STATE OF MAINE

BOARD OF DENTAL PRACTICE

REGISTRATION APPLICATION FOR DENTURIST TRAINEE

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: www.maine.gov/dental

Revised: 7/2023

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 registration 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
- Registration Application
- Certification of Denturism Education Form
- Verification of Licensure Form
- 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 denturism education be verified by the educational institution/program and submitted directly to the Board.

- 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.

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

Registration – Denturist Trainee

Pursuant to 32 M.R.S. §18348 (4), a denturist or dentist may register under that dentist's or denturist's license an individual who has completed a board-approved denturism postsecondary program for the purpose of providing additional clinical supervision outside of the academic setting.

An applicant must provide verification of a successfully completed denturism program approved by the board; and a proposed supervision form from the supervising denturist or dentist that describes the level of supervision that the denturist or dentist will provide and that attests that the performance of these services by the trainee will add to the trainee's knowledge and skill in denturism.

A registration under this subsection expires one year from the date the registration is granted. Applicants must complete an application, pay the required fees, and submit a letter from the supervising denturist or dentist describing the practice settings in which supervision will occur, as well as attesting that these arrangements are commensurate with the registrant's education, training and competency.

APPLICATION INFORMATION: Applicants for registration must submit the documentation and fee(s) as outlined in the checklist below.

- ☐ Completed and signed Application
- ☐ Payment of fees: application fee $50.00; registration fee $200.00; SBI fee $21.00 **(Total fee: $271.00)**
- ☐ Denturist Trainee Supervision Form
- ☐ Completed Certificate of Denturism Education
- ☐ Verification of Supervision Form (to be completed after the supervised experience)
- ☐ Current; valid BLS certification
- ☐ Curriculum vitae of supervising denturist or dentist

PLEASE NOTE:

- Submit your application materials to the Board by USPS mail to our office location. **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.

STATE OF MAINE
BOARD OF DENTAL PRACTICE
143 State House Station, Augusta, ME 04333-0143

REGISTRATION 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: $271.00

Office Use Only

1446 - $ 50.00
1421 - $200.00
2690 - $21.00

Registration Type:

☐ Denturist Trainee

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**	

High School Education		
Name of School:		
Date Diploma Received:		
Mailing Address:		
City:	State:	Zip Code:

Denturist Training Program		
Name of Denturist Training Program Attended:		
Mailing Address:		
City:	State:	Zip Code:
Degree Granted:	Date Conferred:	

Denturist Trainee Practice Setting
Name of Practice Setting:
Name of Supervising Denturist(s) or Dentist(s)
Mailing Address:
Dates:

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

STATE OF MAINE
Board of Dental Practice
143 STATE HOUSE ST TION
AUGUSTA, ME 04333-0143

DENTURIST TRAINEE SUPERVISION FORM

Denturist Trainee Applicant Information		
Name of Denturist Trainee Applicant:		
Mailing Address:		
City:	State:	Zip Code:

Denturist/Dentist Supervisor Information		
Name of Supervisor:		License Number:
Practice Name and Location:		
City:	State:	Zip Code:

Denturist/Dentist Supervisor - Registration Agreement

1) Duration(s) of the clinical supervision: ______________________________
2) Anticipated denturist procedures to be completed under my supervision pursuant 32 M.R.S. § 18378 and denturist practice requirements outlined in Board Rule Chapter 12. The following procedures will be performed under the level of supervision as listed below – **please circle the level of supervision for each procedure listed**. (Use separate sheet if needed.)

A.	Direct Supervision General Supervision
B.	Direct Supervision General Supervision
C.	Direct Supervision General Supervision
D.	Direct Supervision General Supervision

By signing, I understand that the Maine Board of Dental Practice will rely upon this information to authorize the denturist trainee applicant to perform denturist procedures under my supervision in accordance with the Board’s regulations. Performance of these services by the trainee will add to the trainee's knowledge and skill in denturism. I also agree to not commence supervision of this applicant until the application is approved by the Board.

SUPERVISOR’S SIGNATURE: ________________________ DATE: ____________

STATE OF MAINE
BOARD OF DENTAL PRACTICE

CERTIFICATE OF DENTURISM PROGRAM COMPLETION

I am applying for a denturist trainee in the state of Maine. The Maine Board requires verification of my 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 SCHOOL.

I hereby certify that the above named applicant has completed a denturism program.

Name of denturism program/school____

Address of school____

Dates of attendance: from________________________to______________________________

Program completion date: ____

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

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 Denturist Trainee 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 registration as a denturist trainee 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: _______________________

STATE OF MAINE
Board of Dental Practice
143 STATE HOUSE ST TION
AUGUSTA, ME 04333-0143

VERIFICATION OF SUPERVISION FORM

DO NOT SUBMIT THIS FORM UNTIL
THE SUPERVISED EXPERIENCE IS COMPLETED

Denturist Trainee Information (To be completed by the Denturist Trainee)		
Name of Trainee:	License Number, if applicable:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		

Denturist/Dentist Supervisor Information (To be completed by the Denturist/Dentist Supervisor)		
Name of Supervisor:	License Number:	
Mailing Address:		
City:	State:	Zip Code:
Work Telephone:		

Clinical Experience Information (To be completed by the Denturist/Dentist Supervisor)
Total Number of Patient Treatment Plans completed:
Total Number of Final Impressions and Models completed (both upper and lower):
Total Number of Wax Try-in Dentures completed:
Total Number of Final Dentures & Delivery of Dentures completed:
Dates of Supervision: From __________(month/day/year) To ___________ month/day/year)

PLEASE COMPLETE SECOND PAGE

1. Please describe the denturist procedures performed by the denturist trainee under your supervision and indicate the trainee's competency level for each procedure type.

2. Please describe the denturist trainee's competency level in managing patient care and/or patient's expectations of care.

3. Please describe the denturist trainee's compliance in adhering to the practice requirements outlined in Board Rule Chapter 12 specific to: infection control, health and safety regulations, emergency protocols, reporting adverse occurrences, patient records and recordkeeping, and ethical codes of conduct.

4. Based upon your assessment, is the denturist trainee competent to practice denturism once full licensure to practice as a denturist is obtained by the trainee?

AFFIDAVIT OF DENTURIST/DENTIST SUPERVISOR

I have read and completed this form and attest that the supervised experience information is true to the best of my knowledge. Should I furnish any false information in this form, I hereby agree that such act shall constitute cause for disciplinary action to practice denturism/dentistry in the state of Maine.

DENTURIST/DENTIST SUPERVISOR SIGNATURE: ________________________

DATE: ____________