

MONTANA BOARD OF DENTISTRY

PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-6880

EMAIL: dlibsdhhelp@mt.gov WEBSITE: www.dentistry.mt.gov

Illegible And Incomplete Applications Will Be Returned
To expedite your application, we suggest you apply and submit your application online at EBIZ.MT.GOV/POL

DENTISTS ARE NOT PERMITTED TO PRACTICE DENTISTRY IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS:

LICENSURE BY EXAMINATION:

Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental School (CODA)
Applicant shall have passed the National Board Dental Examination
Applicant shall have passed a Board approved clinical examination within the last 5 years
Applicant shall pass a Montana Jurisprudence examination
Applicant shall possess a current CPR/ACLS/PALS certification

LICENSURE BY CREDENTIALING:

A. General Dental license:

Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental School (CODA)
Applicant shall have passed the National Board Dental Examination
Applicant shall have passed a Board approved clinical examination
Applicant shall pass a Montana Jurisprudence examination
Applicant shall possess a current CPR/ACLS/PALS certification
Applicant shall be currently engaged in the practice of clinical, direct patient care dentistry, and shall document active practice within the last five years immediately preceding application, for a total accumulation of 3,000 hours of experience

B. General Dental License (Practicing as a Specialist):

Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental School (CODA)
Applicant shall have passed the National Board Dental Examination
Applicant shall have passed a Board approved general dentistry clinical practical examination
Applicant shall have completed a specialty residency of at least two years accredited by CODA, or a specialty residency approved by the Board
Applicant shall pass a Montana Jurisprudence examination
Applicant shall possess a current CPR/ACLS/PALS certification
Applicant shall be currently engaged in the practice of clinical, direct patient care dentistry, and shall document active practice within the last five years immediately preceding application, for a total accumulation of 3,000 hours of experience

VOLUNTEER LICENSE:

Applicant shall have graduated from an accredited Commission on Dental Accreditation Dental School (CODA)
Applicant shall have passed the National Board Dental Examination
Applicant must have practiced within the last five years or;
Passed a Board approved regional or state examination within the last five years
or;
Completed a Board approved clinical competency course or skills assessment analysis
Applicant shall verify licensure in good standing for at least ten years in Montana, another state or jurisdiction, Canada or the United States Armed Forces
Applicant shall be retired or not actively practicing
Applicant shall possess a current CPR, ACLS, OR PALS certification

RESTRICTED NON RESIDENT VOLUNTEER LICENSE (Applicant is not a Montana resident)

Applicant shall have graduated from an accredited Commission on Dental Accreditation School (CODA)

Applicant must hold an active license in good standing in another state

Applicant cannot receive monetary compensation for services provided under restricted temporary non-resident volunteer license

Applicant can only work 14 days in Montana per license renewal cycle

FEES:

Examination Application Fees

Application Fee - \$100.00

Jurisprudence Exam Fee - \$85.00

****Make check or money order payable to the
Montana Board of Dentistry****

(Fees can be combined into one check)

Credentialing Application Fees

Application Fee - \$100.00

Credentialing Fee - \$500.00

Jurisprudence Exam Fee - \$85.00

An Additional Credentialing fee is paid directly to PBIS (See following page)

Volunteer Application Fees

Restricted Non Resident Volunteer Application Fee: \$10.00

Volunteer Application Fee: \$5.00

Anesthesia Application Fees (Separate application)

Moderate sedation, Deep sedation/General anesthesia: \$200 application fee plus a \$200 inspection fee

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application.

NOTE: ALL DOCUMENTS NOT IN ENGLISH MUST BE ACCOMPANIED BY CERTIFIED TRANSLATIONS.

LICENSURE BY EXAMINATION DOCUMENTS:

Verifications of successful passage of a Board approved clinical examination

Copy of current CPR, ACLS, or PALS card

National Practitioner Data Bank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb.hrsa.gov on the Internet.

This request must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please send the original unopened report to the Board office.

Official transcripts sent directly from an approved dental school.

Copy of diploma showing graduation from an accredited CODA approved school.

Original National Board Examination Score Card sent directly from the Joint Commission on Examination. (If a card has not already been requested to be sent to Montana you may obtain one by calling (800)-232-1694 www.ada.org/en/jcnde

License verification(s) sent directly from the state(s) where you have held or hold a license verifying status and any disciplinary action on your license sent directly to the Board office. Three reference letters of moral character (relatives may not be used as references). (Form can be found with the application material.)

Check or money order for the appropriate fees.

Jurisprudence Exam

LICENSURE BY CREDENTIALING DOCUMENTS:

Board Application is required

Must also request a **Professional Background Information Services (PBIS)** packet. PBIS will assess the fee for the service and determine any refund policy for their service. PBIS will provide the majority of the documents required for a credentialing application for licensure. NO CREDENTIALING APPLICATION will be processed without this information. You must obtain their application to apply for the service by contacting them at:

Professional Background Information Services
23460 N 19th Ave. Ste. 225
Phoenix AZ 85027 (602) 861-5867 www.pbisonline.com

All information and documentation required shall be supplied to the Board by Professional Background Information Services (PBIS) except for those noted below:

National Practitioner Data Bank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or visit www.npdb.hrsa.gov/ on the Internet. This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please send the original report unopened to the Board office.

