

**APPLICATION FOR DENTIST  
MONTANA BOARD OF DENTISTRY**  
(301 S PARK, 4TH FLOOR - Delivery) PO BOX 200513  
Helena, Montana 59620-0513  
Application Unit (406) 444-5711

EMAIL (applications not accepted by e-mail): [UnitB@mt.gov](mailto:UnitB@mt.gov) WEBSITE: [www.dentistry.mt.gov](http://www.dentistry.mt.gov)

Illegible And Incomplete Applications Will Be Returned

**Any application requiring review by the Board of Dentistry must be complete (all documents and required information received by the Board) no later than 15 working days prior to the Board's next meeting. Please visit [www.dentistry.mt.gov](http://www.dentistry.mt.gov) for information on exact board meeting dates.**

FOR APPLICATIONS NOT REQUIRING BOARD REVIEW, PLEASE ALLOW UP TO 14 WORKING DAYS FOR PROCESSING  
AFTER RECEIPT OF ALL REQUIRED DOCUMENTATION

**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

**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

**\*\*Make check or money order payable to the Montana Board of DENTISTRY  
(Fees can be combined into one check)**

**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](http://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](http://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 19<sup>th</sup> Ave. Ste. 225  
Phoenix AZ 85027 (602) 861-5867 [www.pbisonline.com](http://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/](http://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](http://www.citaexam.com)

CRDTS - CENTRAL REGIONAL DENTAL TESTING SERVICE (785) 273-0380 [www.crdts.org](http://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](http://www.cdcaexams.org)  
([www.nerb.org](http://www.nerb.org))

SRTA - SOUTHERN REGIONAL TESTING AGENCY INC (757) 318-9082 [www.srta.org](http://www.srta.org)

WREB - WESTERN REGIONAL EXAMINING BOARD (602) 944-3315 [www.wreb.org](http://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](http://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.**

For information with regard to the processing of this application or other concerns please contact the Board of Dentistry application unit at 406-444-5711 or email at [UnitB@mt.gov](mailto:UnitB@mt.gov)

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](http://www.dentistry.mt.gov)



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

11. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

12. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

13. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source.  Yes  No

14. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

15. Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source.  Yes  No

16. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition.  Yes  No

17. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult.  Yes  No

18. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source.  Yes  No

19. Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation.

Yes  No

20. Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source.

Yes  No

21. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

22. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

23. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

24. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source.

Yes  No

25. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

26. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

27. Do you have any initiated or completed action against you by any state, Federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source.

Yes  No

**28. PROFESSIONAL EDUCATION (EXAM APPLICANTS)**

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

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

Certifying Agency	Specialty	Date Awarded or Re-certified

30. **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



**31. 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

**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER  
FOR EXAMINATION APPLICANTS ONLY**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application.

\_\_\_\_\_   
Legal Signature of Applicant Date

(Please Type or Print)   
Name of Applicant:

Address:

This verification sent to:

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to: Montana Board of Dentistry, PO Box 200513, Helena MT 59620. Your response will be kept confidential.

Name of reference:  Daytime phone:

Address:

Title/profession/position:

How long have you known the applicant?  In what capacity?

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

No

Yes

Do you consider this applicant worthy of approval to practice as a Dentist in Montana?

No

Yes

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

\_\_\_\_\_   
Signature of Reference Date

The Applicant and the Board thank you for your assistance.

**MONTANA BOARD OF DENTISTRY**  
**PO BOX 200513**  
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Helena, Montana 59620-0513  
(406) 444-5711

EMAIL: UnitB@mt.gov WEBSITE: [www.dentistry.mt.gov](http://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.

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**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:

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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 ,

**MONTANA BOARD OF DENTISTRY  
PO BOX 200513**

(301 S PARK, 4TH FLOOR - Delivery)  
Helena, Montana 59620-0513  
(406) 444-5711

EMAIL: [UnitB@mt.gov](mailto:UnitB@mt.gov) WEBSITE: [www.dentistry.mt.gov](http://www.dentistry.mt.gov)

**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