

APPLICATION FOR DENTAL LICENSURE BY CREDENTIALS

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 in the State of Georgia. Visit the board's 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.

The \$3025 non-refundable application fee payable by check or money order to the Georgia Board of Dentistry must be included with your application. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

- 1. NOTARIZED APPLICATION: Completed application form** accompanied by the appropriate fee. Your application will not be processed unless the fee and all supporting documents are received. 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 credentials applications must be considered by the Board. Plan your application time accordingly.
- 2. APPLICABLE LAWS AND RULES:** O.C.G.A § 43-11-41 and Board Rule 150-7-.04 give the specific requirements for licensure by credentials. These laws and rules may be found on the board's website at www.gbd.georgia.gov.
- 3. LICENSE VERIFICATION:** Official license 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 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 STATE, and must be dated within four months of Board receipt of your application.

4. **DEGREE TRANSCRIPT: An official transcript** which documents graduation with a D.D.S. or D.M.D. degree from a dental school which is accredited by the American Dental Association Commission on Dental Education. The transcript must be IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE. Graduates from non-accredited schools please see Board Rule 150-3-.04 and O.C.G.A. § 43-11-40(a)(1)(A) and (B).
5. **NATIONAL BOARD SCORES: National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE. NATIONAL BOARD SCORES MUST COME DIRECTLY FROM THE NATIONAL BOARD TO OUR OFFICE.
6. **CLINICAL LICENSING EXAMINATION: *Certification* that the applicant has successfully completed** with a passing score in each section, a clinical licensing examination in general dentistry conducted by a regional or state testing agency that meets the following criteria:
 - a. Anonymity between candidate and examiners.
 - b. Psychometrically valid procedures for standardization and calibration of the examiners.
 - c. A post examination analysis of the scoring for single examination aberrations.

Such verification shall state that the examination included clinical testing on live patients in the following areas:

- a. Periodontal clinical abilities testing.
- b. Completion of at least two of the following four areas:
 - a. Class II Amalgam preparation and finish
 - b. Cast Gold preparation and finish, Class II inlay, onlay, partial or full coverage crown
 - c. Class II Composite preparation and finish
 - d. Class III Composite preparation and finish

Such verification shall also include clinical testing on mannequin or model in the following areas:

- a. Endodontic clinical abilities testing access opening and root canal fill
- b. Prosthodontic clinical abilities testing of partial denture, full denture and implant case planning.

Additional clinical abilities testing modules successfully completed will be considered as substitutes where appropriate for the above requirements if those modules test a similar skill set.

If the examination completed did not require testing in the above listed modules, the application will be considered on an individual basis.

IMPORTANT: Clinical scores MUST be broken down by section, with a score for each of these sections. All candidates must have taken and passed a clinical examination with a score of 75 or greater on all sections of the examination. The clinical examination MUST be Board approved.

7. **JURISPRUDENCE EXAMINATION:** 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.
8. **NATIONAL PRACTITIONER DATA BANK:** To obtain a self query from the NPDB, 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.

9. **COPY OF COURT DOCUMENTS OR AFFIDAVITS** explaining any discrepancies of the applicant’s name if documents submitted bear different name(s).[i.e. marriage certificate, divorce decree, legal name change]
10. **CPR:** A photocopy of current CPR certification in compliance with Board Rule 150-3-.08.
11. **DEA REGISTRATION:** Verification of applicant’s status with the federal Drug Enforcement Administration (DEA), from the DEA, even if applicant is not currently registered with the DEA.

12. **EMPLOYMENT AFFIDAVIT: An affidavit from the applicant stating employment for the five years** immediately preceding application:
(A) The dates and locations where the applicant has practiced dentistry; and (B) The applicant has been in full time clinical practice of a minimum of 1000 hours per year in the hands on treatment of patients. Training programs do not qualify as full time clinical practice. **Please note that the practice requirement cannot be waived as it is required by law.**
13. **MALPRACTICE QUESTIONNAIRE:** Complete one for each suit and attach the necessary documentation. (If not applicable, write N/A on the form sign, date, and return with application).

