

**PENNSYLVANIA STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

**APPLICATION FOR A LICENSE TO PRACTICE DENTISTRY**

**Instructions and Application Form**

**Introduction:**

Please read the following instructions in their entirety. These instructions will assist in the application process for an initial license to practice dentistry in Pennsylvania. The checklist format will assist you in requesting and submitting the appropriate documentation necessary to meet the licensure requirements.

There are two methods by which to apply for your license to practice dentistry. **Licensure by Examination** is for applicants who have successfully completed the North East Regional Board/ADLEX examination. **Licensure by Criteria Approval** is for applicants who have not completed the North East Regional Board/ADLEX examination who are licensed in another state that reciprocates with Pennsylvania on the basis of criteria approval, the requirements for licensure in that state meet or exceed the standards for licensure in Pennsylvania and you have completed a clinical examination for licensure in that state which is comparable to the North East Regional Board/ADLEX examination.

**Instructions**

The following documents are required for a license to practice dentistry:

- A.  **Application Forms – Pages 1 & 2**

**Page 1 – Method of Application**

**Examination (For applicants who HAVE completed NERB/ADLEX examination)**

Submit a check or money order in the amount of \$20.00 made payable to the “**Commonwealth of PA**”. Do not send cash. Application fees are non-refundable. Check or money order must be drawn on a U.S. bank. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

**OR**

**Criteria Approval (For applicants who HAVE NOT completed the NERB/ADHLEX examination who are licensed in another state that meets the criteria approval requirements)**

Submit a check or money order in the amount of \$35.00 made payable to the “**Commonwealth of PA**”. Do not send cash. Application fees are non-refundable. Check or money order must be drawn on a U.S. bank. **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

## **Page 1 – Applicant Information**

### **Verification of Name:**

If any document required for licensure is in a name other than the name under which you applied, a photocopy of the appropriate name change document must be attached. The only documentation accepted by the Board is a marriage certificate, divorce decree that reflects the retake of a maiden name or court issued legal name change document.

### **Social Security Number:**

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be accepted. A license will not be issued without a valid U.S. Social Security Number.

Federal and state laws require you to disclose your Social Security Number on your application. It is mandatory in order for the Board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). Section 301.1(a) (2) of Act 124 of 1996 amends the Domestic Relations Code. All government agencies are mandated under the Act to require the social security number of an individual on any application for a professional or occupational license. The Act also requires government agencies, including the Bureau of Professional and Occupational Affairs, to provide a licensee's name, address, and social security number to the Department of Public Welfare. The amendments were authorized under the Federal Welfare Reform Act known as the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

Additionally, disclosing the number is mandatory in order for the Board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. All reports to the HIPDB must include the licensee's social security number. A social security number is mandated under Section 1128E of the Social Security Act.

## **Page 1 – Current or Previous Licensure History**

List each state, territory or country where you have ever held a license to practice dentistry whether the license(s) is active or inactive, current or expired.

## **Page 2 – Practice Activity**

List in chronological order your practice activities since graduation from dental school. All time periods should be documented. If you did not practice dentistry during a specific time period, the timeframe should be documented as “no practice in dentistry”. Note: Practice activity should include any advanced education/training programs.

## **Page 2 – Personal History Information**

If you respond “yes” to any of the personal history questions, you must submit the following:

- A written letter of explanation must be submitted to the Board outlining the details of the response.
- Certified copies of the record relating to the action taken. It is your responsibility to request and submit certified copies of court documents to submit directly to the Board office. If you have been disciplined by another state licensing board, certified copies of the disciplinary record must be submitted directly to the Board office in a sealed official state board envelope.

## **Page 2 – Certification Statement**

Please read the certification statement in its entirety, sign and date.

B.  **Certification of Graduation – Page 3**

The dental school must complete the Certification of Graduation form on page 3 of the application and return the completed form directly to the Board office in a sealed official school envelope. Note: The form cannot be completed, signed or postmarked prior to graduation.

Candidates for licensure as a dentist must have graduated from a dental program accredited by the Commission on Accreditation of the American Dental Association. Certification of Graduation from a foreign educational program does not meet the qualifications for licensure in Pennsylvania. A candidate that has received their professional education outside of the United States in a non-accredited school must conform to Section 33.102(b)(2) of the Board's Regulations.

C.  **Clinical Examination**

**Applicants by EXAMINATION** – For applicants who have successfully completed the North East Regional Board / ADLEX Examination, follow the instructions outlined below for **NERB/ADLEX Examination Results**. If you have not successfully completed the NERB/ADLEX examination, please follow the instructions for **Applicants by CRITERIA APPROVAL** listed below.

**NERB/ADLEX Examination Results**

The Pennsylvania State Board of Dentistry has examination scores from 1979 through the present on file in the Board office. Therefore, scores should be available upon receipt of your application.

