

**PLEASE READ CAREFULLY**

**GENERAL INFORMATION**

Each applicant for licensure to practice dentistry in the state of New Hampshire must complete all of the information on the attached “**Dentist Application for Licensure**” form. The Board must have each licensee’s social security number on the “Dentist Application for Licensure” form to ensure accurate identification of the applicant’s identity. Pursuant to Federal Law 42 U.S.C.A§666(a)(13) and New Hampshire state law RSA 161-B:11, VI-a the Board may also:

1. Provide the licensee’s social security number to the Department of Health and Human Services in conjunction with proceedings or actions to establish paternity or to establish or enforce child support.
2. Provide the licensee’s social security number to National Practitioner Data Bank (NPDB) in the event of final adverse action against the licensee and to inquire of NPDB of any final adverse actions against the licensee in other jurisdictions.

Under current law an applicant’s or licensee’s social security number is confidential and not subject to the right to know law.

**LICENSURE BY EXAMINATION**

Any person who has taken and passed the American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a clinical periodontal/scaling component, within the 3 years immediately prior to completing the licensure process for a New Hampshire license, shall be considered for licensure by examination.

**LICENSURE BY ENDORSEMENT CERTIFICATION**

Any person holding a current, unsuspended, unrestricted license to practice dentistry in one or more states, and who has taken and passed the American Board of Dental Examiners (ADEX) examination or other similar U.S. regional or state board clinical examination for dentists, including a periodontal/scaling exam, and who throughout the 3 years immediately prior to submitting the application, has practiced clinical dentistry in one or more states, shall be considered for licensure by endorsement. Dental specialty training and active military dental service are considered active dental practice.

**APPLICATION FEE**

A certified check or money order in the amount of **\$200.00**, made payable to the “**TREASURER, STATE OF NEW HAMPSHIRE**” must accompany the application.

**REQUIREMENTS FOR APPLICATION**

In addition to the application form, the following documents shall be filed with the Board:

**TRANSCRIPT:** An official copy of the applicant’s dental school transcript, bearing the registrar’s original signature and the school’s seal, or a letter on school letterhead sent directly by the school to the New Hampshire Board of Dental Examiners. If applicant's degree will be conferred within 3 months, an official copy of the transcript must be sent within 30 days of the degree being conferred.

**NATIONAL BOARD EXAMINATION:** Applicants must request that their examination results be made accessible to the New Hampshire Board of Dental Examiners to look up on the JCNDE (Joint Commission on National Dental Examinations) website. Please submit your request to the JCNDE at [www.ada.org/nbde](http://www.ada.org/nbde).

**BIRTH CERTIFICATE:** An original or certified copy of the applicant's birth certificate written in English or translated to English. A certified copy of the applicant's valid passport written in English or translated to English may be used in place of a birth certificate.

**LETTER OF GOOD STANDING:** The following documents shall be filed with the Board: A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant's license to practice in that state, based on the records of the board, has been subject to disciplinary action, has disciplinary action pending, has been under stayed probation, or is under investigation. This statement must be submitted directly from the dental board of each state in which the applicant has ever had a license (whether active, inactive, or lapsed). This statement shall be updated if more than 4 months old.

**REGIONAL BOARD SCORES:** If applying for licensure by examination, the applicant shall advise the Commission on Dental Competency Assessments (CDCA) to make his or her scores available to the Board online. Applicants must send scores from other regional boards directly to the Board's office. Passage of the written portion of CDCA and passage of another regional board's clinical examination is required.

**SPECIALTY TRAINING:** An official copy of your specialty training certificate bearing the registrar's original signature and the school's seal or a letter on school letterhead, sent directly by the school, if you intend to declare a dental specialty in New Hampshire.

**CONTROLLED DRUG PRESCRIPTION HEALTH AND SAFETY PROGRAM (PDMP):** All applicants who after licensure in NH obtain a DEA number associated with their NH license to prescribe schedule II-IV controlled substances are required to register with the New Hampshire PDMP within 90 days of the initial issuance of a license pursuant to RSA 318-B:33, II and Ph 1503.01(a). Once obtained, licensees shall provide the DEA number to the Board. Failure to register shall constitute professional misconduct within the meaning of RSA 317-A:17, II and shall be grounds for disciplinary action.