Upon receipt of the license, the applicant by credentials must establish active practice in this state within two years of receiving such license or the license shall be automatically revoked.

Relocation: If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax 678-717-6694 or mail. This will enable you to receive Board correspondence.

Listing of States accepted for Licensure by Credentials

Alabama
Alaska
Arkansas
Arizona
California
Colorado
Connecticut
Delaware
District of Columbia
Hawaii
Idaho
Illinois
Indiana
Iowa
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri
Montana
Nebraska
Nevada
New Hampshire
New Jersey
New Mexico
**New York
North Carolina
North Dakota
Ohio
Oklahoma

Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Texas
Utah
Vermont
Virgin Islands
Virginia
Washington
West Virginia
Wisconsin
Wyoming

**Yes, provided completion of a clinical licensing examination and not PGY 1.

States not accepted for Licensure by Credentials – Dental and Dental Hygiene***

Florida

*****Please refer to Georgia Rule 150-7-.04 and O.C.G.A. § 43-11-41 for dentists, and Georgia Rule 150-7-.05 and O.C.G.A. § 43-11-71.1 for dental hygienists**

Please note all application fees are non-refundable and non-transferable. This list is subject to change and will be updated on an as needed basis.



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Do Not Write In This Section: Receipt#: Amount: Applicant #: Initials/Date:

GEORGIA BOARD OF DENTISTRY

Address: 2 Peachtree Street, N.W., 6th Floor, Atlanta, GA 30303
Telephone #: (404) 651-8000
Fax #: (678) 717-6694
Website: www.gbd.georgia.gov

Application For: Dental Licensure by Credentials
Obtained By Method - Credentials - \$3,025 Non-refundable/Non-transferable application fee.
Checks returned for non-sufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20

DISABILITY- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.
VETERANS PREFERENCE POINTS- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. Submit copy of DD-214 with your application.

Part I: Personal Information

1. Name: Last First Middle Maiden

Name as shown on examination records or transcripts (if different)

2. Social Security Number*: - - 3. Date of Birth:

4. Physical Address: (Street) (Apt. #) (City/State/Zip) (P.O. Box Not Acceptable)

5. Mailing Address: (Street) (Apt. #) (City/State/Zip)

If you are granted a license, your name, mailing address and license number are public information.

6. E-Mail Address:

7. Telephone #: Home () Work () Other ()

8. Military Service: Dates of Service: Honorable/Dishonorable Discharge:

*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. **Submit copy of Registration Card.

Part II: Professional Education

9. Highest Degree Earned: ___Doctorate ___Master ___Bachelor ___Associate
___Diploma/Certificate

10. Have you at any time graduated from or attended a dental school not approved by CODA (Commission on Dental Accreditation)? Yes No If yes, please submit an official transcript from this school.

a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

11. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): _____

a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

12. Name/Address of Graduate School/University: _____

a. Dates Attended: _____ c. Graduation Date: _____
b. Major: _____ d. Degree(s) Earned: _____

13. Name/Address of Post-Graduate School/Hospital (if applicable): _____

a. Type of Training: _____ b. Dates Attended: _____

14. National Board Information:

I understand that it is my responsibility to see that a copy of my scores be mailed from the Joint Commission on National Dental Examinations directly to the Board. For your convenience, the number is: 1-800-621-8099.

Signature of Applicant

15. National Practitioners Data Bank/Healthcare Integrity and Protection Data Bank

The Georgia Board of Dentistry requires all candidates for licensure to query the NPDB before licensure will be granted: You may contact the NPDB by calling: 1-800-767-6732 or by submitting your query online at: www.NPDB.hrsa.gov. (When you receive the RESPONSE from the NPDB, please forward the information to the Board office along with your completed application).

If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.

Part III:

If yes to any of the following questions you must attach a full written explanation pertaining to that particular question.