However, if you took the North East Regional Board examination prior to 1979, you must request the North East Regional Board of Dental Examiners, Inc. to forward a report of your grades directly to the Pennsylvania State Board of Dentistry. To make your request, contact the North East Regional Board Examiners, Inc., 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910. Telephone Number: (301) 563-3300.

**OR**

**Applicants by CRITERIA APPROVAL** – For applicants who are currently licensed in another state who have completed a clinical examination for licensure in that state other than the NERB / ADLEX examination. If you took the NERB / ADLEX examination, please follow the instructions for **Applicants by EXAMINATION** listed above. Note: If you completed a post-graduate training program in lieu of a clinical examination, you do not meet the requirements for licensure in Pennsylvania.

- Request the Dental Board in the state where you are currently licensed to forward a certification directly to the Pennsylvania State Board of Dentistry in a sealed official envelope confirming that the state would consider Pennsylvania applicants for licensure in that state on the basis of criteria approval (reciprocity). The certification letter must be signed by an authorized official of the State Board contain the official seal of the state licensing board.
- Request the Dental Board in the state where you are currently licensed to forward the requirements for licensure in that state.
- Request an official certification of your examination scores for the clinical examination you completed for licensure in that state. The scores must include the specific components of the examination, the score obtained in each section of the examination and the maximum points possible in each section of the examination.
  - If the clinical examination you completed was a regional board examination (WREB, SRTA, CRDTS), the certification of your clinical examination scores must be submitted directly to the Pennsylvania State Board of Dentistry from the regional board in a sealed official envelope.

- If the clinical examination you completed was a state board examination, the certification of your clinical examination scores must be submitted directly to the Pennsylvania State Board of Dentistry from the state board in a sealed official envelope.

D.  **National Board Scores**

The applicant must request the Joint Commission on National Dental Examinations to forward a report of your written grades (Part I and Part II) directly to the Pennsylvania State Board of Dentistry. A photocopy or candidate copy is not acceptable. Scores are only retained in the Board office for one (1) year from the date the scores are received. If you previously requested scores be sent to the Pennsylvania State Board of Dentistry over one (1) year ago, you must request a new report of your written grades to be forwarded directly to the Board office. To make your request, contact the Joint Commission on National Dental Examinations, 211 East Chicago Avenue, Suite 1846, Chicago, IL 60611. Telephone Number: (312) 440-2678.

E.  **Verification of Licensure**

The applicant must request a letter of good standing from each state or territory where they hold or have ever held a license to practice dentistry. The letter(s) of good standing must contain the proper signature, date and seal of the licensing authority and must be sent **directly** to the Pennsylvania State Board of Dentistry in a sealed official envelope of the state licensing board.

**Note:** If you have been disciplined by a state licensing board, the letter of good standing must include certified copies of the disciplinary record.

F.  **Letter of Recommendation**

If you **do not** hold a license to practice dentistry in another state and you are in a residency program or in the military service, you must request the Residency Program Director or Commanding Officer in the military service submit a letter of recommendation. The official letter must be submitted directly to the Board office in a sealed official envelope.

G.  **National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank**

If you hold or have held a license to practice dentistry (active or inactive, current or expired) in another state(s), you must request a self-query. The "Request for Information Disclosure (Self-Query)" form and instructions can be obtained at [www.npdb-hipdb.com](http://www.npdb-hipdb.com).

Upon receipt of the response to your self-query, you must forward the entire report directly to the Board office. \*Please open the report to verify that the response is being returned to you and not a discrepancy notice.

Note: You must submit the original report and it must contain both the report from the NPDB and the report from the HIPDB.

H.  **CPR Certification**

Attach a photocopy of your current CPR certification card (front and back). The card must show current certification in Infant, Child and Adult CPR through an approved provider in accordance with the Board's Regulations. Note: Online CPR certification courses are not accepted. The photocopy should be submitted on an 8 ½ x 11 sheet of paper.

I.  **Board Office**

Mail your fee, pages 1-2 of your application, CPR certification and data bank self-query response and/or copy of your name change document (if applicable) directly to the Board office:

**Mailing Address**

State Board of Dentistry  
P.O. Box 2649  
Harrisburg, PA 17105-2649

**Street Address (Courier Delivery)**

State Board of Dentistry  
One Penn Center  
2601 North Third Street  
Harrisburg, PA 17110

All other documentation must be submitted directly from the certifying state board, educational institution and/or organization.