Check or money order for the appropriate fees.

Jurisprudence Exam

VOLUNTEER LICENSE DOCUMENTS

Application

Completed Volunteer License Statement included in application packet

Copy of official transcripts from a dental school accredited by CODA

License verification(s) from all states where licensee currently holds a license and verification in good standing for at least ten years in Montana, another state or jurisdiction, Canada or the United States Armed Forces

Original National Board Examination Score Card sent directly from the Joint Commission on Examination.

Applicant must have practiced within the last five years or; passed a Board approved regional or state examination within the last five years or;

Completed a Board approved clinical competency course or skills assessment analysis.

Copy of a current CPR, ACLS or PALS certification

RESTRICTED NONRESIDENT VOLUNTEER DOCUMENTS

Copy of official transcripts from a dental school accredited by CODA

License verification(s) from all states where licensee currently holds a license

Completed Volunteer License Statement included in application packet

CLINICAL EXAM INFORMATION:

A Board approved clinical examination must be successfully passed. For licensure by examination, exams are valid for five years.

The Board accepts the following clinical examinations:

CITA - COUNCIL OF INTERSTATE TESTING AGENCIES 1- 866-678-9795 www.citaexam.com

CRDTS - CENTRAL REGIONAL DENTAL TESTING SERVICE (785) 273-0380 www.crdts.org

CDCA – THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS (FORMALLY NERB - NORTH EAST REGIONAL BOARD OF DENTAL EXAMINERS, INC) (301) 563-3300 www.cdcaexams.org
(www.nerb.org)

SRTA - SOUTHERN REGIONAL TESTING AGENCY INC (757) 318-9082 www.srta.org

WREB - WESTERN REGIONAL EXAMINING BOARD (602) 944-3315 www.wreb.org

IMPORTANT NOTICE: IF YOU ARE TAKING OR HAVE TAKEN THE ADEX DENTAL EXAM OFFERED BY ONE OF THE APPROVED TESTING AGENCIES, PLEASE NOTE THE ADEX EXAM HAS BEEN APPROVED BY THE BOARD RETROACTIVE TO JANUARY 1, 2013. HOWEVER, THE BOARD HAS DETERMINED YOU MUST TAKE ALL SECTIONS OF THE ADEX EXAM INCLUDING THE PERIODONTICS SECTION.

Application for clinical examination must be filed directly with the testing entity at the above address. The testing entity establishes the dates and testing sites. The clinical examination must be passed prior to making an application for licensure by examination in the State of Montana. Exam results are valid for five years.

THE ABOVE TESTING ENTITIES ARE NOT LICENSING AGENCIES

The Board also accepts clinical exams given by the following States:

California Delaware Florida Nevada

Please contact the State directly for exam results or information

APPLICATION PROCEDURES

When a routine application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if the applicant will be required to appear before the Board during a regularly scheduled Board meeting.

If the application is considered a non-routine application, there may be a delay in processing of the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. Non-routine applications may take up to 120 days to process.

All verifications of licensure must be sent directly from each state board in which the applicant is currently or has ever been licensed. Please make copies of the attached verification request form as needed. Some states may charge a fee for verifications. Contact each state board prior to sending the request.

Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

JURISPRUDENCE EXAMINATION INFORMATION:

ALL APPLICANTS WILL BE REQUIRED TO TAKE A MONTANA **JURISPRUDENCE EXAM AND PASS WITH A SCORE OF 75%. THE EXAM CAN BE TAKEN AFTER PRELIMINARY APPROVAL OF THE APPLICATION AND BEFORE RECEIVING A DENTAL LICENSE.** *Applicants will be notified when the application is initially approved and a jurisprudence exam will be sent with the notification. This is an open book exam and applicants are strongly encouraged to use the laws and rules for study and reference. The examination covers the statutes and rules for the practice of dentistry, dental hygiene and denturistry.*

The copy of the laws and rules is on our web site at www.dentistry.mt.gov. Please download all the laws and rules on the Board of Dentistry's site.

PROCESSING PROCEDURES:

Processing time for a routine and complete application is approximately 14 days; the applicant will be sent the jurisprudence examination upon approval.

The applicant will be notified in writing of any deficient or missing items in the application file. This delay may affect the processing time. Time for processing the final license depends on the applicant turnaround time on the jurisprudence open book examination.

Please be sure the three individual references you listed on your application complete the reference questionnaire form and return the form directly to the Board office as soon as possible in order to complete your application.

Credentialing applications will not be processed until the material from the Professional Background Information Services (PBIS) has been received.

A credentialing or non-routine application that has been determined to be complete but must go before the full Board for review can take up to 120 days for approval. The Montana Board does not have temporary licensure for dentists.