16. Was your pre-dental education or dental education interrupted, other than the usual vacation periods?

Yes No

17. Do you presently have any contagious or infectious disease? Yes No

18. Have you ever been charged with driving under the influence of alcohol or drugs? Yes No

19. Have you ever had a formal complaint filed against you with any dental society, association, hospital, or dental board? Yes No

20. Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action? Yes No

21. Have you ever been denied a DEA registration number or been issued a restricted DEA registration?

Yes No

22. Have you ever voluntarily surrendered a dental license, a controlled substances registration, or DEA registration? Yes No
23. Have you ever had any malpractice suits filed against you? Yes No
24. Have you ever been denied participation in, or suspended from the Medicaid or Medicare benefit program? Yes No
25. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other state? Yes No
26. Have you ever been denied the privilege of taking an examination before any Dental Board or licensing authority? Yes No
27. Have you ever failed an examination required of any Dental Board or other licensing authority? Yes No
28. Have you failed a portion of any clinical examination, CRDTS, NERB, ADEX, SRTA, WREB, CITA or any other regional or state clinical examination? Yes No If yes, give dates (list regional and/or state if applicable)

If you have failed this exam three (3) or more times, please request an exam history from CRDTS, NERB, ADEX, SRTA, WREB, CITA, or any other regional or state board.

29. Have you ever been refused any privilege of prescribing controlled substances, or had any prescribing privileges of controlled suspended or revoked? Yes No
30. Have you ever been refused, or suspended from membership in a dental society, or association, or hospital staff? Yes No
31. Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances? Yes No
32. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled, nolo contendere to, a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations), (DWI & DUI are **not** minor traffic violations), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter? Yes No
- (Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question). If yes, for **each** occurrence furnish a written statement giving the complete facts in your own words, including in such statement the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. **You must attach the court disposition.**
33. 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

34. Out of State Licensure Certification(s):

List all states which you have been issued a license to practice dentistry: (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.**

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

35. References: Listed below are two references that I have supplied with the proper form included in my application packet.

I understand that it is my responsibility to see that these forms are returned. I certify these references are not related to me, nor are they connected with any dental college I attended.

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Occupation _____

Occupation _____

Part IV:

AFFIDAVIT OF APPLICATION

I acknowledge and state that I have read the application and instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules.

I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I hereby authorize the Georgia Board of Dentistry to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Georgia Board of Dentistry, its agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

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 document as indicated on pages 14 & 15 of this 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 PAGE FOR AFFIDAVIT OF APPLICATION

This is to certify that the foregoing information is true and correct to the best of my knowledge.

Signature of Applicant

Date _____

Please attach recent photograph

(Print Name Above)

County _____ State _____

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

_____ Notary Public

Notary: Do not notarize this section unless photograph is attached.

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

(SEAL) My Commission Expires _____

Part V: MALPRACTICE QUESTIONNAIRE

Name of Dentist Business Telephone

Address City, State, Zip

MALPRACTICE CHARGES/ALLEGATIONS: Include name of patient, age, sex, date of occurrence and location (include address).

List names of other dentists and/or physicians: _____

DISPOSITION: Pending Settled If settled, provide the following information:

Settlement Date _____ Total Settlement Amount _____

Amount Attributable to you: _____ In Court Out of Court

The Board requires that you furnish documentation of the above information directly from the insurance company or attorney. Such documentation should include plaintiff's complaint, settlement agreement, and/or court order.

Signature Date

**COMPLETE ONE QUESTIONNAIRE ON EACH MALPRACTICE SUIT
YOU MAY DUPLICATE THIS FORM.**

If not, applicable, please write (N/A), sign and return with completed application.

Part VI: STATE LICENSURE CERTIFICATION

TO THE APPLICANT: Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dentistry/dental hygiene. This form may be reproduced as necessary.

TO: _____ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order for my application for licensure to be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for review by the Georgia Board in its consideration of me for licensure.

My license Number _____ was issued by your Board on _____ on the basis of () State Board Exam, () Reciprocity/Endorsement, () National Board, () Credentials, () Other _____.

Applicant's Full Name (print or type)	Address
Signature	City State Zip

This section to be completed by an official of the above referenced licensing board.

Please return this form directly to the applicant in a sealed envelope.

Dental/Dental Hygiene license number _____ to practice dentistry/dental hygiene in the State of _____ was issued on _____ day _____, _____.

