STATE OF MAINE

BOARD OF DENTAL PRACTICE

APPLICATION FOR LICENSURE

DENTAL RADIOGRAPHER

- Standard Application

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

Office located at: 161 Capitol Street, Augusta, Maine

Revised: 06/2017

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 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 License Application
- Verification of Licensure Form
- Jurisprudence Examination
- Maine's Mandated Reporter Requirements for Suspected Child Abuse website
- Maine's Medical Professionals Health Program website

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.

- Out of State Background Checks: The Board requires that you provide a criminal background check from each state in which you reside or have resided during the past 10 years immediately preceding your application. You can either contact each state individually by visiting the following link https://www5.informe.org/online/pcr/faq.htm or request a statewide Federal Bureau of Investigation report; see website at: https://www.fbi.gov/about-us/cjis/identity-history-summary-checks. If you reside/resided in the State of California then please request forms directly from Board staff.

- 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.

- 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/

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

- 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.

- 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.

- 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.

STANDARD APPLICATION

An application for examination shall include:

- ☐ Completed and signed Application (pgs. 1-10)
- ☐ Payment of an Application Fee of $40.00
- ☐ Payment of a Licensure Fee of $100.00
- ☐ Payment of a Criminal History Records Check Fee of $21.00 (if applicable)

Note: All fees can be in one payment.

- ☐ Official documentation of passing score of the DANB Dental Radiologic Technique and Safety Examination; **OR**
- ☐ Official documentation of passing a dental radiography course in a CODA approved program as approved by the Board, which includes passing a dental radiography examination
- ☐ Passing Score on Jurisprudence Examination
- ☐ Completed Verification of Licensure Form(s)
- ☐ NPDB Self-Query Report
- ☐ Current; valid CPR Certification
- ☐ Out of State Criminal Background check report(s) (if applicable)

STATE OF MAINE / BOARD OF DENTAL PRACTICE
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 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.

STATE OF MAINE
BOARD OF DENTAL PRACTICE

INDIVIDUAL LICENSE 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 Practice 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 Practice

Required Fee: $161.00
(includes Criminal History Records Check Fee)

Office Use Only

2619 - $40.00
2631 - $100.00
2690 - $21.00

Please Select License Type:

☐ Standard (RAD) – Dental Radiographer

Office Use Only

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 Practice to charge my
☐VISA ☐M/C ☐Discover ☐AMEX 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 Radiography Program and/or Examination		
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:		

Previous Employment List in chronological order all professional experience including full work history of practice, and all healthcare entities where you have held or now hold privileges.			
Dates	Name of Practice	Address	Name of Supervising Dentist

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

Out of State Background Check

Please list the states in which you reside or have resided in for the previous ten (10) years – you must provide a criminal background check report for each of the states listed:

_____ _____

_____ _____

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 dental radiography 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: _____

VERIFICATION OF LICENSURE

To be completed by applicant prior to mailing to each state in which you now hold or have ever held a license to practice. Please print. (This form may be copied as necessary.)

Applicant Name:_____

Address:_____

_____

(state) *(zip code)*

License Type/Number:_____Date Issued:_____

I hereby authorize the Board of Dentistry of the State of _____ to furnish to the Maine State Board of Dental Practice the information requested below.

Applicant Signature: Date:

To be completed by the State Licensing Board verifying the above information. Please complete this section and return to the applicants address above:

LICENSING BOARD OR AGENCY: This is to certify that the above-named was issued:

License # Date issued Date of expiration

_____

Current Status of License: (check all that apply) ❑Active ❑Inactive ❑Lapsed ❑Probation ❑Restricted ❑Suspended ❑Revoked

Disciplinary Action: ❑Yes ❑No

(If yes, please attach a copy of the decision and a detailed explanation for the discipline and a copy of the consent agreement(s) or decision & order(s) issued)

Has this license ever been revoked, suspended, limited, surrendered, restricted, placed on probation, disciplined in any way or is it currently under investigation? ❑Yes ❑No

Signature:_____

Title:_____

State completing this form: _____

Date: _____

(SEAL)

BOARD OF DENTAL PRACTICE

Jurisprudence Examination for Dental Radiographers

NAME:_____ **DATE:**_____

This examination must be completed with a successful grade of at least 85%. It is an open book examination. The answers may be obtained by going to our website at www.maine.gov/dental and click on "Statutes and Rules" on the home page. Please circle the correct answer.

		True	False
1.	The Board of Dental Practice has authority to investigate violations of or non-compliance with provisions of laws relating to dentists or dental. radiographers	T	F
2.	It is unlawful for any person, not otherwise authorized by law, to practice dental radiography without having a current license issued by the Board.	T	F
3.	Failure to use a lead apron on a patient when taking dental radiographs is deemed by is deemed by the Board to be presumptively an act of incompetence or unskillfulness.	T	F
4.	A dental assistant, under general supervision, may take x-rays without a radiography license.	T	F
5.	One of the qualifications for a license to practice dental radiography is that an applicant must be a high school graduate or its equivalent.	T	F
6.	A license to practice dental radiography is valid for ten years from date of issuance.	T	F
7.	The renewal fee for a license to practice dental radiography may not exceed $50.00.	T	F
8.	A dental radiographer must be at least 18 years of age.	T	F
9.	The practice of dental radiography includes positioning the tube head of the x-ray machine.	T	F
10.	The practice of dental radiography includes diagnosis from x-rays.	T	F
11.	A "licensed dental radiographer" means a person who practices dental radiology and holds a valid license issued by the Board.	T	F
12.	The practice of dental radiography includes setting the x-ray machine, including setting kilivolts, milliamps or time.	T	F
13.	Without possessing a radiographer's license, a dental assistant can only take x-rays under the direct supervision of a dentist.	T	F
14.	A license to practice dental radiography may be suspended or revoked for violation of any rule adopted by the Board.	T	F

15.	Dental radiography means the use of ionizing radiation on the maxilla, mandible and adjacent structures of human beings for diagnostic purposes.	T	F	9
16.	To practice dental radiography, a licensed dental hygienist is also required to be licensed as a dental radiographer.	T	F	
17.	Unprofessional conduct means the violation of any standard of professional behavior which has been established in the practice of dental radiography.	T	F	
18.	Fraud or deceit in obtaining a license may bring about suspension, revocation or refusal to issue or renew a license.	T	F	
19.	Direct supervision does not require that the dentist remain in the dental office while the radiographic procedures are being performed.	T	F	
20.	A test is required in order to qualify for a license to practice dental radiography.	T	F	