

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

APPLICATION FOR A LICENSE TO PRACTICE DENTISTRY

Instructions and Application Form

Introduction:

Please read the following instructions in their entirety. These instructions will assist in the application process for an initial license to practice dentistry in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

There are two methods by which you may apply for your Pennsylvania dental license.

Licensure by Examination is for applicants who have successfully completed one of the following regional board clinical examinations: **CDCA (formerly NERB), CRDTS, WREB, SRTA, or CITA.**

Licensure by Criteria Approval is for applicants who have obtained a license in another state based on completion of that state's clinical examination. That state must:

- 1) Provide information that the State clinical examination required for licensure is comparable to the CDCA Examination.
- 2) Provide certification of your examination scores.
- 3) Have requirements for licensure that meet or exceed the standards for licensure in Pennsylvania.
- 4) Submit certification that it will reciprocate with Pennsylvania on the basis of criteria approval.

Instructions Checklist

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

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

Page 1 – Method of Application

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 or jurisdiction where you have ever held a license, certificate, permit, registration or other authorization to practice any profession or occupation whether active or inactive, current or expired.

Page 2 – Practice Activity

If you have engaged in the practice of dentistry since graduation from dental school, you must submit a curriculum vitae (resume) of your practice activities from graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as “no practice in dentistry”. Note: Practice activity should include any advanced education/residency programs.

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 dentistry 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.

Candidates for licensure as a dentist **must** have graduated from a dentistry program accredited by the Commission on Accreditation of the American Dental Association. Certification of Graduation from a foreign educational program **does not** meet the educational qualifications for licensure in Pennsylvania. A candidate that has received their professional education outside of the United States in a non-accredited school must conform to Section 33.102(a)(2) of the Board’s Regulations.

C. **Clinical Examination**

Applicants by EXAMINATION – For applicants who have successfully completed **CDCA (formerly NERB), WREB, CRDTS, SRTA, or CITA** – follow the instructions outlined below for **Examination Results**. (If you completed a State clinical examination, please follow the instructions for **Criteria Approval** listed below).

Examination Results

CDCA: The Pennsylvania State Board of Dentistry has **CDCA (formerly NERB)** examination scores from 1979 through the present on file in the Board office. Therefore, scores should be available upon receipt of your application. If you took the CDCA examination **prior** to 1979, you must request the CDCA to forward a report of your grades directly to the Pennsylvania State Board of Dentistry. To make your request, contact the Commission on Dental Competency Assessments, 1304 Concourse Drive, Suite 100, Linthicum, MD 21090. Telephone Number: (301) 563-3300. Email: director@cdcaexams.org

CRDTS, CITA, SRTA or WREB: You must contact the testing agency to have your detailed examination results submitted directly to the Pennsylvania State Board of Dentistry.

To make your request, contact:

CRDTS	Central Regional Dental Testing Service 1725 Gage Blvd. Topeka, KS 66604	785-273-0380
CITA	Council of Interstate Testing Agencies 1003 High House Road, Suite 101 Cary, NC 27513	919-460-7750
SRTA	Southern Regional Testing Agency 4698 Honeygrove Road, Suite 2 Virginia Beach, VA 23455	757-318-9082
WREB	Western Regional Examining Board 23460 N 19 th Avenue, Suite 210 Phoenix, AZ 85027	602-944-3315

OR

Applicants by CRITERIA APPROVAL – For applicants licensed in another state, who have completed a State clinical examination for licensure in that state:

- Request the Dental Board in the state where you are licensed to forward a certification directly to the Pennsylvania State Board of Dentistry in a sealed official envelope confirming that the state would consider Pennsylvania applicants for licensure in that state on the basis of criteria approval (reciprocity). The certification letter must be signed by an authorized official of the State Board contain the official seal of the state licensing board.
- Request the Dental Board in the state where you are licensed to forward the requirements for licensure in that state.
- Request an official certification of your examination scores for the clinical examination you completed for licensure in that state. The scores must include the specific components of the examination, the score obtained in each section of the examination and the maximum points possible in each section of the examination.

D. **National Board Scores**

The applicant must request the Joint Commission on National Dental Examinations to forward a report of your written grades directly to the Pennsylvania State Board of Dentistry. **A photocopy or candidate copy is not acceptable.** Scores are retained in the Board office for one (1) year from the date the scores are received. If you previously requested scores be sent to the Pennsylvania State Board of Dentistry more than one (1) year ago, you must request a new report of your written grades to be forwarded directly to the Board office. To make your request, contact the Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Chicago, IL 60611. Telephone Number: 1-800-232-1694. Email: nbexams@ada.org

E. **Verification of Licensure**

Request a letter of good standing from each state or jurisdiction where you have ever held a license, certificate, permit, registration or other authorization to practice any profession or occupation whether active or 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.

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 CE 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 dentistry in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Dentistry has issued a license.
- **Under the Dental Law, in order to practice dentistry 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.

Therefore, **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.

- It is your responsibility to maintain a copy of this application for future reference.
- 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.
- Once your application has been processed, you may check on the status of your application and/or issuance of your license through the Board's website at www.mylicense.state.pa.us.
- 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 dentists to complete 30 credit hours each biennial period. The specific regulations pertaining to continuing education are available at www.dos.pa.gov/dent.

PRACTICE ACTIVITY		
Have you engaged in the practice of dentistry since graduation from dental school? (This includes advanced education/post-graduate training)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “yes”, you must submit a curriculum vitae (resume) of your practice activities from graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as “no practice in dentistry”. Note: Practice activity should include any advanced education/residency programs.</p>		
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		
<p>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.</p> <p>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.</p> <p>Signature of Applicant: _____ Date: _____</p>		

