



**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

**APPLICATION FOR LICENSURE  
BY EXAMINATION**

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

1. This application is for a: Dental License  Dental Hygiene License  (Please check the appropriate box.)

2. State your legal name (Last, first, middle).

\_\_\_\_\_

3. List other names or aliases, including maiden names, and give explanation for use.

\_\_\_\_\_

Has your name changed for reasons other than marriage? \_\_\_\_\_ If yes, attach a certified copy of court order.

4. State your permanent address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

5. State your mailing address:

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

6. State your email address: \_\_\_\_\_

7. State your social security number (Pursuant to A.R.S. § 25-320 this is mandatory): \_\_\_\_\_

8. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

9. List Dental School or Hygiene School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Degree \_\_\_\_\_ Year Graduated \_\_\_\_\_

10. Are you currently licensed, previously licensed, or have you applied for licensure to practice dentistry or dental hygiene in any other state, territory, district or country? \_\_\_\_\_ If yes, list the jurisdiction and license number. For each license listed, provide a verification of licensure submitted directly from the licensing jurisdiction.

\_\_\_\_\_  
\_\_\_\_\_

11. List the names and dates of all clinical examinations successfully completed.

\_\_\_\_\_  
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12. List any other profession in which you are or ever have been licensed or certified to practice and the state or jurisdiction issuing that license. For each license or certificate listed, provide a verification of licensure or certificate submitted directly from the licensing state.

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13. Have you ever had your license or certificate to practice dentistry, dental hygiene, or any other profession suspended, revoked or cancelled by any state, territory, district or country? \_\_\_\_\_ If yes, attach full details.

14. Has any formal disciplinary action, including but not limited to, censure, fine, suspension, probation, restriction of practice or revocation ever been taken against your dental, dental hygiene or any other professional license or certificate? \_\_\_\_\_ If yes, attach full details which must include the nature and date of each action and the state or jurisdiction taking such action.

15. Have any complaints ever been filed against any professional license or certificate you possess? \_\_\_\_\_ If yes, attach full details which must include explanation of the nature and dates of the complaint or investigation, and the state or jurisdiction involved.

16. Do you have any disciplinary actions or sanctions pending against a professional license or certificate? \_\_\_\_\_ If yes, attach full details.

17. Have you ever been named as a defendant in any malpractice matter that resulted in a settlement or judgment against you or are you named as a defendant in any malpractice matter currently pending? \_\_\_\_\_ If yes, you must complete the Malpractice Addendum and submit all required documentation.

18. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a licensed profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction? \_\_\_\_\_ If yes, attach full details.

19. Have you ever been refused or denied a license or certificate or renewal thereof to practice dentistry, dental hygiene, or any other profession in any state, territory, district or country? \_\_\_\_\_ If yes, attach full details which must include type and date of application, and denial.

20. Have you ever been arrested for, pled guilty to or been convicted of a felony or misdemeanor offense? (You must answer "yes" even if an arrest or conviction has been pardoned, expunged or dismissed; or that your civil rights have been restored.) \_\_\_\_\_ If yes, attach full details which must include the date, court, case number and state of prosecution.

21. If granted licensure, do you intend to apply for a Drug Enforcement Administration (DEA) Registration? \_\_\_\_\_ If you are a dental hygienist applicant, answer N/A.

22. List your occupations and addresses for the last five years. Start with the most current employer. If you were a student, please indicate below.

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23. **Confidential question:** Have you received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs your ability to exercise the judgement and skills of a dental professional?  
 \_\_\_\_\_ If yes, please provide further information, including a detailed description of the use, disorder, or condition and the name and contact information for all current treatment providers and for all monitoring or support programs in which you are currently participating.
24. a. I hereby give my permission for the Arizona State Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- c. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208(B).
- d. I have attached a money order or cashier's check (cash or personal check is not acceptable) in the required amount for the jurisprudence examination. I understand this fee is non-refundable.
- e. I intend to practice my profession in dentistry in keeping with the spirit and the letter of the Dental Practice Act of Arizona and all the laws and rules enacted in the future.
- f. I certify that I have read all the questions on this application.
- g. I certify that the picture attached to this application is a correct likeness of me.
25. 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 licensure or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my license in dentistry or dental hygiene if it is not discovered until after issuance. A.R.S. §§ 32-1201.01(6), 32-1232(C), 32-1263, and 32-1267

\_\_\_\_\_  
 Signature of Applicant

STATE OF \_\_\_\_\_

County of \_\_\_\_\_

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

My Commission Expires:

\_\_\_\_\_  
 Notary Public

PHOTOGRAPH OF APPLICANT  
TAKEN NOT MORE  
THAN SIX MONTHS BEFORE  
DATE OF THIS APPLICATION  
MUST BE ATTACHED IN THIS AREA  
AND MUST NOT BE LARGER  
THAN SPACE PROVIDED.

NO HATS CAPS OR FINISHED  
PHOTOGRAPH PERMITTED

Please be advised of the following pursuant to Arizona Revised Statutes (ARS) § 41-1030:

- ARS § 41-1030(B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
- ARS § 41-1030(D) This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
- ARS § 41-1030(E) A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy.
- ARS § 41-1030(F) This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.

See the enclosed letter for requirements, instructions and examination information