Is license current and in good standing? () Yes () No*

Has any disciplinary action ever been taken against this license? () Yes* () No

***Please provide complete details, including copies of any documents.**

Signature	Date
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Title	(BOARD SEAL)
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Licensing Board

Part VII

GEORGIA BOARD OF DENTISTRY

AFFIDAVIT

DENTAL LICENSURE BY CREDENTIALS

This form must be completed, signed, notarized and returned with the application packet.

For the five years immediately preceding my application for licensure by credentials, I have practiced at the following locations:

Location (COMPLETE ADDRESS)	Dates of Employment

I have been in full time clinical practice of a minimum of 1,000 hours per year in the hands-on treatment of patients. I understand that training programs do not qualify as full time clinical practice.

Signature

Date

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

(Official Seal)

Notary Public

My commission expires _____, 20_____.

(You may duplicate this form)

TO THE REFERENCE: The person listed below is applying for licensure as a dentist in the State of Georgia. The applicant is required to furnish satisfactory evidence that he/she is qualified to practice professional dentistry. You have been given this form as one who knows the applicant well and can attest to his/her character, ability, reputation, and professional attainments. The statements you provide must be from personal knowledge only, and should be made with full realization of the responsibility toward the public involved. You should answer fully, carefully, and with the utmost frankness. Be assured that the information you furnish will be treated as **strictly confidential**. Please return your recommendation directly to the applicant. **RETURN TO APPLICANT IN A SEALED ENVELOPE.**

NAME OF APPLICANT _____

FROM _____
Reference Full Name (Daytime telephone # including area code)

_____ Address

_____ City State Zip Code

1. Are you a licensed dentist? ___ Yes ___ No If yes, what state(s)? _____

If no, what is your present profession? _____

2. How long have you known the applicant? ___ Year(s) Are you related? _____

3. In what capacity have you known him/her? _____

4. Do you know anything reflecting adversely on the applicant's integrity or general good character?
___ Yes ___ No If yes, give details on a separate page.

5. Do you feel that this applicant is qualified to have responsibility of a dental office? ___ Yes
___ No If no, give details on a separate page.

6. Would you feel comfortable going to this person for your dental needs? ___ Yes ___ No
If no, give details on a separate page.

7. What is the applicant's character, reputation, and standing in the community?

The undersigned certifies that the above statements, to the best of his/her knowledge and belief, are correct.

Signature Title Date

GEORGIA BOARD OF DENTISTRY
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303

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)]

GEORGIA BOARD OF DENTISTRY

2 Peachtree Street, N.W.

6th Floor

Atlanta, Georgia 30303

**CANDIDATES MUST SUBMIT A COMPLETED JURISPRUDENCE EXAM
ALONG WITH A COMPLETE APPLICATION WITH NECESSARY
SUPPORTING DOCUMENTS IN ORDER TO HAVE A COMPLETED
APPLICATION.**

Name _____

Social Security Number _____

Address _____

Date _____

DENTAL EXAMINATION

Dental Laws and Rules Examination

Place your answer on the line to the left of each question.

Choose the best answer for each question:

_____ 1. A patient has been terminated from a practice. In order for the dentist not to be accused of patient abandonment, a location for emergency care must be provided for at least how many days?

- A. 14
- B. 30
- C. 45
- D. 60

_____ 2. In order to obtain a conscious sedation permit the dentist must be trained in _____.

- A. safety
- B. management of medical emergencies.
- C. safety and management of medical emergencies.
- D. none of the above.

_____ 3. A dental assistant may perform which of the following delegated duties with expanded duties training?

- A. placement of rubber dam.
- B. placement of topical anesthetic
- C. placement of retraction cord
- D. placement of a temporary crown

_____ 4. In order to refuse to grant a license, revoke a license or discipline a licensee the Board must vote _____.

- A. by a majority.
- B. by $\frac{3}{4}$ of the Board.
- C. unanimously.
- D. none of the above.

_____5. Advertising using full names of practitioners at a specific location must comply with which of the following _____.

