

STATE OF MAINE
BOARD OF DENTAL PRACTICE
APPLICATION FOR LICENSURE
FACULTY DENTIST

- Standard Application
- Endorsement Application



Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-0143

Office Telephone: (207) 287-3333
Office Facsimile: (207) 287-8140
TTY users call Maine Relay 711
Website: <https://www.maine.gov/dental/>

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Practice is enclosed. It contains all the relevant materials you need to complete your application for licensure in the State of Maine. Please read all the information carefully. If you have any questions after reading this packet, please call or e-mail our office.

FURNISHED TO APPLICANT

- Application Information Guide
- Individual License Application
- Certification of Dental Education Form
- Verification of Licensure Form
- Jurisprudence Examination Link
- Maine's Prescription Monitoring Program Link
- Maine's Mandated Reporter Requirements Link
- Maine's Medical Professionals Health Program Link

ADDITIONAL RESOURCES

- Board of Dental Practice Statute, Title 32, Chapter 143

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Maine Laws throughout your licensure.

Available: <http://legislature.maine.gov/legis/statutes/32/title32ch143sec0.html> or call (207) 287-3333.

- Board of Dental Practice Rules

Please read these carefully and review periodically for changes. You are responsible for knowing and complying with all Board Rules throughout your licensure.

Available: <http://www.maine.gov/sos/cec/rules/02/chaps02.htm#313> or call (207) 287-3333.

- Statutory Authority, Titles 5 & 10

Available: <http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

<http://www.mainelegislature.org/legis/statutes/5/title5ch341sec0.html>

APPLICATION INFORMATION GUIDE

- National Practitioner Data Bank (NPDB): You are required to obtain a self-query report and submit the report to the Board with your application. Please visit NPDB's website at <http://www.npdb.hrsa.gov/index.jsp> or contact them directly at: 1-800-767-6732.
- State of Maine Criminal Background Check: The Board requires a Maine Criminal Background Check be completed as part of the application process. Board staff can obtain the report with payment of a \$21.00 fee, or you can contact the Maine State Bureau of Identification and request a report with payment of a \$31.00 fee. See link for more information: <https://www.maine.gov/dps/msp/about/sbi>
- Verification of Licensure Form: The Board requires that you submit verification of licensure for any professional license ever held, i.e. expired, inactive, retired, etc. from any licensing authority as part of the application materials.
- Certificate of Education Form: The Board requires that your dental education be verified by the educational institution and submitted directly to the Board as an alternative to an official transcript.
- Mandated Reporter Requirements: Maine law requires that dentists and dental hygienists immediately report or cause a report to be made to the Maine Department of Health and Human Services (DHHS) when the licensee knows or has reasonable cause to suspect that a child or adult has been or is likely to be abused or neglected or that a suspicious death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at the Board's website at: <https://www.maine.gov/dental/index.html>
- Maine's Prescription Monitoring Program (PMP): The PMP is a tool created to prevent and detect prescription drug misuse and diversion, and improve patient care through better coordination of care. PMP maintains a database of all transactions for schedule II, III and IV controlled substances dispensed in the State of Maine. This database is available free online to prescribers and dispensers by the Office of Substance Abuse and Mental Health Services (SAMHS) in the Maine Department of Health and Human Services. FMI visit the Board's website at: <https://www.maine.gov/dental/index.html>
- Maine's Medical Professionals Health Program (MPHP): The MPHP works cooperatively with six Maine boards of licensure, hospitals, medical staffs, and professional associations to ensure that professionals in need of treatment and services get the help they need. The MPHP is not a treatment program, but their staff will help professionals to find the resources they need, to better understand the treatment and recovery process, and to implement strategies for return to safe practice. <https://www.mainemphp.org/>
- 10 Day Reporting Requirement: Please be advised, pursuant to 32 MRS §18352, licensees and applicants are to report to the Office, in writing, any change of name or address on file with the Office, any criminal conviction, any revocation, suspension or other disciplinary action taken in this or any other jurisdiction against any occupational or professional license held, or any material change set forth in this application within ten (10) days:
- Please submit your application materials to the Board by USPS to our office. **Faxed submissions will not be accepted.** Your application will be reviewed and processed in the order that it was received. Application reviews generally take at least two weeks, barring any action required by the full Board, or any high volume renewal of licensure periods.
- Pursuant to M.R.S. Chapter 143 §18341 (3), An applicant has 90 days after being notified of the materials needed to complete the application to submit those materials to the board. You will be notified by mail if there are deficiencies with your application. You may also check the Board's website at www.maine.gov/dental. It is the responsibility of the applicant to see that all documentation is completed and returned to the Board for consideration. Failure to complete the application within that 90-day period may result in a denial of the application.

