Minnesota Board of Dentistry

University Park Plaza, 2829 University Ave SE, Suite 450
Minneapolis, MN 55414-3249
Website mn.gov/boards/dentistry
Phone 612.617.2250 - Toll Free 888.240.4762 - Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

Dear Doctor,

We are enclosing the application form that you requested for Specialty Licensure in Minnesota. The requirements for Specialty Licensure are the following:

Requirements of Specialty Dentists:

The board may grant a specialty license in the specialty areas of dentistry that are recognized by the American Dental Association. An applicant for a specialty license shall:

1. Have successfully completed a postdoctoral specialty education program accredited by the Commission on Dental Accreditation of the American Dental Association, or have announced a limitation of practice before 1967;
2. Have been certified by a specialty examining board approved by the Minnesota Board of Dentistry, or provide evidence of having passed a clinical examination for licensure required for practice in any state or Canadian province, or in the case of oral and maxillofacial surgeons only, have a Minnesota medical license in good standing;
3. Have been in active practice or a postdoctoral specialty education program or United States government service at least 2,000 hours in the 36 months prior to applying for a specialty license;
4. If requested by the board, be interviewed by a committee of the board, which may include the assistance of specialists in the evaluation process, and satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice;
5. If requested by the board, present complete records on a sample of patients treated by the applicant. The sample must be drawn from patients treated by the applicant during the 36 months preceding the date of application. The number of records shall be established by the board. The records shall be reasonably representative of the treatment typically provided by the applicant;
6. At board discretion, pass a board-approved English proficiency test if English is not the applicant's primary language;
7. Pass all components of the National Dental Board examinations;
8. Pass the Minnesota Jurisprudence Examination
9. Abide by professional ethical conduct requirements; and
10. Meet all other requirements prescribed by the Board of Dentistry.

Please review these requirements carefully and feel free to call the Board office with any questions. If you do not meet the requirements listed, please call the Board office for direction.

The Credentials Committee of the Board meets approximately every six weeks. There is a need to limit the number of interviews scheduled at each credential meeting, due to various time constraints. Interviews are scheduled on a first-come, first-served basis as applications are completed.

Applicants for Specialty Licensure shall be given an oral examination (interview) by the Credentials Committee and must satisfactorily respond to questions designed to determine the applicant's knowledge of dental subjects and ability to practice dentistry pursuant to Minnesota Statutes 150A.06, subdivision 4. As you prepare for your interview, please consider that the purpose of the Board is to protect the public. The questions you will be asked are based on the core subject areas of infection control, patient communication, ethics, record keeping, management of medical emergencies and diagnosis and treatment planning. You will be notified about 20 days before the date of your interview. If the interview as scheduled is not convenient for you, we will schedule you for the next Credentials Committee meeting.

With your application, you are required to submit three (3) complete patient files. The records shall be cases of treatment within the last five years and represent your area of Specialty practice. The Committees focus will be on your submitted pre and post-operative written, radiographic, and photographic records; and study models that clearly show the progress of treatment. You may be asked to discuss your completed treatment and/or do a case presentation on any of the three submitted records. **You are required to include four (4) copies of each patient record submitted.** Please refer to Minnesota rule 3100.9600 for information related to recordkeeping. When available, the Committee encourages you to bring your original patient files to the interview.

Please feel free to contact me at (612) 548-2129, if you have any questions about licensure by credentials or the Jurisprudence Examination.

