



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

MISSOURI DENTAL BOARD
3605 Missouri Boulevard
P.O. Box 1367
Jefferson City, MO 65102-1367
573-751-0040
573-751-8216 FAX
800-735-2966 TTY
800-735 2466 Voice Relay Missouri
dental@pr.mo.gov
<http://www.pr.mo.gov>

Brian Barnett
Executive Director

Dear Applicant,

Please find the attached application for Missouri licensure as a dentist. Please review the rules and regulations that govern the practice of dentistry/dental hygiene in Missouri to ensure that all requirements for licensure have been met by going to www.pr.mo.gov/dental-rules-statutes.asp.

Following receipt of your application, you will be informed on how to proceed with the Missouri jurisprudence examination. You may be eligible to take the examination online through a secure website offered by the Missouri Dental Board; however, further notification will not take place until after the receipt of the application. The examination is an open book test consisting of 50 multiple choice questions. To prepare for the test, please study the rules and regulations. For a copy of the Board's regulation book, please contact the Board office at (573) 751-0040. You must receive a score of at least 80% to pass the jurisprudence examination.

After all requirements have been met and your application has been approved for licensure, you will be issued a valid license.

Each application must be completed within one (1) year from the date of submission to the Missouri Dental Board, including the taking and passing of the jurisprudence examination. If not completed within one (1) year, the application becomes invalid and a new application must be filed along with the payment of the application fee. Please note that all fees are non-refundable. Should you have any questions regarding this correspondence or the attached documents, please contact the Board office at (573) 751-0042.

Important Contact Numbers

ADA (National Board scores)	800-621-8099
CRDTS	785-273-0380
NERB	301-563-3300
SRTA	757-428-1003
WREB	602-944-3315
CITA	919-678-9792



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR LICENSURE - DENTIST

INSTRUCTIONS

- This form must be typed or printed legibly in black ink.
- Provide complete information (Incomplete information will delay processing of your application).
- Enclose the **\$230.00** application and licensure fees in the form of a check or money order made payable to the Missouri Dental Board (all fees are non-refundable).
- Attach a recent photograph of yourself in the space provided to the right of this section.
- An official final transcript must be received by the Missouri Dental Board direct from your dental school.
- National Board results must be received by the Missouri Dental Board direct from the National Board testing agency.
- Competency exam scores (state or regional clinical exam) must be received by the Missouri Dental Board direct from the testing agent(s). (Competency exam scores must be less than 5 years old for exam applicants.)
- Applicants for licensure by Credentials: You must hold a current and valid dental license in another state for 5 years immediately preceding this application.
- If you are, or have ever been, licensed, certified, registered or been granted a permit as a dentist by another state, territory of the United States, province or country, verification of your license, registration, certification or permit must be submitted to the Missouri Dental Board by each state, territory, province or country on the enclosed verification of licensure form. This form must be received directly from the other state, territory, country or province in which a license, certification, registration or permit was held.
- Submit proof of current certification in basic life support (BLS).
- Information regarding the Missouri jurisprudence examination will be forwarded to you following review of your completed application.

RETURN NOTARIZED APPLICATION FORM AND FEE TO:

MISSOURI DENTAL BOARD
 3605 MISSOURI BOULEVARD
 P.O. BOX 1367
 JEFFERSON CITY MO 65102-1367
 TELEPHONE: (573) 751-0040
 TTY: (800) 735-2966

AFFIX PHOTOGRAPH

This application is being submitted on the basis of licensure by:

Examination Credentials

SECTION I – APPLICANT DATA

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

SOCIAL SECURITY NUMBER*	DATE OF BIRTH	PLACE OF BIRTH	
TELEPHONE NUMBER: HOME	BUSINESS:	FAX:	
RACE (THIS INFORMATION IS VOLUNTARY)		GENDER (THIS INFORMATION IS VOLUNTARY)	
HOME STREET ADDRESS (IF PO BOX, PLEASE ALSO PROVIDE A STREET ADDRESS)	CITY	STATE	ZIP
BUSINESS ADDRESS	CITY	STATE	ZIP
USE AS MY MAILING ADDRESS (CHECK ONLY ONE BOX) <input type="checkbox"/> HOME OR <input type="checkbox"/> BUSINESS	E-MAIL ADDRESS		

SECTION II – EXAM DATA/LICENSURE HISTORY

State or Regional Clinical Examination – List the name of all state or regional clinical examinations you have taken, the date the exam was taken and whether or not a passing score was achieved.

