

**Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228
(410) 402-8511**

**APPLICATION FOR DENTAL LICENSURE FOR
DENTISTS LICENSED IN ANOTHER STATE**

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Gov't Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Information for Veterans, Service Members, and Military Spouses

Please note the following:

"Veteran" is a former service member who was discharged from active duty under circumstances other than dishonorable within 1 (one) year before the date on which this application has been submitted. "Veteran" does not include an individual who has completed active duty and has been discharged for more than 1 year before the application for a license, certificate, or permit is submitted.

"Service member" is an individual who is an active duty member of the armed forces of the United States, a reserve component of the armed forces of the United States, or the National Guard of any state.

"Military Spouse" is the spouse of a service member or veteran and includes the surviving spouse of a veteran, or a service member who died within 1 (one) year before the date on which the application for licensure is submitted to the Board.

Veterans, service members and military spouses are assigned an advisor to assist in the application process. In addition, the Board will expedite the processing of completed applications for veterans, service members, and military spouses. If you do not meet the education or training or experience requirements for licensure, your advisor will assist you in identifying programs that offer relevant education or training, or ways to obtain the necessary experience.

Your advisor is Deborah Welch. Ms. Welch may be reached at 410-402-8511. In Ms. Welch's absence you may contact Mrs. Sandra Sage at 410-402-8510.

Are you a:

Veteran: Yes No **Service Member:** Yes No **Military Spouse:** Yes No

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	

A. Social Security Number: - -
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth: - -

C. Cell Phone Number: - -

D. Home Phone Number: - -

E. Work Phone Number: - -

F. E-Mail Address:

G. Gender Identification: Female Male

H. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes <input type="checkbox"/> No <input type="checkbox"/> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
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Select one or more of the following racial categories:

1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. Asian (A person having origin 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.)
3. Black or African American (A person having origins in any of the black racial groups of Africa.)
4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

I. Licensure in other states:

List other states or jurisdiction in which you hold or have held a dental license. Include license number(s).

State	License Number

SECTION II - EDUCATION

A. School of Graduation (Name, City, State, Country): _____

B. Date of Graduation: _____ Degree Earned: _____

SECTION III – EXAMINATIONS

Path 1 Candidates: You are licensed in a state other than Maryland and you have successfully passed the American Dental Licensing Examination (ADLEX)/North East Regional Board (NERB).

Path 2 Candidates: You are licensed in a state other than Maryland, have not successfully passed the American Dental Licensing Examination (ADLEX)/North East Regional Board (NERB) but you have met the Board’s experience and other requirements.

Path 1 and Path 2 candidates answer questions A, B, C, and D. Path 1 candidates also answer questions E and F.

A. Have you passed the National Board Examination(s)? Yes No

B. Date of examination: _____ Location of examination: _____

C. Have you passed the **ADLEX Diagnostic Skills Examination (DSE)**? Yes No

D. Date of examination: _____ Location of examination: _____

E. For Path 1 applicants, have you passed all sections of the American Board of Dental Examiners (ADEX)/North East Regional Board (NERB) examination? Yes No

F. Date of examination: _____ Location of examination: _____

With respect to your work as a dentist, attach a separate page identifying your employers for the 5-year period immediately preceding the date of your application beginning with your most recent employer. The document should include the following: (Please print or type) the name of your employer, name of your supervising dentist, street address, telephone number, dates of employment, and the number of hours worked for each employer. If you owned your own dental practice please indicate when appropriate.

SECTION IV – Path 2 Candidates Only

A. Yes No I have been actively practicing dentistry for at least 5 years, and during the 5-year period preceding my application, I have been actively engaged in practicing dentistry for at least 850 hours on average per year for a total of at least 4,250 hours. See Guidelines for requirement to submit a notarized statement.)

B. Yes No I have passed an examination with a clinical component as a requirement for licensure in another state. (This is also a requirement for Path 2 licensure)

Name of examination: _____ Date of examination: _____

Examination required for licensure in what state(s): _____

Note that the practice of dentistry in the armed forces, the practice of dentistry in state and federal programs, participation in post-graduate intern programs, or participation in residency programs within the 5 years immediately preceding application counts toward the required hours of active practice.

