

MONTANA BOARD OF DENTISTRY**PO BOX 200513**

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

APPLICATION UNIT PHONE: (406) 444-5711

EMAIL: UnitB@mt.govWEBSITE: www.dentistry.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(By board rule: ARM [24.138.304](#) DEFINITION OF NONROUTINE APPLICATION all Denturist applications are non-routine and are reviewed by the board.)**DENTURISTS ARE NOT PERMITTED TO PRACTICE DENTURITY IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE****LICENSE REQUIREMENTS:**

- Applicant shall have completed formal training of not less than 2 years at an educational institution accredited by a national or regional accrediting agency recognized by the Montana Board of Regents.
- Applicant shall have passed the Montana board approved written denturistry examination.
- Applicant shall have passed the Montana board approved clinical denturistry examination.
- Applicant shall have completed a one year internship under the supervision of a Montana licensed denturist **or**:
 - ✓ has three (3) years of experience as a denturist under licensure in another state or Canada.
- Applicant shall pass a Montana Jurisprudence examination.

FEES:

\$100.00	Application Fee
\$ 85.00	Jurisprudence Examination Fee

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

DOCUMENTS TO BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED COMPLETE:**INITIAL LICENSURE DOCUMENTS:**

- ◆ **National Practitioner Data Bank (NPDB) self-query.** This form can be obtained by calling NPDB at 800-767-6732 or visit <https://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 forward them to the Board office unopened.
- ◆ Copy of Denturistry Diploma.
- ◆ Official transcripts sent directly from an approved denturistry school.
- ◆ License verification(s) sent directly from the state(s) where you have held or hold a license regarding disciplinary action on your license sent directly to the Board office.
- ◆ Three reference letters of moral character (relatives may not be used as references). (This form can be found with the application material.)
- ◆ Copy of current CPR, ACLS or PALS card.
- ◆ Check or money order for the appropriate fees.

INTERNSHIP DOCUMENTS:

- ◆ Complete internship application.
- ◆ Complete report of Initial Supervision signed by the denturist sponsoring internship.
- ◆ Monthly reports shall be provided to the board once approval for internship has been given.

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

EXAMINATION INFORMATION:

- A board approved written examination is required for licensure as a denturist. The written examination cannot be taken until the application and internship have been approved.
- A board approved clinical examination is required for licensure as a denturist. The clinical examination cannot be taken until the application and internship have been approved and the written examination has been passed.
- The written examination is provided by the Denturist Examination Group as needed for the applicant.
- The clinical examination is provided by the Denturist Examination Group (DEG) in Grimsby, Ontario, Canada. Approval must be received by the Board. For additional information please contact the board office at dlibsdden@mt.gov.

APPLICATION PROCEDURES:

- 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.
- You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting. This 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 APPROVAL OF THE APPLICATION AND BEFORE RECEIVING A DENTURISTRY LICENSE.** *Applicants will be notified when the application is 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 are on our web site at www.dentistry.mt.gov. **PLEASE DOWNLOAD ALL the laws and rules that pertain to the Board of Dentistry.**

PROCESSING PROCEDURES:

- All applications shall go before the Board for review and determination of qualifications for continuing the process to licensure.
- The applicant will be notified in writing of any deficient or missing items from the application file.
- An applicant must first be determined to meet the education requirements before being approved for internship, and the written and clinical examination.
- An applicant that is applying using the 3 years of licensure in another state instead of the internship must meet the education requirement before being approved to take the written or clinical examination.
- The jurisprudence examination is given when all other requirements have been met and completed.
- When the jurisprudence examination has been corrected and passage is confirmed, a license may be issued to the applicant. Time for processing the final license depends on applicant turnaround of the jurisprudence take home 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.
- The Montana Board does not have temporary licensure for any of its licensees.

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

PLEASE DOWNLOAD THE MONTANA LAWS AND RULES FOR THE PRACTICE OF DENTISTRY ON OUR WEBSITE at www.dentistry.mt.gov to study for the Jurisprudence Examination.

