

**MONTANA BOARD OF DENTISTRY**

PO BOX 200513

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

(406) 444-6880

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

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

*By board rule all Denturist applications are non-routine and are reviewed by the board.**To expedite your application, we suggest you apply and submit your application online at [EBIZ.MT.GOV/POL](http://EBIZ.MT.GOV/POL)***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 dentist. 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 dentist. 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](mailto: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](http://www.dentistry.mt.gov). Please download ALL of 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.



**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**

10. 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

11. 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

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

13. 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

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 Have you ever withdrawn an application for any professional license?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

15. 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

16. Are you under a current order that remains unsatisfied? (e.g., fines unpaid, probation not concluded, conditions unmet?)  Yes  No

Note on Questions 17 and 18: Applicants who disclose medical, physiological, mental, or psychological conditions or chemical substance use in Question 17 or 18 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.

17. 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

18. 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 19 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.

19. 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

20. Are you now subject to criminal prosecution or pending criminal charges?  Yes  No

21. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?  Yes  No

22. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?  Yes  No

23. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?  Yes  No

24. 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

25. 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

26. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  Yes  No

27. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  Yes  No

**28. PROFESSIONAL EDUCATION:**

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

**29. 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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APPLICATION UNIT (406) 444-6880

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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



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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 406-444-6880.

- ✓ 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, must be at least 1 year, per [37-29-303](#), MCA:  and ARM [24.138.512](#).

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