NAME OF CLINICAL EXAMINATION	DATE TAKEN	PASSING SCORE – Y/N

HAVE YOU PASSED THE NATIONAL BOARD EXAM? YES NO DATE TAKEN _____

PROFESSIONAL LICENSE HISTORY - ATTACH ADDITIONAL SHEET IF NECESSARY

LIST ALL OF THE STATES OR COUNTRIES IN WHICH YOU NOW HOLD OR HAVE EVER HELD A LICENSE/CERTIFICATE TO PRACTICE DENTISTRY IN ORDER OF ATTAINMENT.

NAME OF STATE/COUNTRY	LICENSE NUMBER	LICENSE STATUS	EXPIRATION DATE

SECTION III – EDUCATIONAL DATA

GRADUATE TRAINING:

Applicants must be a graduate of and hold a degree from a dental school accredited by the American Dental Association. Please list all schools for which you will be requesting official transcripts to be sent to the Missouri Dental Board.

COLLEGE/UNIVERSITY	CITY/STATE	DATES ATTENDED				DEGREE AWARDED	DATE OF DEGREE
		FROM		TO			
		MON.	YR.	MON.	YR.		

POST-GRADUATE TRAINING: PLEASE LIST POST-GRADUATE TRAINING

NAME OF SCHOOL, HOSPITAL OR OTHER SETTING	CITY/STATE	FROM		TO		DATE COMPLETED
		MON.	YR.	MON.	YR.	

DESCRIBE POST-GRADUATE TRAINING

SECTION IV – PROFESSIONAL EXPERIENCE - LIST ALL EMPLOYERS IN THE PAST TEN (10) YEARS

BEGIN WITH THE MOST RECENT EMPLOYMENT, INCLUDING MILITARY SERVICE, USING ADDITIONAL SHEETS IF NECESSARY

A. NAME AND ADDRESS OF EMPLOYER

NATURE OF DUTIES PERFORMED

FROM		TO		REASON FOR LEAVING EMPLOYMENT (IF IN MILITARY - INDICATE STATUS AT TIME OF DISCHARGE)
MON.	YR.	MON.	YR.	

B. NAME AND ADDRESS OF EMPLOYER

NATURE OF DUTIES PERFORMED

FROM		TO		REASON FOR LEAVING EMPLOYMENT (IF IN MILITARY - INDICATE STATUS AT TIME OF DISCHARGE)
MON.	YR.	MON.	YR.	

C. NAME AND ADDRESS OF EMPLOYER

NATURE OF DUTIES PERFORMED

FROM		TO		REASON FOR LEAVING EMPLOYMENT (IF IN MILITARY - INDICATE STATUS AT TIME OF DISCHARGE)
MON.	YR.	MON.	YR.	

D. NAME AND ADDRESS OF EMPLOYER

NATURE OF DUTIES PERFORMED

FROM		TO		REASON FOR LEAVING EMPLOYMENT (IF IN MILITARY - INDICATE STATUS AT TIME OF DISCHARGE)
MON.	YR.	MON.	YR.	

