

APPLICATION FOR VOLUNTEERS IN DENTISTRY/DENTAL HYGIENE

GEORGIA BOARD OF DENTISTRY

2 Peachtree Street, N.W.

6th Floor

Atlanta, Georgia 30303

www.gbd.georgia.gov

Please read the instructions carefully and be familiar with the laws and rules governing the practice of dentistry & dental hygiene in the State of Georgia. Visit the following web site for information: www.gbd.georgia.gov

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications are maintained in the Board office for a period of one (1) year. After such time the application is rendered void and the applicant must re-apply and pay all required fees.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

Please note: There is no fee for this type of license.

- 1. NOTARIZED APPLICATION: Completed application form.** If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. The licensure process could take up to a minimum of **30 days** after submission of a completed application. Further, **all volunteer applications must be considered by the Board. Plan your application time accordingly.**
- 2. LICENSE VERIFICATION:** Official letter(s) of licensure verification for every dental license ever held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) standing of license, any disciplinary charges made against you by the licensing board or by any other state agency, and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The verification must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE**, and must be dated within four months of Board receipt of your complete application packet.
- 3. NATIONAL PRACTITIONER DATA BANK:** To obtain a self-query from the NPDB-HIPDB, please visit www.npdb.hrsa.gov or call the Customer Service Center at 1-800-767-6732.

If the National Practitioner Data Bank (NPDB) report provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. The **ONLY** applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and have never been issued a dental license in any state or U.S. territory.

The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) A copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) A copy of the final action, disposition, or settlement,
- 3) A personal explanation of the disciplinary action or the malpractice claim, and
- 4) Any further information requested by the Board in separate communications.

4. **COPY OF COURT DOCUMENT OR AFFIDAVIT** explaining any discrepancies of the applicant's name if documents submitted bear different name(s).[i.e. marriage certificate, divorce decree, legal name change].
5. **CPR:** Submit a photocopy of your current CPR certification in compliance with Board Rule 150-3-.08 (Dentists) or Board Rule 150-5-.04 (Dental Hygienists).
6. **VERIFICATION FROM SPONSORING AGENCY** that compensation is not being made by professional services provided.
7. **PHYSICIAN'S STATEMENT OF MENTAL AND PHYSICAL COMPETENCY** verifying that the applicant is able to practice dentistry with reasonable skill and safety to patient.
8. **JURISPRUDENCE EXAMINATION:** The examination must be downloaded from our website (Online Services/Download Forms). Successful completion of the Jurisprudence Examination with a score of 75 or higher. The Jurisprudence Examination may be taken as an open book exam. The examination and "law and rules" governing the practice of dentistry in Georgia may be obtained on the Georgia Board of Dentistry website at www.gbd.georgia.gov. Score is only valid for one (1) year.
9. **CONTINUING EDUCATION:** If the applicant is not in compliance with the continuing education requirements established by the Board at the time application is made for the volunteer license (forty (40) hours for dentist and twenty-two (22) hours for dental hygienist of continuing education within the last two (2) years including CPR at the basic life support level), the applicant may be issued a nonrenewable temporary license to practice for six months provided the applicant is otherwise qualified for such license.
10. **EXPEDITED APPLICATION REVIEW:** Military spouses, service members, and transitioning service members qualify for expedited application review and should review Board Rule 150-7-.06 for details.

Georgia Board of Dentistry

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(404) 651-8000

www.gbd.georgia.gov

Do Not Write in this Section:

Receipt#: _____

Amount: _____

Applicant#: _____

Initials/Date: _____

APPLICATION FOR VOLUNTEER IN DENTISTRY & DENTAL HYGIENE

Application Fee \$0

I am a military spouse, service member, or transitioning service member, and I am requesting expedited application review. I understand that I may be required to submit a copy of my PCS orders, a copy of my spouse's PCS orders and my marriage certificate, or other documentation as requested by the Board. Yes No

License Type: _____ Volunteer Dentist
_____ Volunteer Dental Hygienist

Name as desired on License _____
First Middle Last

Name as shown on exam records or transcripts
(if different) _____
First Middle Last

Social Security Number

Date of Birth

___ I am a U.S. citizen

___ I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. ****Submit attached checklist form with documentation.**

Physical Address _____
Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
(if different) Number and Street Apt. No City/State Zip

