

Board of Dentistry

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**DENTIST LICENSURE INSTRUCTIONS**Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Dentistry. Questions regarding your application can be directed to the Michigan Board of Dentistry at (517) 335-0918 three weeks after the date you sent the application. Please allow 6-8 weeks processing time.

GENERAL INSTRUCTIONS:

Please mark the appropriate type of licensure for which you are applying. Read all instructions carefully and answer all questions on the application. Please provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may result in a delay in the processing of your application.

DENTIST LICENSURE BY EXAMINATION:

1. Submit a completed application and proper fee. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application and fee are no longer valid. Applications submitted without the required licensing fee, applicant's signature and date will be returned.
2. All applicants for a health profession license or registration in Michigan are required to submit fingerprints and undergo a criminal background check. Please see the attached instructions. The Michigan Board is not able to accept fingerprints that have been obtained for any other purpose. Your license or registration will not be issued until this process is complete.
3. The licensing agency of all states in which you are or have ever been licensed must provide official verification of licensure. A form that may be used for this purpose is attached and may be copied as needed. As most states charge a fee for this service, you should contact each state board to determine if a fee is required prior to sending them the form for completion. The verification of licensure must be sent to the Michigan Board directly from the state(s) where you are or have been licensed.
4. Submit a FINAL, OFFICIAL transcript of dental education. This transcript must be sent to the Michigan Board office by the school and must show the date of graduation, the degree or certification earned, and have the seal of the school. **It is the applicant's responsibility to arrange to have the transcript mailed directly to the Board office by the school.** (Copies, student transcripts or incomplete transcripts are not acceptable.)
5. Contact the Joint Commission on National Dental Examinations, 211 E. Chicago Avenue, Ste 600, Chicago, Illinois 60611-2637, telephone (800)232-1694, or website: www.ada.org/1635.aspx, to request that an OFFICIAL REPORT of your National Board scores be sent directly to the Board office. You may also send an e-mail to nbexams@ada.org.
6. If you have taken and passed the Northeast Regional Board Examination (NERB), the Board office should have your examination score reports. If you have not taken the NERB examination, contact the office of the Northeast Regional Board of Examiners, 8484 Georgia Avenue, Suite 900, Silver Spring, MD 20910, telephone (301) 563-3300, or website: www.nerb.org, for information on registering for the next examination.

A LICENSE CANNOT BE ISSUED UNTIL ALL OF THE ABOVE REQUIREMENTS HAVE BEEN MET.

GRADUATES OF NON-ACCREDITED AND FOREIGN SCHOOLS:

Michigan Board of Dentistry Administrative Rules require that graduates of a non-accredited, foreign dentistry school complete either a two-year dental program in an ADA-accredited school that leads to the awarding of a DDS or DMD degree **or** successfully complete a minimum 2-year master's degree or certificate program in an ADA approved dental specialty program.

Upon successful completion of the two-year program, the Board must receive a final, official transcript directly from the non-accredited, foreign school and the ADA-accredited program. If the transcripts are not in English, a translated copy must also be provided. The Board must receive your passing National Board scores as described in #5 on the previous page. The applicant will then be made eligible for the NERB examination. Passing NERB exam scores are required for licensure.

LIMITED LICENSE:

The Public Health Code of Michigan (1978 PA 368, as amended) provides that the Michigan Board of Dentistry may grant the following types of limited licenses:

1. Educational Limited License - to a person who is enrolled in post-graduate education.
2. Non-clinical Academic Limited License - to a person who functions **ONLY** in a non-clinical academic, research or administrative setting and who does not represent himself or herself as being actively engaged in the practice of dentistry or otherwise solicit patients.
3. Clinical Academic Limited License - to a person practicing only in a clinical academic setting and who does not represent himself or herself as being actively engaged in the practice of dentistry or otherwise solicit patients.