PLEASE BE SURE TO DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF DENTISTRY FOR THE JURISPRUDENCE EXAMINATION

WEBSITE ADDRESS: www.dentistry.mt.gov

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Application for Licensure as a dentist:

- Exam
 Credentialing
 Volunteer
 Restricted Non Resident Volunteer

Allow 14 days for processing from the date the Board has a complete routine application.

1. FULL NAME

Last First Middle

2. OTHER NAME(S) KNOWN BY

3. ORGANIZATION NAME

4. ORGANIZATION ADDRESS

Street or PO Box # City and State Zip

5. HOME ADDRESS

Street or PO Box # City and State Zip

EMAIL ADDRESS

PREFERRED METHOD OF CONTACT: ORGANIZATION HOME

6. ORGANIZATION PHONE HOME PHONE FAX

7. SOCIAL SECURITY NUMBER FOREIGN ID NUMBER

8. DATE OF BIRTH MALE FEMALE

9. Which exam did you take for initial licensure?

WREB	<input type="radio"/> Yes	<input type="radio"/> No	Year Taken:	<input type="text"/>
OTHER	<input type="radio"/> Yes	<input type="radio"/> No	Year Taken:	<input type="text"/>

If "Other" please specify exam:

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method			Requested State Verification	
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO
				<input type="checkbox"/> EXAM	<input type="checkbox"/> ENDORSE	<input type="checkbox"/> OTHER	<input type="radio"/> YES	<input type="radio"/> NO

**PERSONAL HISTORY QUESTIONS
IMPORTANT INSTRUCTIONS AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every "yes" answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

PERSONAL HISTORY QUESTIONS

11. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
12. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority? Yes No
13. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No
14. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position? Yes No
15. Have you ever withdrawn an application for any professional license? Yes No
16. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold? Yes No
17. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No

Note on Questions 18 and 19: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 18 or 19 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website, under the Services/Links tab, for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

18. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No
19. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? Yes No

The following information is provided for Question 20 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board website, under the FAQ's.

20. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction? Yes No
21. Are you now subject to criminal prosecution or pending criminal charges? Yes No
22. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No
23. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No
24. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
25. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? Yes No
26. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding? Yes No
27. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
28. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

29. PROFESSIONAL EDUCATION (EXAM APPLICANTS)

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

30. Have you ever been certified by a Specialty Board? (EXAM APPLICANTS) Yes No

Certifying Agency	Specialty	Date Awarded or Re-certified

31. PRACTICE HISTORY: (EXAM APPLICANTS) List **all** practice after dental school in chronological order, up to and including the present. Specify nature of activity; for example, private practice, hospital practice, or residency program. Use additional paper if necessary.

Name & Location of Practice	Activity/Position	Inclusive Dates	Reason for Leaving

**32. PROFESSIONAL & CHARACTER REFERENCES.
(EXAM APPLICANTS)**

Please type or print names and addresses of three references, Use these reference names to send the reference forms for your character references.

Name:	
Address:	
Telephone Number:	

Name:	
Address:	
Telephone Number:	

Name:	
Address:	
Telephone Number:	

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Dentistry.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant

Date

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EMAIL: dlibsdhel@mt.gov WEBSITE: www.dentistry.mt.gov

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Dentistry in the State of Montana and the Board of Dentistry requires official license verification. This is your authority to release any information in your files, favorable or otherwise, directly to:

Montana Board of Dentistry
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print)

Signature _____

Address:

Street or PO Box #

City

State

Zip

My License Number from your State is:

License Type:

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.

VOLUNTEER LICENSE APPLICANTS

PLEASE COMPLETE THIS FORM

Name

Address

City State Zip Code

Phone Number: () License Number:

Provide the name and address of the location you intend to provide services under this volunteer license to indigent or uninsured patients in underserved or critical needs areas.

Name

Address

VOLUNTEER LICENSE STATEMENT

I will not accept any fees, payment or other remuneration for any and all services that I provide while a holder of a Volunteer Dental License in Montana.

I hereby declare under penalty of perjury that I will abide by the above statement during the time I hold the Volunteer license. In signing this statement, I am aware that a false statement or accepting payment could result in revocation of my license based upon the board statute and rules. I have read and I am familiar with the applicable dental licensure laws and rules of the State of Montana and will abide by them.

Legal Signature of Applicant

Date

Subscribed and sworn to before me this day of , _____ at

City/State

SEAL

Signature of Notary Public

Notary Public Printed Name

For the State of

My commission expires ,

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CERTIFICATION OF HOURS

PLEASE COMPLETE THIS FORM

(Use for standard application, inactive to active practice, or
volunteer license)

NOT FOR RESTRICTED NONRESIDENT VOLUNTEER

Applicant Name

Today's Date

Dates Worked: From To:

Full-time or Part-time and Total hours worked:

Employer Signature _____ Date

If the applicant had more than one employer during this period of time, the applicant should make copies of this form and have each employer verify the work experience on this form.

Employer's Name

Please Print

Employer's Address

Employer's Telephone Number

I hereby declare under penalty of perjury that information submitted on this form is true and complete to the best of my knowledge. In signing this form, I am aware that a false statement or evasive answer may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

Applicant's Signature

Date