Telephone Number Day

Telephone Number Evening

Email Address _____

**Georgia Volunteers in Dentistry
License Application**

Part I

1. Dental Education _____ / _____
School Month Year Graduation

Address City State Zip

2. Dental Post-Graduate Education

Type of Training

***This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §19-11-1 and O.C.G.A. §20-3-295, 42 U.S.C.A. §551 and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.**

3. Employing Agency, Institution, Corporation, or Association

****A notarized statement from the Director of the Department must be submitted to the Board****

Part II

4. Have you ever held a license to practice dentistry/dental hygiene in any state(s)? List all states which you have been issued a license to practice dentistry/dental hygiene: (active, inactive, revoked, suspended, expired, lapsed, etc.) You should have each state listed send an official letter of licensure verification/certification. **See instruction sheet for details.** Yes No

If so, has it been within the past five (5) years? Yes No

| <u>STATE</u> | <u>DATE OF LICENSURE</u> | <u>LICENSE STATUS</u> |
|--------------|--------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

If licensed in the State of Georgia please list your dental license number:

5. **FOR DENTISTS**, I have obtained 40 hours of continuing education. Yes No

If no, a non-renewable temporary license to practice for six months may be issued, provided you are otherwise qualified for such license. During such time you must comply with the CE requirements set forth in Rule 150-3-.09 and submit documentation of compliance.

6. **FOR DENTAL HYGIENISTS**, I have obtained 22 hours of continuing education.
 Yes No

If no, a non-renewable temporary license to practice for six months may be issued, provided you are otherwise qualified for such license. During such time you must comply with the CE requirements set forth in Rule 150-5-.05 and submit documentation of compliance.

7. I have current certification in CPR through a Board approved provider.
 Yes No **(Please enclose copy)**

8. Board Disciplinary Actions/Legal Convictions: **(Answer BOTH Questions):**

- A. Has any license issued to you ever been encumbered by any board or agency in Georgia or any other state? (Denied renewal or reinstatement, revoked, suspended, surrendered, restricted, placed on probation, etc.) Yes No

If yes, please request the agency or state board to send a certified copy of the Hearing Notice (if applicable) and Final Order to this office. Additionally, you must provide the Georgia Board of Dentistry with the name of the agency or board in the space provided.

(Name of Agency or Board)

- B. Have you been arrested, indicted, convicted, sentenced, pled guilty to, plead nolo contendere, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI **are not** considered by the Georgia Board of Dentistry to be a minor traffic violation.) Yes No

Please explain a "yes" response and request the court to send a certified copy of the record to this office, including the final disposition of the case(s).

(Name of Court or County where violation occurred)

9. The Georgia Board of Dentistry requires all candidates for licensure to query the National Practitioners Data Bank before licensure will be granted. You may receive the form by downloading at: www.npdb.hrsa.gov or by calling 1-800-767-6732 from 8:30 a.m. to 6:00 p.m.

National Practitioners Data Bank
P.O. Box 10832
Chantilly, VA 22021

10. Have you within the past five (5) years personally used narcotics or alcohol excessively or have you ever received treatment for addiction to alcohol or other drugs?
 Yes No **If yes, attach an explanation.**

11. Have you ever voluntarily surrendered a dental license, or DEA registration

Yes **No** **If yes, attach an explanation.**

12. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry?

Yes **No** **If yes, attach an explanation.**

13. Do you presently have any contagious or infectious disease? **Yes** **No**
If yes, attach an explanation.

14. Photograph:

Provide one 2 X 2 head or shoulder passport-type photograph taken within the last six (6) months. Sign the front of the photograph.

ATTACH PHOTO HERE

AFFIDAVIT OF APPLICATION

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Dentistry, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or other document as indicated on page ____ of the application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Dentistry and/or criminal prosecution.

Signature of applicant

The facts set forth in this application are true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure and/or authorization. The Georgia Board of Dentistry is hereby authorized to request any information necessary to process my application.

Applicant Signature

Date

County _____ State _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

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CONSENT FORM

I hereby authorize the Georgia Board of Dentistry (“Board”) to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State, Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/___ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]