The Board of Dentistry Administrative Rules and procedures require the submission of the following for each type of limited license:

1. A final, official transcript showing the date of graduation sent directly from an ADA approved dental education program **OR** a certified copy of the diploma and transcript sent directly from an unapproved school of dentistry. The latter shall be translated into English, if necessary.
2. An official letter verifying appointment to a clinical or non-clinical academic setting or enrollment in a post-graduate educational program. This letter must include:
 - a. Name, address and division/department of institution in which the applicant is being appointed/enrolled;
 - b. Name, degree and title of applicant's supervising dentist;
 - c. Description of duties, responsibilities or courses of the applicant; and
 - d. Beginning date of employment or the beginning and anticipated ending date of the educational program.

Limited dental licenses are valid for a one-year period and are renewed annually.

GENERAL INFORMATION:

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Dentistry in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Dentistry in writing to request a refund.
3. **NOTE:** If you have ever been licensed in another state and you have a current disciplinary sanction on that license, (even if the license is inactive), you are **not** eligible for licensure in Michigan according to the Public Health Code, PA 368, as amended, Section 333.16174 (2). Sanctions include probation, limitation, suspension, revocation or fine. Upon resolution of the sanction and verification that the license is active with no disciplinary action in effect, you can proceed with the filing of an application for a Michigan license or registration.
4. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

PLEASE NOTE: You will not be required to complete any continuing education credits in order to renew your license for the first time because you will not have held the license for a full three-year period.

5. ORIGINAL FULL LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

STEVEN H HILFINGER
DIRECTOR

**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS- (Michigan locations only)
AGENCY ID NUMBER IS 71734k**

Applicants for a Michigan health professional license may have their fingerprints taken by either L-1 Identity Solutions or Cogent Systems. Whether you use L-1 Identity Solutions or Cogent Systems, the Agency ID Number for health professional licensing is 71734k. This ID number MUST be used in order to have your fingerprint report sent to the Bureau of Health Professions. Keep the receipt you receive once your fingerprints are taken.

You must bring the Livescan Fingerprint Request Form (attached) and a driver's license or other state or federal-issued picture identification to your fingerprint appointment. You will also be required to pay a separate fee to the fingerprinting agency when registering for or scheduling your appointment.

When your fingerprints are taken, a technician will perform a scan of your fingerprints and submit the data electronically to the Michigan State Police. If no criminal history is found, the Bureau of Health Professions will be notified. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.

Information about fees and scheduling your fingerprint appointment with L-1 Identity Solutions can be found at www.L1enrollment.com or by calling 1-866-226-2952.

Information about fees and registering to have your fingerprints taken by Cogent Systems can be found at www.cogentid.com/index.htm. Click on Michigan and then select the Cogent MAPS (Michigan Applicant Processing Service) option. If you are using Cogent Systems, the MAPS option must be used for health professional licensing purposes. Cogent Systems can be reached by phone at 1-877-838-4903. E-mail inquiries about using Cogent Systems may be sent to mihelp@cogentsystems.com.



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
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**CRIMINAL BACKGROUND CHECK
FINGERPRINT REQUEST FORM INSTRUCTIONS
(For applicants out of state or out of country)**

1. Contact a local law enforcement , governmental, or private fingerprinting agency to see if they can perform an ink fingerprint on an FBI (FD-258) card or on another state's official fingerprint card. The ink fingerprint must be completed on card stock.
2. Submit the card with your fingerprints, the completed Livescan Fingerprint Request Form (attached) and a business check or money order for \$62.75 made payable in U.S. Funds to L-1 Identity Solutions to the following address:

L-1 Enrollment Services/LiveScan Processing Unit
1650 Wabash Ave. Ste. D
Springfield, IL 62704

3. Please include a daytime telephone number or e-mail address where you can be reached if there are any questions.
4. L-1 Identity Solutions will submit your fingerprints to the Michigan State Police for analysis.
5. If no criminal history information is found, the Bureau of Health Professions will be notified.
6. If criminal history information is found, the Michigan State Police will send the record directly to the Bureau of Health Professions for review.
7. Call L-1 Identity Solutions toll-free at 1-866-226-2952 (8 am - 5 pm EST) if you have any questions.
8. L-1 Identity Solutions is under contract with the Michigan State Police (MSP) to provide fingerprint services. For questions, call MSP at (517) 241-0606.

