\_ years \_\_\_\_\_ months

From \_\_\_\_\_ to \_\_\_\_\_ **TOTAL HOURS** \_\_\_\_\_

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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 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

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## 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.