

**Internationally Educated Dentist Pre-Application**

**Non-refundable Fee: \$200**

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

**1. BACKGROUND**

**A.** \_\_\_\_\_  
 First name                                  Middle name                                  Last name

**B.** \_\_\_\_\_  
 Mailing address                                  City/province, country, postal code

**C.** \_\_\_\_\_  
 Telephone                                  Email address (required)

**D.** \_\_\_\_\_  
 Gender                                  Birthdate (XX/XX/XXXX)                                  U.S. Social Security Number (XXX-XX-XXXX) or U.S. Individual Tax-Payer Identification Number (ITIN)

**E.** \_\_\_\_\_  
 Other legal names and reason for name change

**F.** \_\_\_\_\_  
 Home country                                  Primary language                                  Language of dental education

**G.** List each country in which you have been licensed as a dental professional, your license number(s), and the dates of licensure.

Country	License Number	Dates of licensure (month/year-month/year)

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**2. PRACTICE INFORMATION**

- A. \_\_\_\_\_  
Name of practice
  
- B. \_\_\_\_\_  
Practice address City/province, country, postal code
  
- C. \_\_\_\_\_  
Practice telephone Practice email address
  
- D. \_\_\_\_\_  
Dates of practice (month/year) Weekly hours worked

**3. AFFIDAVIT OF APPLICANT**

I certify that I am the person referred to in this application for licensure. 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 certify that the entirety of this application and the attached materials are 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.

- A. \_\_\_\_\_  
Applicant name (print) Applicant signature Date
  
  
  
  
  
  
  
  
  
  
- B. \_\_\_\_\_  
Notary signature Notary expiration date Notary stamp