

**PENNSYLVANIA STATE BOARD OF DENTISTRY
P.O. BOX 2649
HARRISBURG, PA 17105-2649**

APPLICATION FOR A RESTRICTED FACULTY LICENSE

Instructions and Application Form

Introduction:

Please read the following instructions in their entirety. These instructions will assist in the application process for an initial restricted faculty license. This license is for the limited purpose of teaching, including clinical teaching, in a dental school or advanced dental education program as a faculty member at an accredited dental school in this Commonwealth. Under the restricted faculty license, the licensee may not practice dentistry outside the primary facilities of the dental school in this Commonwealth at which the individual is licensed to teach.

The restricted faculty license shall entitle the licensee to engage in direct clinical teaching, which shall include practicing clinical care for the purpose of instructing and teaching students and residents, and supervision of care provided by students and residents, in no more than one area of specialty, only within the educational facilities of a dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association. Licensees shall be limited to the primary facilities within the dental school, and may not engage in clinical teaching at satellite or other off-campus sites, such as clinics. The practice of dentistry at any satellite or off-campus site requires an unrestricted license to practice dentistry issued by the Board.

The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

Instructions Checklist

The following documents are required for a license to practice dentistry:

A. **Application Forms and Fees – Pages 1 & 2**

Application Fee

Submit a check or money order in the amount of \$200.00 made payable to the “**Commonwealth of PA**”.

Note: Do not send cash. Application fees are non-refundable. Check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Page 1 – Applicant Information

Verification of Name:

If any document required for licensure is in a name **other** than the name under which you applied, a photocopy of the appropriate name change document must be attached. The only documents accepted by the Board are a marriage certificate, a divorce decree that reflects the retaking of a maiden name, or court issued legal name change document.

Social Security Number:

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. §4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Page 1 – Current or Previous Licensure History

List each state, U.S. territory and country where you have ever held a license to practice dentistry whether the license(s) is active or inactive, current or expired.

Page 2 – Personal History Information

If you respond “YES” to any of the personal history questions, you must submit the following:

- A written letter of explanation must be submitted to the Board outlining the details of the “YES” response(s).
- Certified copies of the record relating to the action taken. It is your responsibility to request and submit certified copies of court documents directly to the Board office. If you have been disciplined by another state licensing board, certified copies of the disciplinary record must be submitted directly to the Board office in a sealed official state board envelope.

Page 2 - Certification Statement

Please read the certification statement in its entirety, sign and date.

B. **Certification of Graduation – Page 3**

The dental school must complete the Certification of Graduation form, (page 3) of the application and return the completed form directly to the Board office in a sealed official school envelope. Do not submit transcripts. **Note:** The form cannot be completed, signed, or postmarked **prior** to graduation.

Graduates of Unaccredited Dental Schools: In addition to the above-required documentation from the dental school, you must also present your credentials to an approved education certification agency for evaluation. The education credential evaluation agency must forward an official evaluation report of your education which reflects the education completed through the unaccredited dental school is equivalent to the U.S. DMD/DDS degree.

C. **Faculty Appointment Certification**

The dean of an accredited dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association must complete page 4 of the application.

D. **Specialty / Advanced Training Certification**

The program director or other authorized person must complete page 5 of the application verifying successful completion of a specialty dentistry program or advanced dental training in a clinical field that is approved by the Commission on Dental Accreditation of the American Dental Association.

E. **Verification of Licensure**

You must hold an active license to practice or teach dentistry by the proper licensing authority of another state, country or U.S. territory. Request a letter of good standing from each state, country or U.S. territory where you hold or have ever held a license to practice or teach dentistry, whether active, inactive, current or expired. The letter(s) of good standing must contain the proper signature, date and seal of the licensing authority and must be sent **directly** to the Pennsylvania State Board of Dentistry in a sealed official envelope of the state licensing board or licensing authority.

A letter of good standing is also required for any license, certificate, permit, registration or other authorization you hold/held to practice any other profession or occupation in any state or jurisdiction.

Note: If you have been disciplined by a state licensing board, the letter of good standing must include certified copies of the disciplinary record.

F. **National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank**

You must obtain a Self-Query through the National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank. To request a self-query, go to www.npdb-hipdb.hrsa.gov.

Once the report is completed and available, you must print the report from the above-listed website and submit directly to the Board office.

G. **CPR Certification**

Attach a photocopy of your current CPR certification card (front and back). The card must show current certification in Infant, Child and Adult CPR through an approved provider in accordance with the Board's Regulations. **Note: Online CPR certification courses are not accepted.** The photocopy must be submitted on an 8 ½ x 11 sheet of paper.

H. **Child Abuse Recognition and Reporting Requirements Continuing Education**

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved Act 31 approved c.e. providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

I. **Board Office**

Mail your fee, pages 1 and 2 of your application, CPR certification, data bank self-query response, and if necessary, a copy of your name change document, directly to the Board office:

Mailing Address

State Board of Dentistry
P.O. Box 2649
Harrisburg, PA 17105-2649

Street Address (Courier Delivery)

State Board of Dentistry
One Penn Center
2601 North Third Street
Harrisburg, PA 17110

All other documentation must be submitted directly from the certifying state board, educational institution and/or organization.

IMPORTANT INFORMATION

- You may not practice clinical dentistry at the designated dental school in the Commonwealth of Pennsylvania until the Board has issued a license.
- **Under the Dental Law, in order to practice dentistry under the restricted faculty license at an accredited dental school in the Commonwealth of Pennsylvania, you are required to have medical professional liability insurance in the minimum of one million dollars (\$1,000,000) per occurrence or claim and three million dollars (\$3,000,000) per annual aggregate.**

Acceptable coverage shall include:

- 1) Personally purchased medical professional liability insurance;
- 2) Self-insurance;
- 3) Medical professional liability insurance coverage provided by the dentist's employer; or
- 4) Medical professional liability insurance coverage provided by the community-based clinic for dentists with a volunteer license.

You have 60 days from the date your license is issued to provide proof of acceptable coverage which may include a certificate of insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy. For professional liability insurance coverage through the dentist's employer, documentation must reflect you as a named insured. Failure to do so may result in your professional license being refused, revoked or suspended by the Board.

- The Board's application forms must be submitted in their original format and may not be altered. Altered forms will be rejected and cause further delay in the processing of your application.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 10-15 business days. However, during busy periods (i.e. renewal, graduation, etc.) and for applications that require Board review, processing times may exceed the 10-15 business days.
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, regardless of the date of issuance, expire on March 31st of the odd-numbered years.
- The Dental Law and Regulations requires that you maintain current infant, child and adult CPR certification.
- The Board's Regulations require you to complete 30 credit hours each biennial period. The specific regulations pertaining to continuing education are available at www.dos.pa.gov/dent.

PERSONAL HISTORY INFORMATION

Please **check Yes or No** to each of the following questions:

YES **NO**

- | | | |
|---|--------------------------|--------------------------|
| 1) Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you been convicted (found guilty or pleaded guilty or entered a plea of nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Have you had your DEA registration denied, revoked suspended or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Do you currently engage in, or have you ever engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination? | <input type="checkbox"/> | <input type="checkbox"/> |

VERIFICATION STATEMENT

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant: _____ Date: _____

