



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

1740 West Adams Street, Suite 2470

Phoenix, Arizona 85007

P: (602)242-1492

E: info@dentalboard.az.gov

W: <https://dentalboard.az.gov>

BUSINESS ENTITY REGISTRATION INITIAL & RENEWAL APPLICATION

Please note this application contains four (4) pages. All pages must be completed, signed/dated and submitted with the applicable application fee. You are encouraged to pay online using the Arizona State Board of Dental Examiners’ (“Board”) “Payment” tab on its website. Payment may also be made with a personal, business or cashier’s check or a money order payable to the Arizona State Board of Dental Examiners. Pursuant to A.R.S. § 32-1213(N), An individual currently holding a surrendered or revoked license to practice dentistry or dental hygiene in any state or jurisdiction in the United States may not have a majority ownership interest (greater than 50%) in the business entity registered.

PERSONAL IDENTIFICATION

Last name of primary officer

First name

Middle name/middle initial

Male

Female

Social Security Number (Mandatory pursuant to A.R.S. § 25-320(P))

ADDRESS OF RECORD

This is the address that will be shared with the public and to where all Board correspondence will be mailed. Pursuant to A.R.S. § 32-1213(E), a business entity must notify the Board of any change to your business entity name, primary mailing address or telephone number, in writing, and within 30 days of the change.

Check one: **Initial Application** **Renewal**

Name of Business Entity

Business Entity Registration #

Street Address

Phone

City

State

Zip Code

Email

Fax, (if any)

DESCRIPTION OF SERVICES

Please describe the business entity’s services offered to the public. If additional space is needed, please submit a separate document and attach it here:

OFFICER(S)

Pursuant to A.R.S. § 32-1213(B), a business entity must provide the name(s) and address(es) of the officers and directors of the business entity. If additional space is needed, for additional officers, please submit a separate document listing the officers' contact information and attach it here:

1.

_____ Last name	_____ First name	_____ Middle/middle initial
_____ Street Address		_____ Phone
_____ City	_____ State	_____ Zip Code
_____ Email		

2.

_____ Last name	_____ First name	_____ Middle/middle initial
_____ Street Address		_____ Phone
_____ City	_____ State	_____ Zip Code
_____ Email		

3.

_____ Last name	_____ First name	_____ Middle/middle initial
_____ Street Address		_____ Phone
_____ City	_____ State	_____ Zip Code
_____ Email		

4.

_____ Last name	_____ First name	_____ Middle/middle initial
_____ Street Address		_____ Phone
_____ City	_____ State	_____ Zip Code
_____ Email		

5.

_____ Last name	_____ First name	_____ Middle/middle initial
_____ Street Address		_____ Phone
_____ City	_____ State	_____ Zip Code
_____ Email		

DENTIST(S)

Please provide the name of any dentist who is authorized to provide and who is responsible for providing the dental services offered at the address of record on page 1 of this application.

_____	_____
Dentist's full legal name	Arizona dentist license #
_____	_____
Dentist's full legal name	Arizona dentist license #
_____	_____
Dentist's full legal name	Arizona dentist license #
_____	_____
Dentist's full legal name	Arizona dentist license #
_____	_____
Dentist's full legal name	Arizona dentist license #
_____	_____
Dentist's full legal name	Arizona dentist license #

CONDUCT

Please answer the following questions and submit/attach any supportive documentation. When answering the questions, please *answer with an affirmative Yes or a negative No*. Please contact an attorney, if you need legal advice. The Board and its office staff are prohibited from providing any legal advice¹.

1. Has any officer had any license, certificate, permit or registration to practice dentistry or own a dental practice suspended, revoked or canceled by any jurisdiction within the United States?
Yes or No
2. Has any officer had any formal disciplinary action initiated or taken against his/her license, certificate, permit or registration to practice dentistry or own a dental practice or any other profession by any jurisdiction within the United States?
Yes or No
3. Has any officer voluntarily surrendered/suspended or resigned a license, certificate, permit or registration to practice in any licensed profession, including dentistry, while under investigation or while action was pending against him/her by any professional licensing agency in any jurisdiction within the United States?
Yes or No
4. Does any officer have any disciplinary actions or sanctions pending against any professional license, certificate, permit or registration he/she holds in any jurisdiction within the United States?
Yes or No
5. Has any officer ever been denied or refused a license, certificate, permit, registration or renewal to practice any licensed profession, including dentistry, in any jurisdiction within the United States?
Yes or No

¹ If you are completing this application to renew your business entity registration, please answer the questions based from your initial application or last renewal.

If you answered Yes, to any of the above conduct questions, *you are required to provide* supporting documents, which *may* include, but not be limited to any of the following:

1. A narrative regarding the charged felony or offense, the date of any conviction, the court having jurisdiction over the felony or offense;
2. A copy of the notice of expungement, if applicable;
3. A copy of the restoration of civil rights, if applicable;
4. A copy of any disciplinary order received in any jurisdiction within the United States;

Questions and subsequent answers in the conduct section may be considered confidential, and therefore, would be redacted before providing copies to anyone seeking a copy of your license file via a public records request.

PAYMENT

[Please follow this link](#) to the credit card payment portal to pay your initial application fee. Once complete, you will receive a separate, emailed receipt for your credit card payment. The emailed receipt will contain an authorization number. Please provide the authorization number here: _____

You may also choose to pay with a check or money order. If this is your choice, please provide the check or money order number here: _____, then print, sign and mail your completed application along with your paper form of payment and all other required documents to the Board's office located at 1740 W. Adams Street, Suite 2470, Phoenix, Arizona 85007.

AFFIRMATION

I am the undersigned and I declare under penalty of perjury that I am the person herein named subscribing to this application and have the legal authority to submit this business entity registration; that I have read the statutes and rules regarding business entity registration and the practice of dentistry in the State of Arizona; that I have read this complete application, know the full content thereof, and declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that I am not omitting any information, which might be of value to the Board in determining my qualifications, whether it is called for or not.

I further acknowledge that I must renew the business entity registration every three (3) years after the date the Board issues the registration; I must notify the Board, in writing, within 30 days any change(s) to the entity's name, address, telephone number, officers or directors and the names of dentists who are authorized and responsible for providing dental services; I have established a written protocol for the secure storage, transfer and access of the dental records of the business entity's patients, including the notification to patients of the future locations of their records if the business entity terminates or sells the practice, Disposition of unclaimed dental records and the timely response to requests by patients for copies of their records.

I lastly acknowledge that falsification, omission or misrepresentation of any item or response on this application constitutes sufficient grounds to refuse a registration or to hold a hearing to revoke the same, if issued – A.R.S. § 32-1213(H).

Date