SECTION V - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section V– Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order or were ever under a Board Order in a state other than Maryland you must enclose a certified legible copy of the entire Order with this application. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist license in any jurisdiction been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, been denied for failure to renew your privileges, or limitation, restriction, suspension, revocation or loss of privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dentistry? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dentistry? |

SECTION V - CHARACTER AND FITNESS (CONT'D)

YES NO

- k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry?
- l. Have you illegally used drugs?
- m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?
- n. Have you been named as a defendant in a filing or settlement of a malpractice action?
- o. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

The Well Being Committee assists dentists and their families who are experiencing personal problems. The Committee has helped many dentists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information, go to www.dentistwellbeing.com.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

Revised 10-08-19

Application for Dental Licensure for Dentists Licensed in Another State

Checklist

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

PATH 1 AND PATH 2 CANDIDATES:

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose the \$450 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- 3. Did you enclose only **one** photo that is between 2x2-inches and 3x3-inches with the required notarized affidavit stating that “the photograph is a true photograph of me”? (**see enclosed form**) The photo must meet the following guidelines: taken within the last 2 years to reflect your current appearance; front view of full face from top of hair to shoulders; a natural expression; no hat or head covering that obscures the hair or hairline, unless worn daily for religious purposes; no sunglasses, headphones, wireless hands-free devices or similar items; no other individuals or distractions in the photo. Photos copied or digitally scanned from driver’s licenses or other official documents are not acceptable. In addition, low quality vending machine or mobile phone photos are not acceptable. “Passport” photos are acceptable. Unacceptable photos will be returned and may delay the issuance of your license.
- 4. Did you request that an original National Board score report be forwarded to the Maryland State Board of Dental Examiners? (**“the Board” will obtain scores**)
- 5. Did you enclose a certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA)? **Path 2 candidates:** Did you enclose a certified report from the Commission on Dental Competency Assessments (CDCA) verifying that you have passed the ADLEX Diagnostic Skills Examination (DSE)? (**“the Board” will obtain scores**)
- 6. Did you enclose certified proof of your dental education, such as a copy of a diploma, transcript or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of Diploma or transcript submitted to the Board.*
- 7. Did you enclose a certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- 8. With respect to your work as a dentist, attach a separate page identifying your employers for the 5-year period immediately preceding the date of your application beginning with your most recent employer. The document should include the following: (**please print or type**) the name of your employer, name of your supervising dentist, street address, telephone number, dates of employment, and the number of hours worked for each employer. If you owned your own dental practice please indicate when appropriate.

- 9. Did you enclose documentation of legal name change (i.e. marriage certificate or court documents) if the documents sent with the application are in another name?
- 10. Did you enclose the Maryland State Jurisprudence Examination and the notarized affidavit form (**see enclosed**) along with the \$50.00 non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?

PATH 1 CANDIDATES ONLY:

- 1. Did you enclose a certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA)? (**“the Board” will obtain scores**)

PATH 2 CANDIDATES ONLY:

- 1. Did you enclose proof that you have an active license to practice dentistry in a state other than Maryland?
- 2. Did you enclose proof that you were granted a license in another state after having passed an examination with a clinical component as a requirement for licensure in another state?
- 3. Did you enclose a notarized affidavit indicating that you have been actively practicing dentistry for at least 5 years, and that during the 5-year period preceding your application you have been actively engaged in practicing dentistry for at least 850 hours on average per year for a total of at least 4,250 hours?

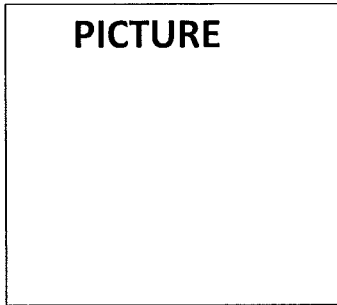


MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Maryland State Board of Dental Examiners

Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228



PICTURE

*Please provide (1) photo that is between 2x2 and 3x3 inches.

This is a true photo of myself taken within the last 2 years to reflect my current appearance. In addition the photograph complies with the photograph requirements contained in my application.

Print Name

License/Certificate Number

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, then
personally appeared the above named _____,
and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____

My Commission Expires: _____

SEAL

MARYLAND STATE BOARD OF DENTAL EXAMINERS
SPRING GROVE HOSPITAL CENTER • BENJAMIN RUSH BUILDING
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PHONE – 410-402-8511 • FAX – 410-402-8505
www.health.maryland.gov/dental/

Jurisprudence Examination Affidavit

AFFIDAVIT of Applicant:

I, _____, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Maryland Dental Practice Act and Regulations.

I have read the Maryland Dental Practice Act and Regulations in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with Maryland Health Occupations Code Annotated, §4-315, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding that licensee or applicant has knowingly made misleading, deceptive, untrue or fraudulent representations in the practice of dentistry or on any document connected therewith.

