



**Texas State Board of Dental Examiners**

333 Guadalupe, Tower 3, Suite 800  
 Austin, Texas 78701-3942  
 (512) 463-6400 / Fax: (512) 649-1658

**2x2 Passport Photo  
 Required**

**PLACE HERE**

**Dental Licensure Application**

**Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. Select the application type and submit the appropriate fees (✓ Check One). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport photo is required.**

- Licensure by Examination: \$360
- Licensure by Credentials: \$2,945
- Foreign Graduate Licensure: \$360
- Temporary Licensure: \$895
- Reinstate a Cancelled License: \$441

**Military Active Duty, Veteran, & Spouse: NO FEE and are required to select a method of licensure from above:**

- Active Duty\*\*
- Veteran\*\*
- Active Duty Spouse\*\*
- Military Limited Volunteer\*\*
- Military Spouse Authorization\*\*

**\*\* Include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

Social Security #*:		Date of Birth: <small>MM / DD / YYYY</small>	
Last Name:		First Name	Middle
Current Address:		City:	State: Zip
Permanent Address:		City:	State: Zip:
Business Address:		City:	State: Zip:
Preferred mailing address: (preferred address will be made available to the public)			
<input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business			
Daytime Phone #:		Email Address:	
Type of Practice Check One (✓)	<input type="checkbox"/> Faculty <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Resident <input type="checkbox"/> Retired <input type="checkbox"/> Other		
Designated Practice Area Check One (✓)	<input type="checkbox"/> General Dentistry <input type="checkbox"/> Dental Anesthesia <input type="checkbox"/> Dental Public Health <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral and Maxillofacial Pathology <input type="checkbox"/> Oral and Maxillofacial Radiology <input type="checkbox"/> Oral Medicine <input type="checkbox"/> Oral and Maxillofacial Surgery <input type="checkbox"/> Orthodontics and Orthopedics <input type="checkbox"/> Orofacial Pain <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Dental Anesthesiology		

\* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

<b>Texas Non-Profit Corporation Employer: Applies only for applicants who are applying for a temporary license.</b>			
Corporation Name:			
Address		City:	State: Zip
Supervisor Name:		Supervisor Phone #:	
Employer Medicaid Provider Identification #:			

**Active Duty Military Spouse Authorization: Applies only for military service member whom the military spouse is married and is stationed at a military installation in Texas.**

Texas Military Installation Base Name			
Address	City	State	Zip Code

**State Licensure/Jurisdictions: List all state(s) and/or jurisdiction in which you have ever been licensed**

\_\_\_\_ Yes \_\_\_\_ No Have you ever held a license issued by the Texas State Board of Dental Examiners (TSBDE)?  
If yes, include the type of license and license number:  
License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

State: \_\_\_\_\_ License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Disciplinary Action: \_\_\_\_ Yes or \_\_\_\_ No

State: \_\_\_\_\_ License Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Disciplinary Action: \_\_\_\_ Yes or \_\_\_\_ No

**Health Insurance**

Are you a Texas Medicaid Provider? \_\_\_\_ Yes \_\_\_\_ No

Are you a participating provider in the Texas Children's Health Insurance Program (CHIP)? \_\_\_\_ Yes \_\_\_\_ No

**Dental Education: Clinical exam results must be dated within the 5 years of when the examination was successfully passed. All applicants must successfully pass the following exam components: Operative, Endo, Perio, Prosthodontics, and Comprehensive Treatment Planning.**

School Attended:		Degree Earned:		Graduation Date:	
NBDE Part I & II Completion Dates:			Jurisprudence Completion Date:		
Regional Clinical Exam Name:	Jurisdiction:	Number of Times Taken:	Date of Examination:	Passed/Failed/Other (if other, please explain)	
Regional Clinical Exam Name:	Jurisdiction:	Number of Times Taken:	Date of Examination:	Passed/Failed/Other (if other, please explain)	

**LICENSE HISTORY:** Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a "Yes" or "No" response as no other response is acceptable. **All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.** The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information will delay the processing of your application.

NOTE: If you answer "Yes" to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

1. Have you ever had any application for any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you ever had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>3. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit?</p> <p><b>If you answer "Yes", you must attach documentation of disciplinary action not previously reported to TSBDE.</b></p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>4. For any criminal offense, including those pending appeal, have you ever:</p> <p>A. been convicted of a misdemeanor (other than minor traffic violations)?</p> <p>B. been convicted of a felony?</p> <p>C. pled nolo contendere, no contest, or guilty?</p> <p>D. received deferred adjudication?</p> <p>E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?</p> <p>F. been sentenced to serve jail or prison time? court-ordered confinement?</p> <p>G. been granted pre-trial diversion?</p> <p>H. been arrested or have any pending criminal charges?</p> <p>I. been cited or charged with any violation of the law?</p> <p>J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?</p> <p><b>If YES</b>, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>7. Have you ever been diagnosed with any condition or impairment (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition) that in any way affects your ability to practice as a Dentist in a competent, ethical, and professional manner?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

**ATTESTATION**

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of licensure requested. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application for licensure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_**

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct. Sworn and subscribed to before me, the said \_\_\_\_\_ appeared on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Signature

(Seal)

### Licensure by Examination Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- 1- 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school.
- Proof of successful completion of the National Boards Parts I and II. TSBDE now has access to electronic results, which have been made available to Texas.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board dated within 5 years from the date of examination. TSBDE will electronically validate score reports that have been made available to Texas from WREB, CDCA, and CRDTS.
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable. The verification of licensure must be received in its original sealed unopened envelope.

