

Emeritus Inactive Licensure Status Application

Non-refundable Fee: **\$50.00**

*****PLEASE TYPE OR PRINT IN INK*****

1. BACKGROUND

A. _____
First name Middle name Last name

B. _____
Mailing address City, state, zip code

C. _____
Telephone (including area code) Email address (required)

D. M F X
Gender Birthdate (XX/XX/XXXX) Social Security Number (XXX-XX-XXXX)

E. _____
License Number(s) Original Issue Date

F. _____
Other names used and reason for change

2. PROFESSIONAL BACKGROUND

A. Have you ever been licensed as a dental professional outside of the State of Minnesota?
Select one: No Yes
If you selected no, you do not need to complete 2B. Continue to number 3.
If you selected yes, you must complete 2B. Once completed, continue to number 3.

B. List each state and or country in which you are or have been license as a dental professional.

3. DISCLOSURES (The following questions apply to actions in Minnesota and all other jurisdictions **during or since your most recent Minnesota dental renewal.**)

	Yes	No
1. Are there any current restrictions/conditions on your license?		
2. Do you have any criminal charges pending against you?		
3. Are you subject to any current board action or investigation?		

4. ATTESTION OF APPLICANT

I attest that I am the person referred to in this application. I understand that including false information or false documentation in this application may result in the penalty of perjury. I understand that falsifying information to attain licensure is a gross misdemeanor and violates the Dental Practice Act.

I attest that the entirety of this application is true and correct. I authorize all persons and organizations to release any requested information, files, or records in connection with this application to the Minnesota Board of Dentistry.

I attest that I will abide by the requirements in Statute, regarding my retirement from practice, once the Minnesota Board of Dentistry issues the emeritus inactive status on my license.

I attest that I am retired from active practice in the State of Minnesota and I am not under any current actions with the Minnesota Board of Dentistry. I understand that by applying for an Emeritus Inactive License, I am not authorized to practice dentistry in the State of Minnesota now or in the future.

Applicant name (print)

Applicant signature

Date