Witnessed my signature, the _____ day of _____, 20____.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

MARYLAND STATE BOARD OF DENTAL EXAMINERS

GUIDELINES FOR DENTAL LICENSURE

FOR DENTISTS LICENSED IN ANOTHER STATE

The Board **may not** process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

The following criteria must be met by all candidates for licensure who are licensed in another state:

- a. Be of good moral character; and
- b. Be at least 18 years old; and
- c. Hold a Degree of Doctor of Dental Surgery, Doctor of Dental Medicine, or its equivalent, from a college or university that is authorized by any state of the United States or any province of Canada to grant a degree and is recognized by the Board as requiring adequate preprofessional collegiate training and as maintaining an acceptable course of dental instruction; and
- d. Have you passed the National Board Examination(s).

In addition to the above criteria, applicants must meet all criteria in either path 1 or all criteria in path 2:

Path 1: You are a Path I candidate if you have passed the ADLEX.

- a. Pass the ADLEX/NERB; and
- b. Pass the ADLEX Diagnostic Skills Examination (DSE); and
- c. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations of Maryland.

OR

Path 2: You are a Path II candidate if you are licensed in a state other than Maryland, have not successfully passed the ADLEX but you have met the Board's experience and other requirements.

- a. Holds a current dental license in a state other than Maryland; and
- b. Pass an examination with a clinical component as a requirement for licensure in another state; and
- c. Have been actively practicing dentistry for at least 5 years, and that for the 5-year period preceding your application have been actively engaged in practicing dentistry for at least 850 hours on average per year for a total of at least 4,250 hours; and
- d. Pass the ADLEX Diagnostic Skills Examination (DSE); and
- e. Pass the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations of Maryland.

Section I: Enclose the following with your application:

All candidates must submit the following:

- A \$450 non-refundable fee. Additional fees may be levied by the Board for investigatory purposes.
- A photograph that meets the requirements contained in the Checklist with the following notarized statement: "The picture is a true photograph of me."
- Original National Board score report.
- Certified proof of your dental education. Acceptable proof includes a **certified** copy of a diploma, official transcripts, or a letter from the school. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.
- If applicable, proof of legal name change, such as a marriage certificate or court documents.
- Certified American Board of Dental Examiners (ADEX) or the North East Regional Board (NERB) examination report from the Commission on Dental Competency Assessments (CDCA). **Path 2 candidates:** certified report from the Commission on Dental Competency Assessments (CDCA) for the ADLEX Diagnostic Skills Examination (DSE). Applicants may make application for this examination by contacting CDCA at **(301) 563-3300**.
- Maryland Jurisprudence Examination. All applicants for licensure in Maryland must take and pass the Jurisprudence Examination on the Dental Laws and Regulations of this State with at least a score of 75%. It is an open book examination and may be found on the Board's website at www.health.maryland.gov/dental/. The examination cannot be taken on-line. You must download the examination, print a hard copy, and complete the examination. Send the completed examination, notarized Affidavit Form, and \$50.00 examination fee to the Board office. Applicants may also take the examination at the Board office Monday through Friday, except holidays, between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed. Please call to schedule the examination if you wish to take the examination at the Board office.

In addition to the requirements in Section I, Path 1 candidates must submit:

- a. Proof that you have passed the ADLEX/NERB; and
- b. Proof that you have passed ADLEX Diagnostic Skills Examination (DSE); and
- c. Proof that you have passed the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations of Maryland.

In addition to the requirements in Section I, Path 2 candidates must submit:

- a. Proof that you hold a current dental license in a state other than Maryland; and
- b. Proof that you have passed an examination with a clinical component as a requirement for licensure in another state; and
- c. A notarized statement attesting to the fact that you have been actively practicing dentistry for at least 5 years, and that during the 5-year period preceding your application you have been actively engaged in practicing dentistry for at least 850 hours on average per year for a total of at least 4,250 hours. The statement must include the name of your employer, name of your supervising dentist, street address, telephone number, dates of employment, and the number of hours worked for each employer; and

- d. Proof that you have passed the ADLEX Diagnostic Skills Examination (DSE); and
- e. Proof that you have passed the Maryland State Board of Dental Examiners Jurisprudence Examination on the dental laws and regulations of Maryland.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue/Tulip Drive
Catonsville, MD 21228
ATTN: Licensing Unit