Answer ALL questions:

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
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
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
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
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
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
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 purposes 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 18 th birthday unless you were tried as an adult.	Yes	No
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
Have you ever 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
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

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| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

PROFESSIONAL EDUCATION:

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

PRACTICE HISTORY: List **all** practice after Denturity School in chronological order. Use additional paper if necessary.

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

PROFESSIONAL & CHARACTER REFERENCES:

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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VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

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:

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

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.

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**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.

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APPLICATION FOR DENTURIST INTERNSHIP

DATE:

NAME:

ADDRESS:

City:

State:

Zip Code:

Name of the School Attended:

City:

Start:

Zip Code:

Dates attended:

Date of Graduation:

The following information must be included with your denturist application. If you have any questions, please call the application unit at 406-444-5711.

- ✓ Copy of your transcript from your school of graduation (sent directly to the Board office)
- ✓ Copy of your diploma or certificate of completion (must have formal training of not less than 2 years at an education institution recognized by the Montana Board of Regents)
- ✓ Proof that the school in which you obtained your education is accredited by a national or regional accrediting agency recognized by the Montana State Board of Regents. (This information can be obtained by contacting the school for a Letter of Confirmation of this requirement)
- ✓ Initiation Supervision Form filled out by both the applicant and the supervisor

You will be responsible to turn in your monthly intern reports to the office. These forms will be provided to you once your internship has been approved.

The intern will be responsible to notify the Board office 90 days prior to completing the internship of the intended completion date of the internship.

Applicant Signature

Date

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REPORT OF INITIATION OF SUPERVISION

Supervisor's Name:

Address:

City:

State:

Zip Code:

Intern's Name:

Address:

City:

State:

Zip Code:

Beginning date of Supervision:

Anticipated ending date of Supervision (at least 1 year, per MCA,
<http://leg.mt.gov/bills/mca/37/29/37-29-303.htm> and ARM [24.138.512](#) DENTURIST INTERN)

It is the understanding of the Board of Dentistry that _____ will be an intern in connection with the practice of dentistry conducted under the direct supervision (for at least 1 year) of _____ who is licensed as a dentist in the State of Montana.

(Supervisor) will assume professional responsibility for the activities and services of _____ (Intern), as required by [24.138.512](#) DENTURIST INTERN for which the supervisor has accepted responsibility and over which he/she has exercised supervision.

An intern shall file a monthly report with the Board, on the form provided by the department and attested to by his supervising dentist. The report shall state the number of hours or units completed in each field of practice identified in the rules. Each intern shall be provided a separate workstation in the laboratory areas, containing standard dentistry equipment, i.e., lathe, torch and storage space. Operatory facilities and other equipment will be shared with the intern. The intern shall provide his own necessary hand tools.

I hereby acknowledge that violation of the Board statutes or rules may result in license discipline against the supervisor or intern or both.

SUPERVISOR'S SIGNATURE _____ Date

INTERN'S SIGNATURE _____ Date

BOARD ACCEPTANCE OF THE SUPERVISION INDICATES THAT THE INFORMATION PROVIDED ON THIS FORM IS ACCEPTABLE. IT DOES NOT INDICATE THAT THE PROPOSED SUPERVISION HAS INCORPORATED ALL THE REQUIREMENTS SPECIFIED IN STATE LAW. FAILURE TO HAVE THESE MANDATED CONDITIONS MIGHT RESULT IN ACCEPTED SUPERVISION NOT ADEQUATELY FULFILLING THE REQUIRED EXPERIENCE. THUS IT IS THE INTERN'S RESPONSIBILITY TO ENSURE THAT ALL NECESSARY CONDITIONS ARE MET. INTERN EXPERIENCE ALONE DOES NOT GUARANTEE THAT THE APPLICANT WILL ULTIMATELY BE LICENSED.

BOARD APPROVED: _____ Date