LIVESCAN FINGERPRINT REQUEST FORM

Fingerprint Date:	TCN:
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Type of I.D. Presented:	Type of Licensure/Registration:
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Applicant Instructions: Take this completed form along with your picture I.D. to your scheduled appointment. Please print clearly.

First Name:	Middle Name:	Last Name:	
Street Address:			
City:	State:	ZIP Code:	
Daytime Telephone Number w/ Area Code:		State or Country of Birth:	
Date of Birth (MM/DD/YYYY):	Race:	Sex:	
Height:	Weight:	Eye Color:	Hair Color:

REQUESTING AGENCY INFORMATION

Agency I.D. Number: 71734k	Agency Name: Department of Licensing and Regulatory Affairs, Bureau of Health Professions
Reason Fingerprinted: LHP - Licensed Health Care Professional (MCL333.16174)	Cost:

****Disclaimer:** Any and all errors that result in dual fingerprinting (Duplicate transmission to MSP), multiple fingerprint codes, fingerprints processed with incorrect fingerprint codes/reasons, etc., are the responsibility of the **LIVESCAN AGENCY**. **MSP** will charge for dual fingerprinting (transmission), etc.

Board of Dentistry

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 Lansing, MI 48909
 (517) 335-0918

www.michigan.gov/healthliconso

APPLICATION FOR DENTIST LICENSE

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

A controlled substance license is required for every person who prescribes, manufactures, distributes, or dispenses any controlled substance in Michigan as described in Article 7 of Public Act 368 of 1978, as amended. Information on obtaining a Federal controlled substance license may be obtained by contacting the Regional Branch, Drug Enforcement Administration, 431 Howard Street, Detroit, MI 48226 (Telephone 1-800-882-9539).

Board Use Only
License Number
Date of Licensure

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- Dentist License by Examination Fee: \$120.00 71-2901-01
- Dentist Clinical Academic License Fee: \$50.00 71-2901-03
- Dentist Non-Clinical Academic License Fee: \$50.00 71-2901-03
- Dentist Educational Limited License Fee: \$50.00 71-2901-05
- Controlled Substance Fee: \$65.00 71-5315-3757

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under rules promulgated by the Department.

Legal First Name	Legal Middle Name	Legal Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		E-Mail Address
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes	Michigan Health Professional Permanent I.D./License Number and Expiration Date	

Check the appropriate answer to each of the following questions. NOTE: Submit a detailed explanation for any YES answer you check on a separate sheet with your application.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period? Yes No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you? Yes No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? Yes No
9. Do you hold or have you ever held a full dental license (other than an educational, temporary or limited license) in any state? List each state, the license number, the date issued, and how the license was obtained (either endorsement or examination). **You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)** Yes No

State	License/Registration Number	Date of Issue	How Obtained (Endorsement or examination)

10. Provide a complete chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of Institution	Dates of Attendance		Degree
	From	To	

Name

11. Have you passed all parts of the National Board Exams?

Yes No

If No, please list the date you are scheduled to take the exam: _____

Have you ever taken the Northeast Regional Board Examination (NERB) or the Combined Regional Exam (CORE)?

Yes No Date Scheduled: _____

If Yes, complete the following:

Examination Date: _____ Pass Fail

Reexamination Date: _____ Pass Fail

Reexamination Date: _____ Pass Fail

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

Michigan Department of Licensing and Regulatory Affairs

Bureau of Health Professions

P.O. Box 30670

Lansing, MI 48909

www.michigan.gov/healthlicense

VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Medicine	<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Audiology	<input type="checkbox"/> Nursing	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Chiropractic	<input type="checkbox"/> Nursing Home Admin.	<input type="checkbox"/> Physician's Assistants
<input type="checkbox"/> Counseling	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Podiatry
<input type="checkbox"/> Dentistry	<input type="checkbox"/> Optometry	<input type="checkbox"/> Psychology
<input type="checkbox"/> Marriage & Family Therapy	<input type="checkbox"/> Osteopathy	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Sanitarian	<input type="checkbox"/> Social Work	<input type="checkbox"/> Veterinary Medicine
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature_____
Date_____
Type or Print Name

(S E A L)

Title_____
Full Name of Licensing Board