Joyce Nelson
Licensing Supervisor
joyce.nelson@state.mn.us

Lic # _____

Issued _____

App # _____

MINNESOTA BOARD OF DENTISTRY

2829 University Avenue SE, Suite 450
Minneapolis, Minnesota 55414
(612) 617-2250 (888) 240-4762
MN Relay Operator for Hearing and Speech Impaired
(800) 627-3529

APPLICATION FOR SPECIALTY LICENSURE BY CREDENTIALS TO PRACTICE DENTISTRY

(Specialty Dentistry Capacity)
(Requirements listed on page 4 of application)

NON REFUNDABLE FEE DUE - $925.00

(Application Fee $725.00; Background Check Fee $32.00; Initial Fee $168.00)

Instructions. Each item on this application must be answered fully, truthfully, and accurately by the applicant. Fraud or deception in securing a license is a gross misdemeanor and cause for revocation or suspension of a license. If space for any answer is insufficient, the answer may be completed on another piece of paper. Please specify the number of the item, sign it, and attach it to the application. BE SURE ALL PAGES OF THIS APPLICATION AND ATTACHMENTS ARE COMPLETED.

Minnesota Government Data Practice Act Notice. This notice is given pursuant to Minnesota Statutes §13.04, subdivision 2, and §13.41, subdivision 2. In order to be licensed, you must submit all the information requested in this application. The Board will use the information to enable it to determine if you meet statutory and rule requirements for licensure. Accordingly, OMISSIONS OR INACCURACIES ARE GROUNDS FOR DENYING YOUR APPLICATION. All data, except your name and address, submitted by you or on your behalf are considered private until you are licensed, at which point the data become public. "Private" is defined by law as information which is accessible only to: you; the staff and members of the Board; the Board's legal counsel; any person to whom the Board must refer the application or parts thereof for verification purposes or for otherwise determining your qualifications; and to persons you designate. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

Americans With Disabilities Act. It is the policy of the Minnesota Board of Dentistry to comply with the Americans With Disabilities Act (ADA). The ADA provides, in part, that qualified individuals with disabilities shall not be excluded from participating in or be denied the benefits of any program, service or activity offered by the Minnesota Board of Dentistry. If you require additional information about the Minnesota Board of Dentistry's ADA policy, please contact the Minnesota Board of Dentistry's designated ADA coordinator.

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

BACKGROUND

1.	Name (last, first, middle)		Today's Date
2.	Primary Practice Address (street) (required if employed)	City, State, Zip	
3.	Mailing Address (street)	City, State, Zip	
4.	Telephone (include area code) ( )	Email Address (mandatory)	
5.	Sex ❑ Male ❑ Female	Birthdate	Social Security No. _____--_____--_____
6.	Other name(s) by which you are or have been known and reasons for change		

DENTAL EDUCATION

7.	Dental School		
8.	Location	Date of Graduation (mo, day, year)	Degree (attach a notarized copy of diploma): ❑ D.D.S. ❑ D.M.D. ❑ Other _____
9.	Internship, Residency, or Post-Graduate Training (attach notarized copies of certificates/diplomas) – length of program to be 2000 hrs within 36 months prior to applying for this license, or have been in active clinical practice for that same time.		Dates Completed (mo, day, year) Degrees Earned:
10.	Other College or University Education (include dates and degrees earned)		Dates Completed (mo, day, year)

EXAMINATIONS **Month / Day / Year**

11. NATIONAL BOARD EXAMINATION - Date Completed
(Attach a notarized copy of National Board certificate or card) ....._____/_____/_____

12. CLINICAL EXAMINATION FOR LICENSURE (CRDTS /WREB/SRTA/NERB) - Date Completed (if applies)
(Attach a notarized copy of proof of passing clinical exam) ....._____/_____/_____

13. SPECIALTY CERTIFYING BOARD EXAMINATION – Date Completed (if applies)
(Attach an original or notarized copy of proof of passing the Exam.) ....._____/_____/_____

14. MINNESOTA JURISPRUDENCE EXAMINATION - Date Completed
(Attach an original or notarized copy of proof of passing the Exam. The Jurisprudence examination must be passed within 5 years prior to application.)....._____/_____/_____

15. List other national, regional, state, or Canadian Province licensure examinations (give names and dates of each examination and indicate any failures and attach all applicable notarized or original documents.

