



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-4980
Phone: 603-271-2152

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS

DENTIST APPLICATION FOR LICENSURE

Please check one of the following:

- (EXAMINATION)** **(ENDORSEMENT)**

False statements, knowingly made by the applicant, shall void any license issued. All questions must be completed or this application will be returned or rejected.

Name in Full (first, middle, last): _____

Date of Birth (month, day, year): _____

Place of Birth (city, county, state): _____

Social Security Number: _____

Have you ever been known by any other name? YES _____ NO _____ If yes, give other name(s):

Current residential address: _____

Primary email address (either business or personal): _____

Day Time Telephone: _____

Educational background:

College: _____ Date of Graduation: _____

Degree, if any: _____

Dental School(s): _____ Month and Year
_____, _____ to _____, _____

_____, _____ to _____, _____

I received the degree of _____ on _____ from _____

Post Graduate Dental Program: Type _____

Location: _____ **Dates:** _____

Degree or Specialty Training Certificate: _____

Have you taken and passed:

The National Board YES _____ NO _____ Year _____
The ADEX (written) YES _____ NO _____ Year _____
The ADEX (clinical) YES _____ NO _____ Year _____

Others (name)
_____ YES _____ NO _____ Year _____
_____ YES _____ NO _____ Year _____

Are you currently certified in BLS-HCP, with hands-on component? YES _____ NO _____
(Provide proof.)

List all places where you have possessed a license to practice dentistry.

If none, so state: _____

State and License No.	Issue Date	Active/Inactive	Dates of Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Employment History

Dates	Location	Status (e.g., Military, Residency, Private Practice)
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____

Have you ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled? YES _____ NO _____

Have you ever been convicted of the illegal practice of dentistry? YES _____ NO _____

Have you ever been denied dental licensure? YES _____ NO _____

In any jurisdiction, including New Hampshire, have you ever been or are you currently subjected by any professional licensing body to any investigation (excluding dismissed complaints), sanction, or disciplinary action including but not limited to probation or stayed probation, limitation or restriction, fine, reprimand, or been required to submit to care, counseling, supervision or further education? YES _____ NO _____

Has your license to practice dentistry ever been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, voluntarily or involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state? YES _____ NO _____

Do you have any physical or mental illness that impairs your ability to practice dentistry? YES _____ NO _____

Has a health practitioner or mental health practitioner advised you that you have any physical or mental illness that impairs your ability to practice dentistry? YES _____ NO _____

Is your ability to practice dentistry impaired by an addiction to alcohol, narcotics, or other mind altering drugs? YES _____ NO _____

Have you ever had a DEA license that has been revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by any state or federal licensing/regulatory board or agency, or which is currently involved in an investigation or disciplinary process? YES _____ NO _____

Have you ever been or are you currently named as a party in any malpractice or professional liability claim or lawsuit or is there any pending? YES _____ NO _____

Have your hospital privileges been revoked, suspended, restricted, denied, not renewed or involuntarily relinquished? YES _____ NO _____

If you have answered yes to any of the 12 questions above, attach a statement explaining the circumstances fully.

Do you have a DEA number to prescribe schedule II-IV controlled substances? YES _____ NO _____

If yes, provide DEA number: DEA # _____

Will this DEA number be associated with your New Hampshire dental license? YES _____ NO _____

Excluding pre-doctoral or specialty training, list the dental continuing education courses you have taken during the last two (2) years. Refer to the continuing education requirements for New Hampshire (Den 403.03). If none, so state. (Please do not attach documentation.)

Date	Course	Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STATEMENTS OF PROFESSIONAL CHARACTER FOR DENTISTS
(Statements from family members are not acceptable)

The individual named below has applied for a dental license. Please complete this form and return to the applicant. This statement of professional character shall be incorporated into the individual's dental license application.

The undersigned is personally acquainted with _____, named in this form, and recommends the above named as a person of good professional character.

Signature: _____

Printed Name: _____ Occupation: _____

Signatories Address: _____

If a dentist, License #: _____, State: _____, Length of time applicant known: _____

Please return the completed form to:

Applicant's Name: _____

Street/PO Box: _____

City/State/Zip: _____

Note to applicant:

- Complete the name and address lines above before sending this form to each reference.
- At least 3 signed certifications of good professional character are required. If you have had previous employment as a dentist, at least 2 of your 3 professional character references should be by a licensed dentist in good standing.
- Once you have received ALL of the completed statements of professional character, please include with your application to the NH Board of Dental Examiners.
- Additional copies of this form can be found on the Board's website at www.oplc.nh.gov/dental under Forms and Publications, or you may make additional copies of this form.

EDUCATION REQUIREMENTS

I certify that _____
(Name of Applicant)

ATTACH PHOTOGRAPH

has attended the required courses in the study of dentistry and was graduated from:

(Name of Dental School)

(Date degree conferred)
(or)

(Date degree **will be** conferred)
* degree must be conferred within 3 months of this application

and the photograph attached is a likeness of

(Name)

(Signature of Dean, Registrar, or Secretary)

(Date)

Photograph must be a passport photo and not more than 6 months old. Seal of School must be impressed over a portion of the photograph and a portion of the application.

The following affidavit must be completed by the applicant after the previous portion is filled out.

STATEMENT BY APPLICANT
(Must be sworn to before a notary public)

I understand that by signing the application I am:

- 1. Waiving any confidentiality regarding disclosure to the Board from any other jurisdiction about any pending complaints or action being taken against my license to practice dentistry.
- 2. Giving consent for a criminal background check.

I, _____,
of full age, under the penalties for falsification pursuant to RSA 641:1 through RSA 641:3, state that I am the person referred to in the foregoing application, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct as of this the _____ of _____, 20____.
(day) (month)

Signature of Applicant

Sworn to before me and subscribed in my presence on this _____ day of _____, 20____
_____ my commission expires: _____

**OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP TO MILITARY PERSONNEL
TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.

OR

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

Please place a check mark in all that apply below:

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above