

STATE OF MAINE
BOARD OF DENTAL EXAMINERS
APPLICATION FOR PERMIT

- Nitrous Oxide



Maine Board of Dental Examiners
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

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 5/2016

APPLICANT INFORMATION GUIDE

The application material you have requested from the Board of Dental Examiners 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 Permit Application
- Certification of Nitrous Oxide Course Completion Form
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

ADDITIONAL RESOURCES

- Board of Dental Examiners Statute, Title 32, Chapter 16

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/title32ch16sec0.html> or call (207) 287-3333

- Board of Dental Examiners 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

- **Certificate of Education Form**: The Board requires that your nitrous oxide course be verified by the educational institution/organization and submitted directly to the Board.
- **Mandated Reporter Requirements for Suspected Child Abuse**: 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 has been or is likely to be abused or neglected or that a suspicious child death has occurred. Mandated Reporter Training and additional information regarding mandated reporting can be found at:
<http://www.maine.gov/dhhs/ocfs/cps/>
- Please submit your application materials to the Board by mail or hand delivery 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.
- If there are deficiencies with your application, you will be notified by mail. 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.

APPLICATION MATERIALS

STANDARD APPLICATION

An application for examination shall include:

- Completed and signed Application (pgs. 1-7)
- Payment of an Application Fee of \$16.00
- Payment of a Permit Fee of \$16.00
- Completed Certificate of Nitrous Oxide Course Form
- Current; valid CPR Certification

STATE OF MAINE / BOARD OF DENTAL EXAMINERS

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143 **Courier address:** 161 Capitol Street, Augusta, Maine 04330
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.
- **Where are you located?** 161 Capitol Street, Augusta, Maine.
- **What hours are you open?** 8:00 a.m. to 5:00 p.m. weekdays.
- **Can I come to Augusta to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Augusta to pick up my license?** No. Your license will be mailed to you.
- **How can I check the status of my application?** You can check our website: www.maine.gov/dental
- **How far back do I go answering the criminal conviction question?** Any conviction, ever.
- **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 Examiners 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 EXAMINERS

INDIVIDUAL PERMIT APPLICATION

| 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 | |

CRIMINAL BACKGROUND DISCLOSURE

NOTE: Failure to disclose criminal convictions may result in denial, fines, suspension and/or revocation of a license.

1. Have you ever been charged, summonsed, indicted, arrested or convicted of any criminal offense, including when those events have been deferred, set aside, dismissed, expunged or issued a stay of execution?

(circle one) NO YES

If yes, enclose a detailed description of what happened (including dates), police report and a copy of the court judgment.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Maine Board of Dental Examiners will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

| | |
|------------------|-------------|
| SIGNATURE | DATE |
|------------------|-------------|

| | | |
|---|--|---|
| Board of Dental Examiners | | Office Use Only |
| Required Fee: \$80.00 | | 2619 - \$16.00 2631 - \$16.00 |
| <u>Please Select License Type:</u> | <input type="checkbox"/> Standard (NOX) – Nitrous Oxide Permit | <i>Office Use Only</i> |
| | | Check # _____ Amount: _____ Cash #: _____ License #: _____ |

PAYMENT OPTIONS:

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

| | | | |
|--|--------------------------------|-----------------------------------|--------------------------------|
| NAME OF CARDHOLDER (please print) | FIRST | MIDDLE INITIAL | LAST |
| I authorize the Maine Board of Dental Examiners to charge my | | | |
| <input type="checkbox"/> VISA | <input type="checkbox"/> M/C | <input type="checkbox"/> Discover | the following amount: \$ _____ |
| Card number: XXXX-XXXX-XXXX-XXXX | Expiration Date mm / yyyy | | |

| | |
|------------------|-------------|
| SIGNATURE | DATE |
|------------------|-------------|

High School Education

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

Dental Hygiene Education

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

Current or Intended Place of Employment

| | | |
|--|--------|-----------|
| Name of School or Program Affiliation: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Dates: | | |

| | | |
|--|--------|-----------|
| Name of School or Program Affiliation: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Dates: | | |

| | | |
|--|--------|-----------|
| Name of School or Program Affiliation: | | |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Dates: | | |