THERE ARE 2 PATHWAYS FOR LICENSURE AS A FACULTY DENTIST

PATHWAY I – STANDARD APPLICATION

Qualifying individuals who are issued dentist faculty licenses by the Board are limited to practice only within the dental school setting. To qualify for licensure, an applicant shall be actively licensed in good standing as a dentist under the laws of another state or a Canadian province, and shall provide the following:

- Completed and signed Application (pgs. 1-10)
- Payment of fees: application fee \$100.00; and license fee \$750.00
- Payment of a Maine Criminal Background Report Fee of \$21.00
- Completed Certificate of Dental Education Form, or official transcript
- Letter of recommendation from the employing school of dentistry
- Passing Score on Jurisprudence Examination – download exam here <https://www.maine.gov/dental/jurisprudence-examinations.html>
- Completed Verification of Licensure Form(s)
- NPDB Self-Query Report (See instructions on Application Information Guide)
- Current; valid BLS Certification
- Maine Criminal Background Report (See instructions on Application Information Guide)

PATHWAY II – ENDORSEMENT APPLICATION (See M.R.S. §18347 for more information)

An application for licensure on the basis of endorsement shall include:

- Completed and signed Application (pgs. 1-10)
- Payment of fees: application fee \$100.00; and license fee \$750.00
- Payment of a Maine Criminal Background Report Fee of \$21.00
- Completed Certificate of Dental Education, or official transcript
- Letter of recommendation from the employing school of dentistry
- If licensed 3 years in another state prior to date of application; then please provide a copy of that state's statutes and rules; and a curriculum vitae
- Passing Score on Jurisprudence Examination – download exam here <https://www.maine.gov/dental/jurisprudence-examinations.html>
- Completed Verification of Licensure Form(s)
- NPDB Self-Query Report (See instructions on Application Information Guide)
- Current; valid BLS Certification
- Maine Criminal Background Report (See instructions on Application Information Guide)

STATE OF MAINE / BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143

Phone: (207) 287-3333 Fax: (207) 287-8140 TTY users call Maine Relay 711 Website: www.maine.gov/dental

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 143 State House Station, Augusta, Maine 04333- 0143.
- **Can I come to Augusta to pick up my license?** No. Your license will be sent electronically to your email address provided on the application.
- **How can I check the status of my application?** You can check the Board's website: www.maine.gov/dental
- **Can I fax my application?** No.

NOTICES

BACKGROUND CHECK: Pursuant to 5 M.R.S.A. §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Maine Board of Dental Practice requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974 (§7(B)). Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 35 MRSA §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRSA §191.

Before you seal the envelope, did you:

- Complete every item on the application including the criminal background disclosure question?
- Sign and date your application?
- Include the required fee(s). Make checks payable to "Maine State Treasurer" or complete the credit card section on the application. **DO NOT SEND CASH.**
- Make a copy of your application to keep for your records?



STATE OF MAINE
BOARD OF DENTAL PRACTICE

143 State House Station, Augusta, ME 04333-0143

INDIVIDUAL LICENSE APPLICATION

(Revised 7/2023)

APPLICANT INFORMATION (please print)
FULL LEGAL NAME FIRST MIDDLE INITIAL LAST
ANY OTHER NAMES EVER USED
DATE OF BIRTH mm/ dd/ yyyy SOCIAL SECURITY NUMBER
MAILING ADDRESS
CITY STATE ZIP CODE COUNTY
PHONE () FAX () E-MAIL

BACKGROUND CHECK and 10 DAY REPORTING NOTICE

Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Board of Dental Practice requires a criminal history records check as part of the application process for all applicants. In addition, the Board of Dental Practice requires licensees to report to the Board criminal convictions within 10 days.

Board of Dental Practice

Required Fee: \$871.00
(includes Criminal History Report Fee)

Office Use Only

1446 - \$100.00
1421 - \$750.00
2690 - \$21.00

Please Select License Type:

- Standard (FDN) - Faculty Dentist
Endorsement (FDN) - Faculty Dentist

Office Use Only

Check #
Amount:
Cash #:
License #:

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - if you wish to pay by credit or debit card, fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST
ADDRESS OF CARDHOLDER (please print)
I authorize the Maine Board of Dental Practice to charge my card the following amount: \$
VISA M/C Discover AMEX
I understand that fees are non-refundable
Card number: Expiration Date: mm/ yyyy
SIGNATURE DATE

Undergraduate Education

Name of Academic Institution:		
Mailing Address:		
City:	State:	Zip Code:
Major:	Degree Granted:	Date Conferred:

Dental Education

Name of Dental School Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:		Date Conferred:

Residency Training (If applicable)

Name of Dental Residency Program:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Professional Experience/Hospital Affiliations/Work History

List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.

<i>Dates</i>	<i>Name of Hospital, Institution or Practice</i>	<i>Address</i>	<i>Nature of Experience</i>

Professional Experience/Hospital Affiliations/Work History (cont.)

List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.

<i>Dates</i>	<i>Name of Hospital, Institution or Practice</i>	<i>Address</i>	<i>Nature of Experience</i>

Continuing Education Activities

Please list continuing education activities that you have completed during the past two years prior to this application.

Date	Title of Activity	Hours Earned

Credentialing History

Have you ever held a professional license/certification/registration in this or any other state/country?