- A. no names are required
- B. name of at least one practitioner at that location.
- C. name of practice owner.
- D. none of the above

_____6. An expanded duties assistant under direct supervision of the dentist may perform the placement of sealants and retraction cord.

- A. True
- B. False

_____7. In order for a dentist to renew his license to practice dentistry he must

- A. have a current DEA registration
- B. be a member of the Georgia Dental Association
- C. be a member of the American Dental Association
- D. be currently certified in cardiopulmonary resuscitation.

_____8. In order to fulfill the requirements for an enteral/enteral inhalation conscious sedation permit the applicant must have at least how many hours of patient experiences which shows competency in enteral/enteral inhalation conscious sedation?

- A. 5
- B. 10
- C. 15
- D. 20

_____9. A dental hygienist working under the direct supervision of a dentist may perform all of the following EXCEPT _____.

- A. periodontal probing .
- B. administer local anesthesia
- C. take oral x-rays
- D. root planning with hand instruments

- _____ 10. The dental assistant without expanded duties training can perform all of the following duties EXCEPT _____.
- A. monitor nitrous-oxide and adjust with supervision
 - B. polish enamel and restorations of the anatomical crown
 - C. remove dry socket medication
 - D. place and remove rubber dams.
- _____ 11. A dental hygienist can perform which of the following?
- A. removal of calculus deposits
 - B. polishing of teeth
 - C. removal of stains from the teeth
 - D. all of the above
- _____ 12. A dental license may be refused or revoked for each of the following, EXCEPT _____.
- A. unprofessional conduct which affects fitness to practice dentistry.
 - B. taking a 20 day vacation.
 - C. Pleading "no contest" to a felony.
 - D. Making fraudulent representations to the Board.
- _____ 13. Following the end of the renewal biennium, a dentist must maintain documentation of continuing education course attendance for _____.
- A. 1 year
 - B. 3 years
 - C. 5 years
 - D. 10 years
- _____ 14. A dental hygienist must have what kind of supervision from the dentist while practicing dental hygiene?
- A. indirect
 - B. direct
 - C. general
 - D. none
- _____ 15. All complaints must be made in writing to which of the following?
- A. American Dental Association
 - B. Governor's office
 - C. Georgia Board of Dentistry
 - D. Georgia Dental Association

- _____ 16. Of the required 40 continuing education hours, a minimum of how many hours must involve the actual delivery of dental services to patients?
- A. 10
 - B. 20
 - C. 30
 - D. 40
- _____ 17. A report of all incidences of morbidity and mortality must be submitted to the Board within _____.
- A. 30 days
 - B. 60 days
 - C. 180 days
 - D. 1 year
- _____ 18. A dentist shall not allow a dental technician to visit his/her office to see a patient EXCEPT to assist in the selection of a tooth shade.
- A. True
 - B. False.
- _____ 19. A dental assistant may perform all of the same duties of a dental hygienist under which conditions?
- A. when the hygienist is on sick leave.
 - B. when there are too many patients to be seen.
 - C. no circumstances
 - D. when the hygienist instructs the dental assistant to do so.
- _____ 20. A patient requests conscious sedation. He currently takes Prozac as prescribed by his physician. A dentist without a conscious sedation permit may administer _____.
- A. nothing without consulting the prescribing physician.
 - B. additional dose of Prozac only
 - C. local anesthetic only
 - D. N₂O and local anesthetic
- _____ 21. A dental assistant must work under what type of supervision in a dentist office?
- A. telephone supervision by the dentist
 - B. hour-to-hour supervision by the dentist
 - C. direct supervision and control by the dentist
 - D. indirect supervision and control by the dentist.