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

1. Have you ever been denied licensure in any state, Canadian province or other country?
 YES NO

2. Have you ever possessed a license to practice that was suspended, revoked or subjected to other disciplinary action?
 YES NO

3. Have your practice privileges ever been restricted?
 YES NO

4. Have you ever left a dental licensing jurisdiction (INCLUDING MAINE) while a complaint or allegation was pending?
 YES NO

5. Have you ever been denied registration or had your ability to administer, prescribe, dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended by:
 - a. U.S. Drug Enforcement Administration (DEA)? YES NO
 - b. Any state, territory of the U.S., including Maine? YES NO

6. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?
 YES NO

7. Have you ever rendered services illegally?
 YES NO

8. Are you now, or have you ever been, addicted to the use of alcohol, narcotic or other drugs?
 YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

9. Are you now, or have you ever been hospitalized or undergone treatment for alcohol or drug dependency?

YES NO

10. Have you ever been hospitalized for the treatment of mental illness?

YES NO

11. Have you ever been diagnosed with or treated for a medical, mental health, or addictive condition which in any way currently limits or impairs your ability to practice dentistry or to function as a dentist?

YES NO

12. Have you ever been diagnosed with or treated for any medical mental health, or addictive disorder that impaired your behavior, judgment, understanding, or ability to function in school, work or other important life activities?

YES NO

13. Have you had a disabling physical or mental illness(es) that resulted in any hospitalization or that prevented you from working or carrying out your usual daily responsibilities for more than 30 days?

YES NO

14. Have you raised the issue of consumption of drugs or alcohol or the issue of a medical, mental health or addictive disorder 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

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

YES NO

Licensure / Disciplinary Questions

Please circle each answer. If any of the following questions are answered yes, please provide details on a separate sheet and attach to application.

16. Have you ever had a claim or suit alleging malpractice liability in which you are/were named as a defendant, including nuisance suits settled, adjudicated by a court in favor of the other party, or settled by your insurance company/representatives without your express consent?

YES NO

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

YES NO

18. Have you read the laws 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 podiatry 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 Examiners, 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 Examiners to use photocopies of this authorization and waiver in lieu of the original.

I further authorize I further authorize the Maine Board of Dental Examiners 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 EXAMINERS**

CERTIFICATE OF COMPLETION – NITROUS OXIDE COURSE

I am applying to use nitrous oxide under the direct supervision of a dentist in the state of Maine. The Maine board requires verification of successful completion of a nitrous oxide course. 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 OR PROGRAM.

I hereby certify that the above named applicant successfully completed a nitrous oxide course. I am also affirming that the course included 8 hours of didactic and clinical components and that the applicant passed the exit examination with a score of 75% or higher.

Name of school/organization _____

Address of school/organization _____

Date course was completed: _____

Name & title of school/organization official: _____

Official's signature _____ dated: _____

**PLEASE PLACE
SCHOOL SEAL HERE ,
(If applicable)**

Mail to:
Maine Board of Dental Examiners
143 State House Station
Augusta, ME 04333-00143

Maine's Prescription Monitoring Program

Maine's Prescription Monitoring Program (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. The database is searchable online, so it is available anywhere one has Internet access. Clinicians can use the program to check the history of a new patient and to monitor on-going treatment. PMP is another tool clinicians can add to their toolkit for preventing and intervening against misuse and diversion of prescription drugs. FMI about the program visit: <http://www.maine.gov/dhhs/samhs/osa/data/pmp/index.htm>

Maine's Mandated Reporter Requirements for Suspected Child Abuse

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 he/she knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. Recently enacted legislation also requires mandated reporters to obtain training every four years. FMI regarding mandated reporting and training, please visit the following website: <http://www.maine.gov/dhhs/ocfs/cps/>

Maine's Medical Professionals Health Program

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 our 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.mainemed.com/member-services/medical-professionals-health-program>