APPLICATION FOR PUBLIC HEALTH DENTIST

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
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 dentist 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.

The $175 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. **The licensure process could take up to a minimum of 30 days after submission of a completed application. Further, all public health applications must be considered by the Board. Plan your application time accordingly.**

2. **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.

3. **CPR**: Submit a photocopy of your current CPR certification in compliance with Board Rule 150-3-.08.

4. **CURRICULUM VITAE:** List chronologically all employment, hospital privileges, specialty training and all other experience in the practice of dentistry. Include names, beginning and ending dates, and locations, where applicable. Explain any intervals where you were not in training or practicing dentistry.

5. **DOCUMENTATION OF EMPLOYMENT:** Letter from the Director of the Department in which you will be employed.

6. **LICENSE VERIFICATION:** Official license verification for every dental license ever held, other than Georgia. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, or 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(s) 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 the Board's receipt of your complete application packet.

7. **JURISPRUDENCE EXAMINATION:** Successful completion of the Jurisprudence Examination with a score or 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-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) 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 who 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 any further information requested by the Board in separate communications.

9. **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 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 #: (470) 386-6124
Website: www.gbd.georgia.gov

APPLICATION FOR PUBLIC HEALTH DENTIST
Application Fee $175 (non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.

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

Part I: Personal Information

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** **Email Address**

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

***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.**

Part II: Professional Education

11. Highest Degree Earned: _____Doctorate ____Master's ____Bachelor's ____Associate
_____Diploma/Certificate

12. 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**:** _____

13. Name/Address of Graduate School/University _____

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

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

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

Part III:

15. Have you ever been arrested, convicted, sentenced, pled guilty to, pled nolo contender to, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI's are **not** minor traffic violations.) **( ) Yes ( ) No If yes, attach an explanation and submit official document(s) directly to Georgia Board office.**

16. Have you ever had been denied a DEA registration number or been issued a restricted DEA registration? **( ) Yes ( ) No If yes, attach an explanation.**

17. Have you ever had revoked, suspended, or otherwise sanctioned any certificate/license by any Board or agency in Georgia or in any other State? **( ) Yes ( ) No If yes, attach an explanation.**

18. Have you ever had a formal complaint filed against you with any dental society, association, hospital, or dental board? **( ) Yes ( ) No If yes, attach an explanation**

19. Have you ever had any malpractice suits filed against you? **( ) Yes ( ) No If yes, attach an explanation.**

20. Have you voluntarily surrendered a dental license, a controlled substance registration, or a DEA registration? **( ) Yes ( ) No If yes, attach an explanation**

21. To your knowledge, are you the subject of an investigation by any licensing board or hospital as of the date of this application? **( ) Yes ( ) No If yes, attach an explanation.**

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

23. Are you licensed to practice dentistry in any State(s)? **( ) Yes ( ) No If yes, complete the following and have the official certification(s) from each Board where you hold or ever held a certificate/license sent to the Georgia Board:**

STATE	**DATE OF LICENSURE**
_____	_____
_____	_____
_____	_____

24. Have you privately practiced dentistry? **( ) Yes ( ) No If so, where and for how long?**

_____

25. Give previous employment and dates, including reason(s) for leaving: _____

_____

26. If granted a public health permit, in what institution do you plan to practice?

Name of Institution_____

Part IV:

AFFIDAVIT OF APPLICANT

I hereby certify that I am the person who executed the above application for a public license in the State of Georgia, that all the statements herein contained are true in every respect; and that I hereby swear, if I am granted a public health license in the State of Georgia, I will comply with all its dental laws, faithfully serve humanity, and refrain from anything which does not conform to the accepted code of ethics of the American Dental Association. I further understand that I will not be allowed to engage in the private practice of dentistry. **I will return this license, if granted, to the Georgia Board of Dentistry immediately upon termination of my employment with**

_____

(Name of Institution)

I acknowledge and state that I have read the Application 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 Dental Practice Act and the Board rules.

I further state that by submitting this application for a license to practice dentistry 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. 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 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 or exonerate the Georgia Board of Dentistry, it's agents or representatives, and any other person so furnishing information, from any 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 of 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 other document as indicated on pages 8 & 9 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

(PHOTOGRAPH)
Please attach recent photograph

Date _____

_____
(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 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**

<u>Notary:</u> Do not notarize this section unless photograph is attached.

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

(SEAL) My Commission Expires_____

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, theCommonwealth 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)]

Part V: **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

_____

Title (B0ARD SEAL)

_____

Licensing Board

GEORGIA BOARD OF DENTISTRY

A Division of the Georgia Department of Community Health
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

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.

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
(Applicant's Printed Name)

executed this affidavit 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)*

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 ¾ 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 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. 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

_____15. 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

_____ 16. 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

_____17. 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

_____18. 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

_____ 19. 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. N_2O and local anesthetic

_____ 20. 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

_____ 21. Face bow transfers, place periodontal dressings, make night guard impressions and place cavity liner and base over unexposed 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

_____ 22. 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

_____ 23. What is the maximum number of practicing dental hygienists can a dentist supervise under general supervision?

A. 1
B. 2
C. 4
D. unspecified

_____ 24. The voluntary surrender of a license has the same effect as revocation and is subject to reinstatement by the Board.

A. True
B. False

_____ 25. 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

_____ 26. 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

_____ 27. 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

_____ 28. 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

_____ 29. What device does conscious sedation require by law?

A. pulse oximeter
B. approved N_2O/O_2 delivery unit
C. positive pressure O_2 delivery system
D. both A and C

_____ 30. 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

_____ 31. A dental hygienist practicing under general supervision can perform which of the following functions?

A. oral prophylaxis
B. scaling and root planing
C. debridement
D. all of the above

****

END OF EXAM

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GEORGIA BOARD OF DENTISTRY

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:

_____