- _____ 22. Face bow transfers, place periodontal dressings, make night guard impressions and place cavity liner and base over exposed pulps are all duties that can be performed by _____.
- A. the dental assistant
 - B. the expanded duties assistant
 - C. the lab technician
 - D. the sterilization technician
- _____ 23. Pit and fissure light cured sealants may be applied by _____.
- A. the dental assistant.
 - B. the hygienist and expanded duty assistant.
 - C. the x-ray technician.
 - D. both a and b
- _____ 24. How many practicing dental hygienists can a dentist safely and reasonably supervise?
- A. 1
 - B. 2
 - C. 4
 - D. unspecified
- _____ 25. The voluntary surrender of a license has the same effect as revocation and is subject to reinstatement by the Board.
- A. true
 - B. false
- _____ 26. An expanded duties dental assistant must obtain which of the following?
- A. a certificate of completion from the General Dentistry Association.
 - B. Course I, II, & III certificate of completion
 - C. a certificate of completion from a school recognized and approved by the board.
 - D. membership in any Georgia professional organization
- _____ 27. What happens if the applicant fails to appear before the Board for a hearing?
- A. he/she is excused.
 - B. the Board will carry on with a decision.
 - C. the Board will not meet
 - D. his /her license is automatically revoked.

_____28. The expanded duties dental assistant may perform changing of the in-office bleaching agent with direct supervision only after _____.

- A. the light blinks twice
- B. 20 minutes have elapsed.
- C. desensitizing medications have been applied
- D. the dentist has applied the initial application.

_____29. How many years after the date of the last treatment must a dentist maintain a patient's treatment record?

- A. 2 years
- B. 3 years
- C. 10 years
- D. 7 years

_____30. What device does conscious sedation require by law?

- A. pulse oximeter
- B. approved N₂O/O₂ delivery unit
- C. positive pressure O₂ delivery system
- D. both A and C

_____31. Who is authorized to use air abrasive equipment in a dentist office for removal of stains?

- A. the dental hygienist.
- B. the expanded duties assistant.
- C. the licensed dentist.
- D. both A and C

**LAWS AND RULES EXAMINATION FROM
THE GEORGIA BOARD OF DENTISTRY**

SCORE: _____

- PASSED**
- FAILED**

Name _____
Address _____

GEORGIA DEPARTMENT OF COMMUNITY HEALTH
2 Peachtree Street, N.W.
6th Floor
Atlanta, Georgia 30303

Georgia Board of Dentistry
Jurisprudence Examination Dental/Dental Hygiene

Rule 150-3-.01(6); Rule 150-5-.02(9): In determining whether an applicant has met the requirements for licensure, an applicant must receive a passing score of 75 or greater on the Georgia jurisprudence examination. Such score will be deemed valid for a period not to exceed one year from the date in which the examination was administered.

AFFIDAVIT of Applicant:

I, _____, do hereby certify under oath the following:

I understand that this is an open book examination and the only authorized sources of assistance for completing this examination are the Georgia Law and Rules.

I have read the Georgia Law and Rules regulating the practice of dentistry in its entirety and have completed this examination without the aid or assistance of any individual or other unauthorized source.

I further understand that in accordance with O.C.G.A. § 43-11-47(a)(2) and O.C.G.A. § 43-11-72, the Board shall have the authority to refuse to grant a license or to revoke a license or to discipline a licensee upon a finding by a majority of the Board that a licensee or applicant has knowingly made misleading, deceptive, untrue, or fraudulent representations in the practice of dentistry or **on any document connected therewith.**

Witness my signature, the _____ day of _____, 20____.

Signature of Affiant

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

Notary Public

My Commission Expires:

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure & verifiable document to the Board office as indicated on the application. For renewal applications, you may upload with your online submission, email to dentistry@dch.georgia.gov, fax to 770-344-5755, or mail to the Board office: 2 Peachtree Street, 6th Floor, Atlanta, GA 30303.

Print Name: _____ **License Number:** _____

APPLICANT AFFIDAVIT:

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 Board for which I am applying for licensure and I agree to abide by these laws and rules, as amended from time to time.

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

- 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 document as indicated on the Board’s website.**

- 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 Board for which I am applying for licensure and/or criminal prosecution.

Signature of Applicant _____
Date

Personally appeared before me, the undersigned official authorized to administer oaths, comes

_____ who deposes and swears that he/she is the person who executed this affidavit
(Applicant’s Printed Name)

for a professional license application in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

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

NOTARY PUBLIC

My Commission Expires: _____ (Notary Seal)