### Foreign Trained Graduate Checklist

Along with all of the above, **Foreign trained graduates must** also include the official transcript of the completion of an ADA CODA-accredited two-year specialty residency. **Recognized Specialties:** Endodontics, Periodontics, Oral and Maxillofacial Pathology, Oral and Maxillofacial Surgery, Oral and Maxillofacial Radiology, Orthodontics and Dentofacial Orthopedics, Pediatric Dentistry, Dental Public Health, Prosthodontics, Oral Medicine, Dental Anesthesiology, or Orofacial Pain

**Reinstate a Canceled License Checklist: If you are currently licensed and have been in practice in another state for the two years preceding the date of application, you may obtain a new license without reexamination.**

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school.
- Proof Successful completion of National Boards Parts I and II. TSBDE now has access to electronic results which have been made available to Texas.
- Proof of completion of a general dentistry clinical examination administered by a regional clinical examining board. TSBDE will electronically validate score reports that have been made available to Texas from WREB, CDCA, and CRDTS.
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.

- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.
- For applicants who have held a license in another state/jurisdiction: A verification of licensure with imprint of state seal issued from a state board of dentistry in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable. The verification of licensure must be received in its sealed unopened envelope.

Please note: If you have been in active practice within the last two years preceding the application submission date, you will be required to submit proof of practice.

**Licensure by Credentials Checklist:** - Applicants seeking to apply by Credentials must have practiced dentistry or dental hygiene for a minimum of three (3) of the five (5) years immediately preceding application or as a dental educator for the five (5) years preceding application to Texas.

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification. Must have completed a hands-on demonstration of skills.
- Official transcript showing proof of graduation from school accredited by the Commission on Dental Accreditation- accredited (CODA) dental school.
- Proof Successful completion of National Boards Parts I and II. TSBDE staff will validate scores that have been made available to Texas.
- Proof of completion of a general dentistry clinical examination administered by another state or regional examining board. TSBDE will electronically validate score reports that have been made available to Texas from WREB, CDCA, and CRDTS.
- Certificates of completion of 12 hours of continuing education taken within the preceding 12 months. All hours should be taken in accordance with the requirements for continuing education as mandated by Chapter 104.
- Proof of completion of the Jurisprudence Assessment taken within one year immediately prior to application.
- Proof of clinical practice is required. Submit a completed clinical practice affidavit form. This form cannot be completed by the applicant.
- A verification of licensure which includes all disciplinary action, if any, with imprint of state seal issued from a state board of dentistry from each state, US territory, or international jurisdiction in which the applicant has ever held a license to practice dentistry. A copy of the license alone is not acceptable. The verification of licensure must be received in its original sealed envelope. A verification of licensure which includes all disciplinary action, if any, from each state board of dentistry or jurisdiction board in which the applicant has ever held a license to practice dentistry or dental hygiene. A copy of the license alone is not acceptable. The verification of licensure must be received in its sealed unopened envelope.
- American Association of Dental Board (AADB) self-query report. Report results must remain in the original sealed envelope. Contact AADB at (312) 440-7464, or at [www.dentalboards.org](http://www.dentalboards.org)
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.

**Temporary Licensure by Credentials**

Must meet all requirements of licensure by credentials with the exception, that a license granted under this section is valid only for practice as an employee of the non-profit corporation named on this application.

## Military Limited Volunteer License

Texas Administrative Code Rule § 101.13 states in pertinent part; (a) A dentist with a Military Limited Volunteer License may only practice at a clinic that primarily treats indigent patients and may not receive direct or indirect compensation for services rendered at the clinic.

- (b) A person is eligible for a Military Limited Volunteer License if they:
  - (1) Are licensed in good standing or are retired in good standing in another state.
  - (2) Are or were authorized to treat personnel enlisted in a branch of the United States armed forces or veterans.
- (c) A person is ineligible for a Military Limited Volunteer License if they:
  - (1) Hold a dentist or dental hygienist license in another state that is current under active investigation or has been subject to a disciplinary order or action;
  - (2) Hold a license to prescribe, dispense, administer, supply, or sell a controlled substance that is currently under active investigation or has been subject to a disciplinary order or action;
  - (3) Have been convicted of, is on deferred adjudication community supervision, or deferred disposition for, or is under active investigation for the commission of a felony or a misdemeanor involving moral turpitude.
- (d) Except for the limitations described in subsection (a) of this section, a Military Limited Volunteer License holder has the same privileges and responsibilities of any other licensee and is similarly subject to board rules, including rules regarding standard of care, record keeping, disciplinary actions, license registration and renewal, and continuing education, except that there will not be any fees associated with the issuance or renewal of the license.

**Active Duty Military Spouse Authorization – In accordance with §55.0041(a), Texas Occupations Code; This authorization is exempt from licensure and is limited to the duration of the military spouse that is, stationed at a military installation in Texas. As stated in Rule 103.10, this authorization is not to exceed three years.**

Submit the completed dental application, proof of residency in Texas, along with verification of licensure from each state, territory, Canadian province, or country.

Upon receipt of the completed application an email will be sent, notifying the applicant of further information required in order to schedule a fingerprint session.

Once the application has been reviewed, an authorization to practice letter will be issued. This authorization is not renewable nor will it be extended.

## Fingerprint Session is required for all methods of licensure

Once the Texas State Board of Dental Examiners is in receipt of your application, you will be notified via email of the agency's service code. This code is required in order for you to schedule a fingerprint session with IdentoGo.

## 2-Step Application and Payment process

Once TSBDE has approved your examination application, a license number will be issued. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

**Exception:** Active duty military, veterans and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 18 months to 30 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

## Anesthesia/Sedation Permits

If interested in applying for an anesthesia/sedation permit, there is a separate application process. You may only apply after your Dental licensure application has been approved and your license has been activated. The information can be found at <https://tsbde.texas.gov/licensing/dentists/>.