

Maryland State Board of Dental Examiners
 Spring Grove Hospital Center • Benjamin Rush Building
 55 Wade Avenue
 Catonsville, Maryland 21228
 (410) 402-8510

APPLICATION FOR A TEACHER'S LICENSE - DENTISTRY OR DENTAL HYGIENE

SECTION I – GENERAL INFORMATION

Name (Last, First, Middle Initial):	
Address of Record: (Street Address)	
City, State, Zip:	

APPLICATION FEES – MADE PAYABLE TO THE MARYLAND STATE BOARD OF DENTAL EXAMINERS

Dentist: \$225
 Dental Hygienist: \$225
 Foreign Graduates: \$75 credentials processing fee

A. Social Security Number: - -
 (There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Date of Birth: - -

C. Home Phone Number: - -

D. Work Phone Number: - -

E. E-Mail Address:

F. Type of License Requested: Dental Teacher's License Dental Hygiene Teacher's License

SECTION II – LICENSURE

Yes No I am licensed to practice dentistry or dental hygiene in another state.

List the state(s) or jurisdiction(s) in which you hold or have ever held a dental or dental hygiene license. Include license number(s).

State	License Number

SECTION III - EDUCATION

A. School of Graduation (Name, City, State, Country): _____

B. Date of Graduation: _____ **Degree Earned:** _____

SECTION IV – SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? Yes No
 If so, please indicate specialty? _____

SECTION V – EDUCATIONAL FACILITY

A. I will be a full-time faculty member of: (provide name and address of college or university)

SECTION VI – EXPERIENCE

Yes No I have actively practiced dentistry for at least 5 years.

Yes No I have actively practiced dental hygiene for at least 5 years.

(See Guidelines for requirement to submit a notarized statement or documentation of clinical experience.)

SECTION VII - CHARACTER AND FITNESS:

If you answer "YES" to any question(s) in Section VII – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Has any licensing or disciplinary board of any jurisdiction or any federal or state entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction by any licensing or disciplinary board or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Has your application for a dentist or dental hygiene license been withdrawn for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Are there any criminal charges against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry or dental hygiene? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Do you illegally use drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity? |
| <input type="checkbox"/> | <input type="checkbox"/> | m. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal or state entity for any disciplinary reasons or while under investigation for disciplinary reasons? |
| <input type="checkbox"/> | <input type="checkbox"/> | o. Have you ever failed a state, jurisdictional, or regional dental or dental hygiene examination, or any part of a state, jurisdictional or regional dental or dental hygiene examination for licensure? |

Notice For Mailing List:

The information collected on this application form is collected for the purposes of the Board's functions under the Annotated Code of MD, Health Occupations Article, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, the Annotated Code of MD, State Government Article, §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Applicant Signature

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

Applicant Signature

Date

NOTARY SECTION

State of _____, County of _____, Then personally appeared the above named _____, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: _____ My Commission Expires: _____

SEAL

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for a Teacher's License Dentistry or Dental Hygiene



Check List for Dental Hygienists

Please review prior to sending your application package to the Board.

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose the non-refundable fee in the amount of \$225 in a check or money order made payable to the Maryland State Board of Dental Examiners?
- 3. Did you enclosed a photograph, not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me"?
- 4. Did you include certified proof of your dental hygiene education, such as a copy of a diploma or a letter from the school? *Please note that the original embossed school seal must be affixed to copies of transcripts and diplomas submitted to the Board.*
- 5. Did you enclose certified letters with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- 6. Did you enclose a notarized affidavit, or other evidence satisfactory to the Board, that you have been active in the dental hygiene profession for at least 5 years.
- 7. Did you enclose a letter from the institution at which you will be teaching requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time faculty member at the institution?
- 8. Did you include documentation of legal name change (i.e. marriage certificate) if the documents sent with the application are in another name? (If applicable)

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
GUIDELINES FOR APPLYING FOR A TEACHER'S LICENSE – DENTAL HYGIENE**

The Board may not process a licensure application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted.

A dental hygienist is eligible for a dental hygiene teacher's license if the dental hygienist meets the following criteria:

- a. Be of good moral character;
- b. Be a graduate of a school for dental hygiene that requires at least 2 years of education in an institution of higher education and is accredited by the American Dental Association on Dental Accreditation and is approved by the Board;
- c. Be licensed to practice dental hygiene in any other state;
- d. Have been active as a dental hygienist for at least five (5) years before applying for a teacher's license to practice dental hygiene;
- e. Be a full-time faculty member at a dental school where the applicant teaches a subject required by that school;

To apply for licensure, submit the **Application for a Teacher's License – Dentistry and Dental Hygiene** and enclose the following with your application:

- *A \$225 non-refundable fee.* A money order or check made payable to the Maryland State Board of Dental Examiners.
- *A photograph,* not to exceed 3 x 3 inches, with the following notarized statement: "The picture is a true photograph of me."
- *Certified proof of your dental hygiene education.* Acceptable proof includes a certified **copy** of a diploma, a letter from the school, or official transcripts. Please do not submit your original copy. **The document must contain the raised, embossed school seal certifying its authenticity. However, letters from educational institutions on original letterhead, bearing an original signature do not require a raised, embossed school seal.**
- *A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.*
- *A notarized statement attesting to the applicant's active practice history* of at least 5 years preceding application in Maryland for licensure as a Dental Hygiene Teacher. The statement must include date of practice, hours practiced, and location of practice.
- *A letter from the institution at which you will be teaching requesting that a Teacher's License be issued to the applicant and confirming that the applicant is a full-time faculty member.*
- If applicable, *evidence of legal name change,* such as a marriage certificate or court documents.

PLEASE MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, MD 21228
ATTN: Licensing Unit

Revised 11/06/06