## **JURISPRUDENCE EXAMINATION**

After the application and all the supporting documents are received, the application file will be reviewed by the New Hampshire Board of Dental Examiners or its representative. If the file is acceptable to the Board or its representative, the applicant will be notified that the application is complete and that the jurisprudence examination may be taken. The applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

## **REGISTRATION**

A registration fee in the amount of **\$365.00** is required at the time of licensure and each biennial registration thereafter. Certified checks or money orders should be made payable to "**TREASURER, STATE OF NEW HAMPSHIRE.**" If presented in person, the payment may be made in cash. The biennial license period for dentists commences **MAY 1st** of even-numbered years. Biennial registration requires that registration forms be mailed by the Board before February 15th of even-numbered years. Licensees are required to report a change of business or residential address, primary email address and phone number within 30 days of any change to the Board. **Written notification to the Board is required.**

**IF YOU HAVE ANY QUESTIONS OR NEED ASSISTANCE, PLEASE CONTACT THE BOARD'S ADMINISTRATIVE OFFICE AT THE ADDRESS OR TELEPHONE NUMBER ON THE FRONT SIDE OF THIS INFORMATION SHEET.**

NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS  
DENTIST APPLICATION FOR LICENSURE

FOR OFFICE USE ONLY  
PAID \$ \_\_\_\_\_  
CASH, CHECK OR MO #  
\_\_\_\_\_

Examination/Endorsement application (circle one) to practice dentistry.

False statements, knowingly made by the applicant, shall void any license issued. All questions must be completed or this application will be returned or rejected.

**PRINT OR TYPE**

1. Name in Full (first, middle, last) \_\_\_\_\_

2. Date of Birth (month, day, year) \_\_\_\_\_

3. Place of Birth (city, county, state) \_\_\_\_\_

4. Social Security Number \_\_\_\_\_

5. Have you ever been known by any other name? yes \_\_\_\_\_ no \_\_\_\_\_ If yes, give other name(s) \_\_\_\_\_

6. Current residential address: \_\_\_\_\_  
\_\_\_\_\_

Primary email address (either business or personal): \_\_\_\_\_

Day Time Telephone: \_\_\_\_\_

7. Educational background:

College \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Degree, if any \_\_\_\_\_

Dental School(s) \_\_\_\_\_ Month and Year \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

I received the degree of \_\_\_\_\_ on \_\_\_\_\_

from \_\_\_\_\_

8. Post Graduate Dental Program: Type \_\_\_\_\_

Location \_\_\_\_\_ Dates \_\_\_\_\_

Degree or Specialty Training Certificate \_\_\_\_\_

9. Have you taken and passed:

The National Board yes \_\_\_\_\_ no \_\_\_\_\_ Year \_\_\_\_\_

The ADEX (written) yes \_\_\_\_\_ no \_\_\_\_\_ Year \_\_\_\_\_

The ADEX (clinical) yes \_\_\_\_\_ no \_\_\_\_\_ Year \_\_\_\_\_

Others (name) \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ Year \_\_\_\_\_

10. Are you currently certified in BLS-HCP, with hands-on component?      yes \_\_\_\_\_ no \_\_\_\_\_  
 (Please provide proof.)

11. List all places where you have possessed a license to practice dentistry.  
 If none, so state: \_\_\_\_\_

State and License No.	Issue Date	Active/Inactive	Dates of Practice
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Professional Employment History

Dates	Location	Status (e.g., Military, Residency, Private Practice)
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____
From _____ to _____	_____	_____

13. Have you ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled?      yes \_\_\_\_\_ no \_\_\_\_\_

14. Have you ever been convicted of the illegal practice of dentistry?      yes \_\_\_\_\_ no \_\_\_\_\_

15. Have you ever been denied dental licensure?      yes \_\_\_\_\_ no \_\_\_\_\_

16. In any jurisdiction, including New Hampshire, have you ever been or are you currently subjected by any professional licensing body to any investigation (excluding dismissed complaints), sanction, or disciplinary action including but not limited to probation or stayed probation, limitation or restriction, fine, reprimand, or been required to submit to care, counseling, supervision or further education?      yes \_\_\_\_\_ no \_\_\_\_\_

17. Has your license to practice dentistry ever been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, voluntarily or involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state?      yes \_\_\_\_\_ no \_\_\_\_\_

18. a. Do you have any physical or mental illness that impairs your ability to practice dentistry?      yes \_\_\_\_\_ no \_\_\_\_\_

b. Has a health practitioner or mental health practitioner advised you that you have any physical or mental illness that impairs your ability to practice dentistry?      yes \_\_\_\_\_ no \_\_\_\_\_

19. Is your ability to practice dentistry impaired by an addiction to alcohol, narcotics, or other mind altering drugs?      yes \_\_\_\_\_ no \_\_\_\_\_

20. Have you ever had a DEA license that has been revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by any state or federal licensing/regulatory board or agency, or which is currently involved in an investigation or disciplinary process?      yes \_\_\_\_\_ no \_\_\_\_\_

21. Have you ever been or are you currently named as a party in any malpractice or professional liability claim or lawsuit or is there any pending?      yes \_\_\_\_\_ no \_\_\_\_\_

22. Have your hospital privileges been revoked, suspended, restricted, denied, not renewed or involuntarily relinquished? yes \_\_\_\_\_ no \_\_\_\_\_

If you have answered yes to questions 13 through 22, attach a statement explaining the circumstances fully.