PROFESSIONAL BACKGROUND

16. List **each** state, Canadian Province, and country where you are or have been licensed to practice dentistry or a dental specialty: _____

_____

17.

AFFIDAVIT OF LICENSURE

This Affidavit of Licensure, or copy thereof, or official letter must be completed by the licensing authority of each state, province, and country listed in item 16. The original document, containing an official signature and seal, must be submitted.

I, _____ Secretary/Chair of the _____

_____ hereby certify that _____

was granted license number _____ to practice dentistry in _____

on the _____ day of _____, _____, and that this license is: ❑ active ❑ terminated. I further
(year)
certify that disciplinary action: ❑ has been taken* /❑ has not been taken against said licensee; **AND**

❑ is pending / ❑ is not pending / ❑ I cannot disclose pending information.

Dated this _____ day of _____, 20_____.

(SEAL)

Signed _____
(Signature of Secretary or Chair)

**Please attach a statement pertaining to disciplinary action, if any.* Title _____

DISCLOSURE QUESTIONS

	YES	NO
18. Have you ever been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a dentist/specialist or other professional? (*If so, attach a statement indicating reason for action, dates, disposition and address of licensing authority in possession of record.)*	❑	❑
19. Do you have any criminal charges pending against you? *(If so, attach a statement giving full details including reason, dates, name and location of court, and case number.)*	❑	❑
20. Have you ever been convicted of a felony, gross misdemeanor or misdemeanor? *(If so, attach a statement giving full details including reason, dates, name and location of court, and case number.)*	❑	❑
21. Are there any unsatisfied judgments against you that resulted from the practice of dentistry? *(If so, attach a statement giving details including nature of judgment, dates and reasons for non-payment.)*	❑	❑

22. Based on your assessment or that of another professional, does your use of alcohol or drugs, or the existence of a physiological or psychological medical condition, in any way impair or limit your ability to practice dentistry/specialty dentistry with reasonable skill and safety?

YES	NO
❑	❑

If yes, please 1) explain the use or medical condition, and 2) explain whether the impairment(s) or limitation(s) caused by your use of alcohol or drugs or by the existence of your physiological or psychological medical condition are reduced or ameliorated because you receive ongoing treatment or because of the manner in which you have chosen to practice.

23. EMPLOYMENT – Professional (**applicant to have been in active clinical practice or post-doctoral program for at least 2000 hours in the 36 months prior to applying for this specialty license)**

	(1)	(2)	(3)
Name of Practice			
Address			
Hours			
Dates (from-to)			
Supervisor			
Duties			
Reason for leaving			

24. EMPLOYMENT – Other (Since graduation from dental school)

Name of Firm			
Address			
Dates (from-to)			
Supervisor			
Duties			
Reason for leaving			

25. **TESTIMONIALS - FROM DENTISTS WITH WHOM YOU ARE ACQUAINTED (for at least one year) BUT NOT RELATED TO AND NOT INCLUDED ELSEWHERE ON THIS APPLICATION (two required):**

This certifies that I have been personally acquainted with _____ for _____years, that I know him/her to be of good professional character and hereby recommend him/her to the Minnesota Board of Dentistry for licensure to practice dentistry in Minnesota.

Name _____Address _____

City _____ State _____ Zip _____ Phone # _____

Dental school graduated from _____ on _____/_____/_____

Licensed in (state or province) _____License Number _____

_____

(Original Signature) *(Date)*

This certifies that I have been personally acquainted with _____ for _____years, that I know him/her to be of good professional character and hereby recommend him/her to the Minnesota Board of Dentistry for licensure to practice dentistry in Minnesota.

