ARIZONA STATE BOARD OF DENTAL EXAMINERS
4205 North 7th Avenue, Suite 300 • Phoenix, Arizona 85013
Telephone (602) 242-1492 • Fax (602) 242-1445
www.dentalboard.az.gov

VOLUNTEER HEALTH SERVICES REGISTRATION

Qualifications:

- Holds an active and unrestricted license in a state, territory or possession of the United States.
- Has never had a license revoked or suspended.
- Is not the subject of an unresolved complaint.
- Agrees to render services at a free medical clinic that does not provide abortions and restricts the health professional's authorized services and duties to the provision of care or service at a free medical clinic.
- Provides only the care or services that the health professional is licensed or authorized to provide by the health professional's regulatory agency or the Arizona State Board of Dental Examiners, whichever is more stringent.

Application:

- A sworn statement of the applicant's qualifications.
- Completed Arizona Statement of Citizenship or Alien Status for State Public Benefits and Submit copy of one or more document(s) from the "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" lists.

Issuance:

- There is no examination.
- There is no fee.
- A Volunteer Registration is issued for two years.
- A Volunteer Registration may not be renewed. To continue volunteer work, you must apply for registration again.

Practice:

- After obtaining a Volunteer Registration, the dentist or dental hygienist may practice in Arizona for a total of up to fourteen days each calendar year.
- The fourteen days of practice may be performed consecutively or cumulative during each calendar year.

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APPLICATION FOR VOLUNTEER HEALTH SERVICES REGISTRATION

INSTRUCTIONS: Print in blue or black ink. **You must provide a response to each question.**

1. This application is for a Dentist Volunteer Registration _____ OR Dental Hygienist Volunteer Registration _____
2. State your legal name (Last, first, middle).

   _____

3. List other names or aliases, including maiden names.

   _____

4. State your mailing address:

   Street Address _____

   City _____ State _____ Zip _____ Phone _____

5. State your email address: _____
6. State your social security number (Pursuant to A.R.S. § 25-320 this is mandatory): _____
7. Date of Birth: _____ Gender _____
8. List Dental School or Hygiene School _____ City _____ State _____

   Degree _____ Year Graduated _____

9. List the state(s), territory and/or possession of the United States where you hold a active, unrestricted licensed to practice dentistry or dental hygiene

   _____

   _____

10. List the state(s) territory and/or, possession of the United States where you were previously licensed to practice dentistry or dental hygiene. If no previous license(s), indicate NONE.

    _____

    _____

11. a. I certify that I hold an active and unrestricted dental or dental hygiene license in a state, territory or possession of the United States.

    b. I certify I have never had a dental or dental hygiene license revoked or suspended.

    c. I certify I am not the subject of an unresolved complaint.

    d. I agree to render services at a free medical clinic that does not provide abortions and restricts the dentist's or dental hygienist's authorized services and duties to the provision of care or service at a free medical clinic.

    e. I will provide only the dental care or dental services I am licensed or authorized to provide by the regulatory agency of the state, territory or possession of the United State where I hold a dental or dental hygiene license or the Arizona State Board of Dental Examiners, whichever is more stringent.

    f. I hereby give my permission for the Arizona State Board of Dental Examiners to secure additional information concerning this application from the applicable regulatory agency of each state where I am licensed or have held a license.

    g. I understand, if volunteer registration is issued, I may practice in Arizona for up to fourteen days each calendar year.

    h. I understand, if volunteer registration is issued, the registration period is two years.

    i. I certify that I have read and answered all the questions on this application.

12. I, _____, the applicant herein, state and depose that all facts, statements and answers outlined in this application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsification, omission, or withholding of information of facts concerning my qualifications as an applicant shall be sufficient to bar me from a volunteer health services registration or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my volunteer health services registration in dentistry or dental hygiene if it is not discovered until after issuance. A.R.S. § 32-1267

_____
Signature of Applicant

STATE OF _____

County of _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

My Commission Expires:

_____
Notary Public

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona State Board of Dental Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) ☐ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE/CERTIFICATION (Check one)

- ☐ Dental
- ☐ Dental Consultant
- ☐ Dental Hygiene
- ☐ Denturist
- ☐ Dental Assistant Radiography
- ☐ Restricted Permit
- ☐ Volunteer Registration

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory_____

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.
Name of document _____
2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

OVER

Initial App Revised 9.2014

- ☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
4. A United States certificate of birth abroad.
5. A United States passport. ***Passport must be signed***
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

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32-3217. Volunteer health services registration; health professionals; free medical clinic

A. A health profession regulatory board in this state may issue a volunteer health services registration to allow a health professional who is not a licensee to practice in this state for a total of up to fourteen days each calendar year if the health professional meets all of the following requirements:
   1. Holds an active and unrestricted license in a state, territory or possession of the United States.
   2. Has never had a license revoked or suspended.
   3. Is not the subject of an unresolved complaint.
   4. Applies for registration every two years as prescribed by the board.
   5. Agrees to render services at a free medical clinic that does not provide abortions and restricts the health professional's authorized services and duties to the provision of care or service at a free medical clinic.
   6. Provides only the care or services that the health professional is licensed or authorized to provide by the health professional's regulatory agency or this state's regulatory board for the same health profession, whichever is more stringent.

B. The fourteen days of practice prescribed by subsection A of this section may be performed consecutively or cumulatively during each calendar year.

C. For the purpose of meeting the requirements of subsection A of this section, an applicant shall provide the appropriate health profession regulatory board the name of each state in which the person is licensed or has held a license and the board shall verify with the applicable regulatory agency of each state that the applicant is licensed or has held a license, has never had the license revoked or suspended and is not the subject of an unresolved complaint. The board may accept the verification of the information required by subsection A, paragraphs 1, 2 and 3 of this section from each of the other state's regulatory agencies either electronically or by hard copy.

D. A health profession regulatory board issuing a volunteer health services registration pursuant to this section may not charge a fee.

E. A health profession regulatory board may immediately suspend or revoke a registration issued pursuant to this section on receiving proof satisfactory to the health profession regulatory board that the holder of the registration has engaged in practice in this state that is outside the scope of the registration or that grounds exist for action against the holder of the registration under the relevant chapter of this title. The holder of a registration may request a hearing to challenge the suspension or revocation of a registration in the manner permitted for appealable agency actions under title 41, chapter 6, article 10.