

BOARD OF DENTISTRY
PO BOX 200513
301 S PARK, 4TH FLOOR
Helena, Montana 59620-0513

Email: dlibsdhhelp@mt.gov Web: www.dentistry.mt.gov Phone: (406) 444-6880

To expedite your application, we suggest you apply and submit your application on-line at EBIZ.MT.GOV/POL

There are 2 pathways to licensure in Montana, applicants may only choose one pathway. The options are numbered below and correspond throughout the application packet:

Licensure by Examination:

To qualify by examination you must have taken a clinical examination, which meets the requirements in board rule ARM 24.138.504, within the last five years (5). If your examination does not meet these requirements, you will need to see if you qualify under the credentialing rule below. Specific requirements for licensure by examination can be found in board rule ARM 24.138.502. All applicants are encouraged to read these rules in their entirety. Many common questions can be answered with a full review. Other questions should be directed to customer service at the number listed above.

A summary of requirements can be found below:

1. Graduation from a Commission on Dental Accreditation (CODA) approved dental school;
2. Passage of the National Board Dental Examination;
3. Passage of a board approved clinical examination within the last 5 years;
4. Passage of the Montana Jurisprudence examination;
5. License verifications from all jurisdictions, for any professional license;
6. Self-Query of the National Practitioner Data Bank (NPDB);
7. Current CPR, ACLS, or PALS card;
8. Appropriate Fees

Licensure by Credentialing a.k.a. Endorsement:

To qualify by credentialing you must have met the requirements of ARM 24.138.505. All applicants are encouraged to read this rule in its entirety. Many common questions can be answered with a full review. Other questions should be directed to customer service at the number listed above.

A summary of requirements can be found below:

1. Graduation from a Commission on Dental Accreditation (CODA) approved dental school;
2. Passage of the National Board Dental Examination;
3. Passage of a board approved clinical examination or state practical examination;
4. Applicant shall be currently engaged in the practice of clinical, direct patient care dentistry, and shall document active practice within the last 5 years immediately preceding application, for a total accumulation of 3,000 hours of experience;
5. Passage of the Montana Jurisprudence examination;
6. License verifications from all jurisdictions, for any professional license;
7. Self-Query of the National Practitioner Data Bank (NPDB);
8. Current CPR, ACLS, or PALS card;
9. 3 Character references;
10. Submits a minimum of 60 hours of Continuing Education credits in the last 3 years;
11. Appropriate Fees.

The board is constantly evaluating and updating its licensure requirements, as such this paper form may not have the most current requirements. Applicants are encouraged to apply on-line and review the rules referenced in their entirety to ensure compliance.

Application Fees

By Examination: \$185.00 Includes:
Application Fee - \$100.00
Jurisprudence Exam Fee - \$85.00

****Make check or money order payable to ****

By Credentialing: \$560.00
Includes: Application Fee -
\$100.00 Credentialing Fee -
\$375.00 Jurisprudence Exam Fee -
\$85.00

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. Please Note: All documents not in English must be accompanied by certified translations.

By Examination:

- Official transcripts sent directly from a CODA approved dental school;
- Original National Board Examination Score Card sent directly from the Joint Commission on Examination; You may obtain by visiting: www.ada.org/en/jcnde
- Verifications of successful passage of a board approved clinical examination, from the provider;
- Passage of the Montana Jurisprudence Examination (information on page 3);
- License verification(s) sent directly from the state(s) where you have held or hold a license verifying status and any disciplinary action(s) on your license;
- National Practitioner Data Bank (NPDB) self-query. This form can be obtained by visiting: npdb.hrsa.gov. *The results will come to you; upon receipt please send the original unopened report to the board office.*
- Current CPR, ACLS, or PALS card;
- Check or money order for the appropriate fees.

By Credentialing:

- Official transcripts sent directly from a CODA approved dental school;
- Original National Board Examination Score Card sent directly from the Joint Commission on Examination;
- You may obtain by visiting: www.ada.org/en/jcnde
- Verifications of successful passage of a board approved clinical examination, from the provider;
- Passage of the Montana Jurisprudence Examination (information on page 3);
- License verification(s) sent directly from the state(s)* where you have held or hold a license verifying status and any disciplinary action(s) on your license;
- National Practitioner Data Bank (NPDB) self-query. This form can be obtained by visiting: npdb.hrsa.gov
- *The results will come to you; upon receipt please send the original unopened report to the board office.*
- Provides evidence that the applicant has been engaged in the practice of clinical, direct patient care dentistry at least 6 months prior to the date of application and can demonstrate actively practicing within the last 5 years immediately preceding application, for a total accumulation of 3000 hours of experience;
- Submits documentation of all unresolved or adverse decisions based on complaints, investigations, review procedures, or other disciplinary proceedings undertaken by a state, territorial, local, or federal dental licensing jurisdiction, dental society, or law enforcement agency relating to criminal or fraudulent activity, dental malpractice, or negligent dental care;
- Current CPR, ACLS, or PALS card;
- Documentation showing attendance at a minimum of 60 hours of CE in the 3 years preceding application;
- Check or money order for the appropriate fees.