Name _____Address _____

City _____ State _____ Zip _____ Phone # _____

Dental school graduated from _____ on _____/_____/_____

Licensed in (state or province) _____License Number _____

_____

(Original Signature) *(Date)*

26. **With this application, please submit the following documentation**:

1) Two reference letters from professionals described below. Reference letters should discuss your ethical character, professional skills, interpersonal skills, and the number of years your reference has been acquainted with you and in what capacity:
   a. A reference letter from the director of your specialty program
   b. A reference letter from a specialist in your same specialty area of dentistry

2) Notarized photocopies of all diplomas and certificates you have earned in dentistry and dental specialty areas, including certificates from a specialty board if you are board-certified

3) Submit a physician's statement attesting to the applicant's physical and mental condition (physical exam must have been completed within the past 12 months)

4) Submit a license ophthalmologist's or optometrist's statement attesting to the applicant's visual acuity (vision exam must have been completed within the past 12 months)

5) Submit record of continuing dental education taken within the past 5 years.

6) Submit photocopy of current BLS Healthcare provider CPR certification.

27. **PHOTOGRAPH**

For identification purposes, please tape one passport size photograph here, taken within the last six months.

AFFIDAVIT OF APPLICANT

28. STATE OF _____)
COUNTY OF _____) ss.

I, _____, the applicant being first duly sworn, certify that I am the person referred to in this application for dental specialty licensure, that under penalty of perjury all the information contained in this application and in any attachment or additional document submitted herewith is true and correct and that all persons and organizations, whether public or private, are authorized to release to the Minnesota Board of Dentistry any information, files or records requested in connection with this application.

APPLICANT'S ORIGINAL SIGNATURE _____
(Sign before a Notary Public)

Sworn to before me this _____ day of _____, 20 ____

My Commission expires _____ *(SEAL)*

_____
Notary Public Signature

REQUIREMENTS FOR LICENSURE BY CREDENTIALS AS A SPECIALIST:

A) Be a graduate of a dental school accredited by the Commission on Accreditation;

B) Hold or have held a license to practice dentistry in another state or Canadian Province, in good standing.

C) Have passed a clinical examination for licensure in another state or Canadian Province where the licensure requirements are substantially equivalent to those of Minnesota (Canadian applicants should submit a notarized copy of their National Dental Examining Board of Canada certificate) **OR** have passed a Specialty Certifying Board Examination;

D) Have been in active practice in another state, Canadian Province, or United States government service at least 2,000 hours within last 36 months;

E) Submit a physician's statement attesting to the applicant's physical and mental condition (Attachment A);

F) Submit a licensed ophthalmologist's or optometrist's statement attesting to the applicant's visual acuity (Attachment B);

G) Submit summary of continuing dental education courses taken in the last five years (Attachment C);

H) Submit electronic copy or four copies of three complete patient records to include all radiographs (of diagnostic quality) and diagnostic materials on a sample of patients treated during the three years preceding receipt of application. The records submitted shall be reasonably representative of the treatment typically provided by the applicant;

I) Submit the Specialty licensure by credential application fee in U.S. Funds. Your check or money order should be payable to the Minnesota Board of Dentistry;

J) Taking and passing the Minnesota Jurisprudence Examination (rules of the Board's Minnesota Dental Practice Act). Information on the Jurisprudence Exam may be found at http://mn.gov/health-licensing-boards/dentistry/licensure/jurisprudence.jsp;

K) Submit a completed application form;

L) Appear before the Credentials Committee of the Board for a personal interview and satisfactorily respond to questions designed to determine your knowledge of dental subjects and ability to practice dentistry pursuant to Minnesota Statutes 150A.06, subdivision 4. Questions may be based on the patient records submitted with the application (see requirement H).

NOTES – PLEASE READ CAREFULLY:

1. Please be sure all pages of this application are completely filled out. Incomplete applications WILL be returned to you without action pursuant to Minnesota Rule 3100.1500.

2. Remember to attach the required original documents or NOTARIZED copies listed in items 9, 11, 12, 13 and 14. *(A notarized copy is a photocopy that is certified to be a true copy of the original document and is signed and stamped/sealed by a notary public.)*

3. Your check or money order should be payable to the **Minnesota Board of Dentistry**. Pursuant to Minnesota Statutes Section 604.113, there will be a $20 service charge on all checks not honored by your bank.