SECTION V**PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS**

	YES	NO
1. Do you now or have you ever held any professional license, certification, registration or permit, other than dentistry in any state or country? If yes, indicate profession, license number, whether it is current, when issued and by whom.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been denied a professional license, certification, registration or permit? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had any professional license, certification, registration or permit revoked, suspended, placed on probation, censured, reprimanded, fined or otherwise subject to any type of disciplinary action? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you presently being investigated or is any disciplinary action pending against any professional license, certification, registration or permit you hold or have applied for? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever voluntarily surrendered or resigned any professional license, certification, registration or permit? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
6. Have your employment, medical staff appointment or admitting or clinical privileges ever been denied, reduced, suspended, revoked, not renewed or otherwise disciplined or limited at any hospital, nursing home, clinic or other health care facility or are such actions currently pending? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been denied, revoked, suspended, placed on probation, sanctioned or otherwise restricted from participating in any private, federal or state health insurance program, e.g. Medicare or Medicaid, or are such actions currently pending? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any controlled substance registration issued by the Drug Enforcement Agency, state bureau of narcotics or any other lawful authority concerned with controlled substances denied, voluntarily surrendered, revoked, suspended, placed on probation, censured, reprimanded, fined or otherwise subject to any type of disciplinary action, or are such actions currently pending? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime whether or not sentence was imposed, or are such actions currently pending (excluding traffic violations)? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been convicted, adjudged guilty by a court, pled guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs, alcohol, whether or not sentence was imposed, or are such actions currently pending? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Information or Indictment, and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had a judgement rendered against you based upon fraud, misrepresentation, deception or malpractice related to your practice as a dentist? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Complaint, and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been adjudged insane or incompetent by a state or federal court? If yes, attach a full explanation and provide certified court documents (i.e. Docket Sheet, Complaint, and Final Disposition).	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you currently, or did you within the past five years, use any prescription drug, controlled substance, illegal chemical substance or alcohol to the point where your ability to practice as a dentist would be affected? If yes, attach a full explanation.	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you now being treated, or have you been treated within the past five years, through a drug or alcohol rehabilitation program? If yes, attach a full explanation and provide discharge summary or other official documentation that shows your diagnosis, prognosis and treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

SWORN AFFIDAVIT

I, the below named applicant, being duly sworn, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a license to practice dentistry in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit in consideration this application as required by the Missouri law governing the practice of dentistry and subject to the rules and regulations of the Missouri Dental Board. I subscribe and agree to abide by all applicable laws and rules regarding the practice of dentistry. I hereby certify that I have familiarized myself with Chapter 332 RSMo, known as the Dental Practice Act and applicable rules promulgated by the Missouri Dental Board.

Enclosed is the application fee which is not refundable. I understand that the Board may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT ▶	
	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

Social Security Number Disclosure Notice

You must provide your social security number pursuant to state and federal law¹

If you fail or refuse to provide your social security number, we will consider your initial application incomplete and return it to you. Continued failure or refusal to provide your social security number is grounds for denial of your application.

Pursuant to state and federal law, licensing authorities must assemble your social security number with other relevant information (name, address, etc.) and transmit the data to the Division of Child Support Enforcement of the Department of Social Services to be used in a database for the following purposes:

- (1) locating individuals who are under an obligation to pay child support or provide child custody or visitation rights, against whom such an obligation is sought or to whom such an obligation is owed;
- (2) identifying whether an individual who owes overdue child support or who has failed to comply with a subpoena relating to paternity or child support proceedings holds or has applied for a professional or occupational license (under certain circumstances, a person who owes overdue support or fails to comply with a subpoena relating to the above-stated proceedings may be subject to an order of a court, after notice and opportunity for hearing in that court, suspending, withholding or restricting the person's license).

In addition to these uses, the licensing authorities will continue their practice of using social security numbers for the following purposes:

- (1) for internal identification purposes (e.g., some licensing authorities use your social security number as your license number);
- (2) to conduct criminal record checks (discovery of relevant criminal history may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (3) to verify information provided by you in your application (discovery of false information in your application may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (4) to verify licensure with another state's licensing authority for reciprocity licensure;
- (5) for identification purposes in national disciplinary databases (the discovery of a disciplined license against you in another state may result in denial of your application, conditioned licensure or the filing of a disciplinary action against you);
- (6) for test identification purposes.

¹Senate Bill 361, 89th General Assembly, First General Session (1997); Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Pub. L. No. 104-193.