**IMPORTANT INFORMATION**

- You may not practice dentistry in the Commonwealth of Pennsylvania until a license has been issued by the Pennsylvania State Board of Dentistry.
- It is your responsibility to maintain a copy of this application for future reference.
- The Board's application forms must be submitted in their original format and may not be altered. Altered forms will be rejected and cause further delay in the processing of your application. Photocopies are not accepted.
- The Board office **does not** verify receipt of mail. Processing time varies depending upon the workload. Average processing time upon receipt of all required documentation is approximately 7-10 business days.
- Once your application has been processed, you may check on the status of your application and/or issuance of your license through the Board's website at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us).
- Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, applicants will be required to submit an updated application-processing fee.
- All licenses, regardless of the date of issuance, expire on March 31<sup>st</sup> of the odd-numbered years.
- The Dental Law and Regulations requires that you maintain current infant, child and adult CPR certification.
- The Board's Regulations require dentists to complete 30 credit hours each biennial period. The specific regulations pertaining to continuing education are available at [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent).
- To administer general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia in the Commonwealth of Pennsylvania, you must complete and submit the required application and supporting documentation necessary for the issuance of a permit. The application forms are also available at [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent).
- You are required to notify the Board within 10 days of an address change. A change of address may be submitted in writing by mail or by fax or online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us) by using your Registration Code once your license has been issued.

**PENNSYLVANIA STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649**

Telephone: 717-783-7162  
Facsimile: 717-787-7769

Website: [www.dos.state.pa.us/dent](http://www.dos.state.pa.us/dent)  
Email: [st-dentistry@state.pa.us](mailto:st-dentistry@state.pa.us)

**APPLICATION FOR A LICENSE TO PRACTICE DENTISTRY**

**METHOD OF APPLICATION**

Please check one of the following:     Examination (\$20.00)             Criteria Approval (\$35.00)

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

ADDRESS: \_\_\_\_\_  
STREET

\_\_\_\_\_

CITY
STATE
ZIP CODE

U.S. Social Security Number:                    -                    -                    \*ETIN or SIN cannot be accepted.

Date of Birth:                    -                    -                    Telephone Number: (                    )                    -

Email address: \_\_\_\_\_

Did you take the National Board examination:                     Yes     No

Did you complete the North East Regional Board/ADLEX examination:                     Yes     No

If **Yes**, please specify the date(s) (month & year): \_\_\_\_\_

If **No**, please specify the clinical examination you have completed: \_\_\_\_\_

If any document required for licensure is in a name other than above, please indicate the name(s). A copy of the appropriate name change document must be attached. \_\_\_\_\_

**CURRENT OR PREVIOUS LICENSURE HISTORY**

List all states, territories and countries in which you have ever possessed a license to practice dentistry (active or inactive, current or expired). You must request a letter of good standing from each state licensing board. **\*If you never possessed a license, you must write "None".**

State or Jurisdiction	Active or Inactive	<u>License Obtained by:</u>	
		Examination	Other

**PRACTICE ACTIVITY**

List in chronological order your practice activities since graduation from dental school. All time periods should be documented. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dentistry". If additional space is needed, please attach on a separate 8½ x 11 sheet of paper.

Employment Information	Dates		Description of practice activity
	From (Month/Yr)	To (Month/Yr)	

**PERSONAL HISTORY INFORMATION**

Please check Yes or No to each of the following questions:

	YES	NO
1) Has any action involving your licensed profession, disciplinary or otherwise, been taken against you or your license in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you withdrawn an application for a license, had an application for a license denied or refused or agreed not to apply for a license in another state, territory or country?	<input type="checkbox"/>	<input type="checkbox"/>
3) Have you been convicted, found guilty or pleaded guilty or nolo contendere, or received probation without verdict as to a felony or misdemeanor, including any drug law violation in any State or Federal Court?	<input type="checkbox"/>	<input type="checkbox"/>
4) Have you experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment for dependency or abuse or arrests for chemical-use-related offenses?	<input type="checkbox"/>	<input type="checkbox"/>

**CERTIFICATION STATEMENT**

I hereby certify that I have read the Pennsylvania Dental Law, Act 216 and Regulations, Pennsylvania Code, Title 49. Professional and Vocational Standards and I will abide by the Board's Laws and Regulations while practicing in the Commonwealth of Pennsylvania.

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I certify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit or certificate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

STATE BOARD OF DENTISTRY  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

APPLICATION FOR A LICENSE TO PRACTICE  
DENTISTRY IN PENNSYLVANIA

**CERTIFICATION OF GRADUATION**

*Section A – To be completed by the applicant:*

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE

*Section B – To be completed by the proper official of the school:*

**\*\*Applicants may not complete this section of the certification form\*\***

I certify that \_\_\_\_\_ successfully completed the required  
Name of Applicant  
courses in the study of dentistry and was graduated from the following program:

Name of Dental School: \_\_\_\_\_

City and State: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Please verify degree by checking one of the following:  DMD degree  DDS degree

I further certify that this dental education program is accredited by the Commission on Accreditation of the American Dental Association.

\_\_\_\_\_  
Signature of Proper Official of School

\_\_\_\_\_  
Date

( SEAL OF SCHOOL )

**\*FORM MUST BE RETURNED DIRECTLY TO THE BOARD OFFICE IN A SEALED OFFICIAL SCHOOL ENVELOPE**

(Note: Form may not be completed, signed or submitted prior to graduation)