4. Following receipt of the application and verification of the applicant's credentials and references, the applicant will be notified as to the date and location of the personal interview with the Board.

5. Your entire application will be copied for review by our Committee members. Please complete the application and its attachments using black ink and print or type all information.

If you intend to provide Nitrous Oxide, Conscious Sedation, Contracted Sedation Services or General Anesthesia, you must fill out the proper application *(Application form for Nitrous Oxide NOT required for graduates of the University of Minnesota Dental program after May 2008).* **Applications can be found on our website under FORMS: https://mn.gov/boards/dentistry/forms/**

_ PLEASE DO NOT WRITE BELOW _

____ DIP	____	____ PR 3 YRS	____	____ PHY STMT	____	____ REF LTRS	____
____ NATL	____	____ PHOTO	____	____ EYE STMT	____	____ LOG	____
____ CLINC	____	____ FEE	____	____ CDE	____	____ COMP ENT	___
____ JURIS	____	____ PT RECDS	____	____ OTHER	____	____ LIC LETTER	__

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ATTACHMENT A

Application for Licensure by Credentials in Minnesota

REPORT OF EXAMINING PHYSICIAN
Physical Exam must have been completed within the last 12 months

I, _____, a duly licensed physician in

the State of _____ have this

_____ day of _____, _____
(month) (year)

Examined _____.
(name of applicant)

My examination reveals that the examinee is not chemically dependent, nor do I find that the examinee has any physical or mental disabilities, except: _____

_____

_____.

This examination was made at _____
(clinic name and address)
_____,

the State of _____.

_____
Signature of Physician

_____ _____
Physician Name Credentials/Degree

_____
Address

_____
City, State, Postal Code

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ATTACHMENT B

Application for Licensure by Credentials in Minnesota

EYE EXAMINATION REPORT
Vision exam must have been completed within the last 12 month

_____ _____
Examinee Date of Examination

This is a summary of the results of the examination of your eyes and vision. Items checked apply to you.

1. Health of eyes:

External: good _____ other _____

Internal: good _____ other _____

2. Recommendations (check one below):

- No lenses needed: _____
- No change in present lenses needed: _____
- New lenses recommended:

Single vision _____ Bifocals _____
Single vision sunglasses _____ Bifocal sunglasses _____
Contact lenses _____ Trifocals_____

Additional Comments:
_____

_____
Signature of Ophthalmologist or Optometrist

_____ _____
Ophthalmologist or Optometrist Name Credentials/Degree

_____
Address

_____
City, State, Postal Code

ATTACHMENT C

Application for Licensure by Credentials in Minnesota

Record of Continuing Dental Education Taken within the Past 5 years:

(Please make copies of this page as needed.)

Date of Course	Course Title	Detailed Course Description	Name & credentials of Course Presenter	Hours Attended

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JURISPRUDENCE EXAM

Dear Applicant,

You will need two documents to prepare for the required jurisprudence examination. One document is the Minnesota Dental Practice Act. This book can be purchased through the Minnesota Bookstore at 660 Olive Street, St. Paul, MN 55155, www.minnesotasbookstore.com metro (651) 297-3000 or nationwide (800) 657-3757. This information can also be accessed on the Board website at www.dentalboard.state.mn.us; from the homepage go to Statutes and Rules, and study all documents listed under Board Statutes and Rules, and the first five documents listed under Board Related Regulations.

We also suggest that you familiarize yourself with the current CDC guidelines. These can be found on their website at www.cdc.gov

All applicants for Minnesota dental licensure are tested on the same subject matter. (The same test is used with dental, dental hygiene and dental assisting applicants, so it is important that examinees study all of the statutes and rules, not just those that apply only to their particular profession.)

Registering for the Test

PSI proctors the Jurisprudence Exam at several locations. You must register on-line: https://candidate.psiexams.com.