All applicants, whether by examination or credentialing, must answer the personal history questions found on pages 3-4 of the application following. 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.

Approved Clinical Examination Providers

CDCA – The Commission on Dental Competency Assessments www.cdcaexams.org

CITA - Council of Interstate Testing Agencies www.citaexam.com

CRDTS - Central Regional Dental Testing Service www.crdts.org

SRTA - Southern Regional Testing Agency www.srta.org

WREB - Western Regional Examining Board www.wreb.org

All examinations for initial licensure, must meet the requirements of ARM 24.138.504 regardless of the agency selected.

Jurisprudence Examination:

This is an untimed, self-proctored, open "book" examination. All applicants are required to take the jurisprudence examination and to pass with a score of 75% or better. 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. A copy of the laws and rules can be found linked on our web site, under the Regulations tab at www.dentistry.mt.gov. The Montana Secretary of State maintains official records of our laws and regulations and the board cannot provide you specific direction with regard to the links of relevant material.

Processing Notes:

Processing time for a routine and complete application is approximately 14 days. Time for processing an application for either a license or endorsement cannot be estimated. However, staff will work within the bounds of the law and its abilities to process applications as efficiently as possible.

Applications are not denied for incompleteness and you may submit an application without all the materials required. The applicant will be notified in writing of any deficient or missing items in the application file. This delay may affect the processing time.

A 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 board does not have temporary licensure for dentists.

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.

BOARD OF DENTISTRY
EMAIL: dlibsdhel@mt.gov
WEBSITE: www.dentistry.mt.gov
PHONE: (406) 444-6880

Please select your application method, you may only check one box:

- Exam
 Credentialing
 Volunteer
 Non-Resident Volunteer

The primary communication method for the division is e-mail. Make sure your e-mail address is current in the database. Also keep your preferred mailing address current.

1. Full Name:

Last

First

Middle

2. Other Names Known By:

3. Business Name:

4. Business Address:

Street or PO Box #

City and State

Zip

5. Home Address:

Street or PO Box #

City and State

Zip

E-mail Address:

6. Business Phone: Home Phone Fax

7. Social Security Number FOREIGN ID NUMBER

8. Date of Birth Male Female

9. Which clinical exam did you take for your 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 examination provider:

10. List any licenses you hold or have ever held for any profession. Official verifications must be sent directly to the board from each state/territory. If a jurisdiction does not provide direct verifications but maintains an official portal for verification, please note that on the application. (E.G. - Colorado)

State	License #	Issue Date	Expiration Date	Licensure 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

1. 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

2. 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

3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position? Yes No

4. 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

5. Have you ever withdrawn an application for any professional license? Yes No

6. 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

7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?) Yes No
 - a. Note on Questions 8 and 9 below:
 - ii. Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question
 - iii. 8 or 9 may qualify for participation in the Montana Professional Assistance Program. Please visit the board website,
 - iv. under the Services/Links tab, for more information about this program. "Chemical substances" include alcohol, drugs, or medications, whether taken legally or illegally.

8. 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

9. 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 10 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.

10. 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
11. Are you now subject to criminal prosecution or pending criminal charges? Yes No
12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization? Yes No
13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession? Yes No
14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons? Yes No
15. 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
16. 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
17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked? Yes No
18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked? Yes No

11. Secondary and Professional Education:

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

12. Have you ever been certified by a Specialty Board?

Yes No

Certifying Agency	Specialty	Date Awarded or Re-certified

13. Practice History: 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

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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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

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.

Applicant: Complete the form and mail it to any state board in which you are requesting official license verification(s) be sent to the board. You may copy this form as many times as needed. Please be advised that some boards require a fee for this service. It is recommended that you contact the board(s) by phone prior to mailing in this request to see if you need to include any 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**

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.

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

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

CERTIFICATION OF HOURS

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