YES NO

If yes:

Profession	License #	State/Country	Date Issued	Expiration Date

Specialty / Drug Enforcement Administration

Do you hold a specialty certification? If so, please list and submit a copy of your specialty certification: _____.

Do you hold a DEA registration? If so, please list #: _____.

Licensure / Disciplinary Questions

The following questions must be answered. If you circle "YES" to any question numbered 1 through 19, then please provide additional information such as a written explanation regarding the disclosure, along with additional documentation relevant to the disclosure.

1. Have you ever submitted an application for a professional or occupational license, certification, registration, or permit to any authority, other than the Maine Board of Dental Practice, that was not approved or that was approved subject to a condition, limitation, or restriction?

YES NO

2. Has any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, ever disciplined or otherwise imposed any sanctions, fines, probation, limitations, or restrictions on any license, certification, registration, or permit held by you?

YES NO

3. Have you ever entered into any type of settlement agreement with any professional or occupational licensing, registration, or certifying authority other than the Maine Board of Dental Practice?

YES NO

4. Are you aware of any complaints filed with any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, against any license, certification, registration, or permit held by you, for which you have not received a notice of final dismissal?

YES NO

5. Are you aware of any investigations or inquiries undertaken by any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, that involve, to any extent, any license, certification, registration, or permit held by you, for which you have not received a notice of final closure or dismissal?

YES NO

6. Have your practice privileges ever been restricted?

YES NO

7. Have you ever left a dental licensing jurisdiction, other than the Maine Board of Dental Practice, while a complaint or allegation was pending?

YES NO

8. Have you ever been denied registration or had your ability to administer, prescribe, or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended?

YES NO

Licensure / Disciplinary Questions (Continued)

9. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

10. Have you ever rendered any dental services illegally?

YES NO

11. Are you currently dependent on the use of alcohol or habituating drugs?

YES NO

12. Are you currently engaged in the illegal use of drugs or misuse of any drugs?

YES NO

13. Are you currently participating in a substance abuse and/or alcohol or drug treatment program, or have you been diagnosed with a substance abuse disorder that in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

YES NO

14. Do you currently use any chemical substance(s), including alcohol or drugs, which in any way impairs or affects your ability to practice your dental profession with reasonable skill and safety?

YES NO

15. Do you have or have you ever been diagnosed with or treated for a medical, mental, physical, emotional, nervous, or behavioral disorder or condition that in any way currently limits or impairs your ability to practice safely or to function as a dental professional?

YES NO

16. Have you ever asserted any condition or impairment as a defense or in mitigation of, or as an explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination action (educational, employer, government agency, professional organization, or licensing authority)?

YES NO

17. Have you been named in any lawsuit involving your practice as a dental professional that was adjudicated to any degree in favor of the other party?

YES NO

Licensure / Disciplinary Questions (Continued)

18. Have you been named in any lawsuit involving your practice as a dental professional that was settled by the parties?

YES NO

19. Are you currently in default on payment of student loans?

YES NO

Maine Statutes and Rules

20. Have you read the statutes and rules governing dental practices in Maine?

YES NO

Affidavit of Applicant

I have read and completed this application and attest that all information is true to the best of my knowledge. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice in the state of Maine.

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine Board of Dental Practice, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine Board of Dental Practice to use photocopies of this authorization and waiver in lieu of the original.

I further authorize the Maine Board of Dental Practice to release to the organizations, individuals and groups listed above, any information which is material to my application.

Signature of Applicant: _____

Date: _____

VERIFICATION OF LICENSURE

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)

Applicant

Name: _____

Address: _____

(state)

(zip code)

License Type and Number: _____ Date Issued: _____

I hereby authorize the Board of Dentistry of the State of _____
to furnish to the Maine State Board of Dental Practice the information requested below.

Applicant Signature: _____

Date: _____

To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:

LICENSING BOARD OR AGENCY: This is to certify that the above-named was issued:

License #	Date issued	Date of expiration

Current Status of License: (check all that apply) Active Inactive Lapsed
Probation Restricted Suspended Revoked

Disciplinary Action: Yes No

(If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, disciplined in any way or is it currently under investigation? Yes No

Signature: _____

Title: _____

State completing this form: _____

Date: _____

(SEAL)

**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

CERTIFICATE OF DENTAL EDUCATION

I am applying to practice dentistry in the state of Maine. The Maine board requires verification of my dental education. This is your authority to release any information in your files directly to the Maine board at the address below.

THIS SECTION TO BE COMPLETED BY THE APPLICANT.

Applicant's name: _____

Applicant's address: _____

Dates of attendance: from _____ to _____

THIS SECTION MUST BE COMPLETED BY THE DEAN, SECRETARY OR REGISTRAR OF THE DENTAL SCHOOL.

I hereby certify that the above named applicant has received a doctoral degree in dentistry from the following educational institution:

Name of dental school _____

Address of school _____

Dates of attendance: from _____ to _____

Degree conferred: _____ date conferred: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE
SCHOOL SEAL
HERE**

Mail to:

**Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-00143**