



ARIZONA STATE BOARD OF DENTAL EXAMINERS

1740 W. Adams, Suite 2470 • Phoenix, Arizona 85007

Telephone (602) 242-1492 • Fax (602) 242-1445

www.dentalboard.az.gov

RESTRICTED PERMITS

Qualifications:

- ❖ Have a pending contract with an Arizona State Board of Dental Examiners recognized charitable dental clinic or organization that offers dental services without compensation or at a rate that only reimburses the clinic for dental supplies and overhead costs and the applicant will receive no compensation for dental or dental hygiene services provided at the clinic or organization.
- ❖ Have a license to practice dentistry or dental hygiene issued by another state or territory of the United States or the District of Columbia.
- ❖ Has been actively engaged in one or more of the following for three years immediately preceding the application – (a) The practice of dentistry/dental hygiene (b) An approved dental residency training program (c) Postgraduate training deemed by the Board equivalent to an approved dental residency training program.
- ❖ Is competent and proficient to practice dentistry/dental hygiene.
- ❖ Be of good moral character.

Application:

To apply for a restricted permit please contact the Board at the phone number listed above for an application. You will be asked to provide the following information and documentation.

- A sworn statement of the applicant's qualifications;
- A photograph of the applicant that is no more than 6 months old;
- A letter of endorsement from any other jurisdiction in which an applicant is licensed, sent directly from that jurisdiction to the Board;
- A letter of endorsement from the applicant's commanding officer or superior if the applicant is in the military or employed by the United States government;
- A copy of the applicant's cardiopulmonary resuscitation certification, indicating the expiration date;
- 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.
- A copy of the applicant's pending contract with a charitable dental clinic or organization offering dental services.

Issuance:

- There is no examination.
- There is no fee.
- Permit is issued for one year, expiring June 30.
- Permit may be renewed

Practice:

- A person to whom a restricted permit is issued shall be entitled to practice dentistry/dental hygiene only in the course of his employment by a recognized charitable dental clinic or organization as approved by the Board.

Continuing Education:

- ◆ To renew a restricted permit, a dentist must complete 24 hours of continuing education, a dental hygienist must complete 18 hours of continuing education.
- ◆ Continuing dental education credits must be accrued between July 1 and June 30 immediately before the licensee submits their renewal.
- ◆ Self-instruction is limited to nine hours.
- ◆ Category requirements may be found in the Arizona Administrative Code:
 - R4-11-1206 for Dentists
 - R4-11-1207 for Dental Hygienists



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APPLICATION FOR RESTRICTED PERMIT

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

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

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

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

3. State your permanent address:

Street Address _____

City _____ State _____ Zip _____ Phone _____

4. State your mailing address, if different than above.

Street Address _____

City _____ State _____ Zip _____ Phone _____

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

6. Date of Birth: _____ Place of Birth: _____ Sex _____ Height _____

Weight _____ Eye Color _____ Hair Color _____ Identifying Marks _____

7. List Undergraduate College _____ City _____ State _____

Degree _____ Year Graduated _____

Dental/Dental Hygiene School _____ City _____ State _____

Degree _____ Year Graduated _____

8. Do you have a pending contract with a charitable dental clinic or organization offering dental services without compensation? _____ If yes, provide the name of the organization and a copy of the contract.

9. Do you have a pending contract with a charitable dental clinic or organization offering dental services at a minimum rate to provide reimbursement for dental supplies and overhead costs? _____ If yes, provide the name of the organization, amount of reimbursement, and a copy of the contract.

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

11. For three years prior to the date of this application, have you been actively engaged in the active practice of dentistry/dental hygiene? ____ If yes, list the state, length of time and office location.

12. For three years prior to the date of this application, have you been actively engaged in an approved dental residency training program? ____ If yes, state the full details below including location.

13. For three years prior the date of this application, have you been actively engaged in postgraduate training? ____
If yes, state the full details below including location and nature of training.

14. 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.

15. 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, state the full details below:

16. 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 you possess? ____ If yes, state full details below which must include the nature and date of each action and the state or jurisdiction taking such action.

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

18. Do you have any disciplinary actions or sanctions pending against a professional license or certificate? ____ If yes, state full details below:

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 or country? _____ If yes, state full details below 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, state full details below which must include the date, court, case number and state or prosecution.

21. List your occupations and addresses for the last five years. Start with the most current employer.

22. **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.

23. 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 certify that I will voluntarily surrender my restricted permit upon expiration or termination of the contract with the charitable dental clinic or organization offering dental services.
- 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.

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 qualification 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.

STATE OF _____

County of _____

Signature of Applicant

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

Notary Public

My Commission Expires:

**THIS SPACE IS RESERVED FOR A PHOTOGRAPH OF APPLICANT.
NO HATS, CAPS OR FINISHED PHOTOGRAPH PERMITTED.**

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 THE SPACE PROVIDED.

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

**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 Assistant Radiography
 Dental Consultant Restricted Permit
 Dental Hygiene Volunteer Registration
 Denturist

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))

- 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.