23. Do you have a DEA number to prescribe schedule II-IV controlled substances? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, provide DEA number: DEA # \_\_\_\_\_

Will this DEA number be associated with your New Hampshire dental license? yes \_\_\_\_\_ no \_\_\_\_\_

24. Excluding pre-doctoral or specialty training, list the dental continuing education courses you have taken during the last two (2) years. Refer to the continuing education requirements for New Hampshire (Den 403.03). If none, so state. (Please do not attach documentation.)

Date	Course	Location	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

New Hampshire Board of Dental Examiners

**STATEMENTS OF PROFESSIONAL CHARACTER FOR DENTISTS**

**(Statements from family members are not acceptable)**

The individual named below has applied for a dental license. Please complete this form and return to the applicant. This statement of professional character shall be incorporated into the individual's dental license application.

The undersigned is personally acquainted with \_\_\_\_\_, named in this form, and recommends h\_\_\_\_\_ as a person of good professional character.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

If a dentist, License # \_\_\_\_\_, State \_\_\_\_\_ Length of time applicant known \_\_\_\_\_

**Please return the completed form to:**

Applicant's Name: \_\_\_\_\_

Street/PO Box: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Note to applicant:**

- Complete the name and address lines above before sending this form to each reference.
- At least 3 signed certifications of good professional character are required. If you have had previous employment as a dentist, at least 2 of your 3 professional character references should be by a licensed dentist in good standing.
- Once you have received ALL of the completed statements of professional character, please include with your application to the NH Board of Dental Examiners.
- Additional copies of this form can be found on the Board's website at [www.oplc.nh.gov/dental](http://www.oplc.nh.gov/dental) under Forms and Publications, or you may make additional copies of this form.

## EDUCATION REQUIREMENTS

I certify that \_\_\_\_\_  
(Name of Applicant)

**ATTACH PHOTOGRAPH**

has attended the required courses in the study of dentistry and  
was graduated from:

\_\_\_\_\_  
(Name of Dental School)

\_\_\_\_\_  
(Date degree conferred)  
(or)

\_\_\_\_\_  
(Date degree will be conferred)  
\* degree must be conferred within 3 months of this application

and the photograph attached is a likeness of

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature of Dean, Registrar, or Secretary)

\_\_\_\_\_  
(Date)

**Photograph must be a passport  
photo and not more than 6 months  
old. Seal of School must be impressed  
over a portion of the photograph  
and a portion of the application.**

The following affidavit must be completed by the applicant after the previous portion is filled out.

### STATEMENT BY APPLICANT (Must be sworn to before a notary public)

I understand that by signing the application I am:

1. Waiving any confidentiality regarding disclosure to the Board from any other jurisdiction about any pending complaints or action being taken against my license to practice dentistry.
2. Giving consent for a criminal background check.

I, \_\_\_\_\_,  
of full age, under the penalties for falsification pursuant to RSA 641:1 through RSA 641:3, state that I am  
the person referred to in the foregoing application, that I have carefully read the instructions given and questions  
asked in the application form, and that all statements made therein are true and correct as of this

\_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.  
(day) (month)

\_\_\_\_\_  
Signature of Applicant

Sworn to before me and subscribed in my presence  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
my commission expires: \_\_\_\_\_

**OPTIONAL INFORMATIONAL QUESTION  
REGARDING MILITARY EXPERIENCE AND/OR  
RELATIONSHIP TO MILITARY PERSONNEL  
TRANSFERRED TO NEW HAMPSHIRE**

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. "upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question."

*RSA 21:50, II - "Armed forces" means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. "Armed forces" also includes other components, but is limited to those components and active duty periods described in 38 C.F.R. 3.7.*

**OR**

2. "Notwithstanding any general or special law to the contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire."

**Please place a check mark in all that apply below:**

- I **am** eligible for consideration as defined in paragraph #1 above.
- I **am not** eligible for consideration as defined in paragraph #1 above.
- I **am** eligible for consideration as defined in paragraph #2 above.
- I **am not** eligible for consideration as defined in paragraph #2 above