

STATE OF MAINE
BOARD OF DENTAL PRACTICE
APPLICATION FOR LICENSURE

- Resident Dentist



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

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
- Certification of Dental Education Form
- Verification of Licensure Form
- Jurisprudence Examination
- Maine's Prescription Monitoring Program website
- 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.
- **State of Maine Background Check**: The Board requires that you provide a criminal background check from the State of Maine. You can either submit a \$21.00 fee to the Board to request the report, or you can contact the Maine State Police and request a report for a \$31.00 fee and submit the report to the Board. FMI: <https://www5.informe.org/online/pcr/>
- **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.
- **Certificate of Education Form**: The Board requires that your dental education be verified by the educational institution 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: <https://www.maine.gov/dhhs/ocfs/provider-resources/reporting-suspected-child-abuse-and-neglect/mandated-reporter-information>
- **Maine's Prescription Monitoring Program (PMP)**: The 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 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 its 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.mainemphp.org/>
- **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:

Resident Dentist License

Pursuant to 32 M.R.S. §18302 §§ 33, a resident dentist license is granted to an individual who is a graduate of an approved dental school or college, who is not licensed to practice dentistry in this State, and is authorized to practice under the direct or general supervision and direction of a dentist in a board-approved setting in accordance with this chapter.

The scope of a resident dentist as provided by 32 MRS §18371 §§ 2(E) is limited to providing dental services under the supervision of a dentist in a setting approved by the Board.

APPLICATION INFORMATION: Applicants for resident dentist licensure must submit the documentation and fee(s) as outlined in the checklist below.

- Completed and signed Application (pgs. 1-12)
- Payment of fees: \$100.00 application fee; and \$550.00 license fee
- Payment of a Maine Criminal Background Report Fee of \$21.00

Note: All fees can be in one payment.

- Completed Certificate of Dental Education form, or official transcript
- Educational Equivalency Report (Course by Course Analysis) if not CODA accredited
- Residency Program and Supervision Form
- Passing Score on Jurisprudence Examination (see pgs. 11-12)
- Completed Verification of Licensure form(s)
- NPDB Self-Query Report (See instructions on Application Information Guide)
- Current; valid CPR Certification
- Maine Criminal Background Report (See instructions on Application Information Guide)

PLEASE NOTE:

- Submit your application materials to the Board by US 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.

STATE OF MAINE / BOARD OF DENTAL PRACTICE

Mailing Address: 143 State House Station, Augusta, Maine 04333-0143

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.
- **Can I come to Augusta to pick up my license?** No. Your license will be sent electronically to your email address provided on the application.
- **How can I check the status of my application?** You can check the Board's website: www.maine.gov/dental
- **How far back do I go answering the criminal background question?** Disclose information regardless of timeframe.
- **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

143 State House Station, Augusta, ME 04333-0143

INDIVIDUAL LICENSE APPLICATION

(Revised 8/2021)

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: \$671.00 (includes Criminal History Report Fee)
Please Select License Type:
Resident Dentist
Office Use Only
1421 - \$550.00
1446 - \$100.00
2690 - \$ 21.00
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

Undergraduate Education

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

Dental Education

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

Residency Training Information

Name of Dental Residency Program:		
Mailing Address:		
City:	State:	Zip Code:
Dates:		

Professional Experience/Hospital Affiliations/Work History

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.

<i>Dates</i>	<i>Name of Hospital, Institution or Practice</i>	<i>Address</i>	<i>Nature of Experience</i>

Professional Experience/Hospital Affiliations/Work History

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.

<i>Dates</i>	<i>Name of Hospital, Institution or Practice</i>	<i>Address</i>	<i>Nature of Experience</i>

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

Specialty / Drug Enforcement Administration

Do you hold a specialty certification? If so, please list and submit a copy of your specialty certification:_____.

Do you hold a DEA registration? If so, please list #:_____.



STATE OF MAINE
Board of Dental Practice

143 STATE HOUSE STATION
AUGUSTA, ME 04333-0143

Residency Program and Supervision Form

Resident Dentist Data

Name of Resident/Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Residency Program Information

Name of Supervisor: _____ License Number _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Resident Dentist Supervisor's Statement

- 1) Location(s) of the residency program: _____
- 2) Duration(s) of the residency: _____
- 3) Anticipated procedures to be completed under my supervision in coordination with the Dental Residency Program. The following procedures will be performed under the level of supervision as listed below:

A.	General or Direct
B.	General or Direct
C.	General or Direct
D.	General or Direct
E.	General or Direct
F.	General or Direct
G.	General or Direct

By signing, I understand that the Maine Board of Dental Practice will rely upon this information to issue a resident dentist license to the applicant to perform procedures under my supervision. I also agree to not commence supervision of the practice of this applicant until the license is approved and issued by the Board.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

Licensure / Disciplinary Questions

The following questions must be answered. If you circle "YES" to any question numbered 1 through 19, then please provide additional information such as a written explanation regarding the disclosure, along with additional documentation relevant to the disclosure.

1. Have you ever submitted an application for a professional or occupational license, certification, registration, or permit to any authority, other than the Maine Board of Dental Practice, that was not approved or that was approved subject to a condition, limitation, or restriction?

YES NO

2. Has any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, ever disciplined or otherwise imposed any sanctions, fines, probation, limitations, or restrictions on any license, certification, registration, or permit held by you?

YES NO

3. Have you ever entered into any type of settlement agreement with any professional or occupational licensing, registration, or certifying authority other than the Maine Board of Dental Practice?

YES NO

4. Are you aware of any complaints filed with any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, against any license, certification, registration, or permit held by you, for which you have not received a notice of final dismissal?

YES NO

5. Are you aware of any investigations or inquiries undertaken by any professional or occupational licensing, registration, or certifying authority, other than the Maine Board of Dental Practice, that involve, to any extent, any license, certification, registration, or permit held by you, for which you have not received a notice of final closure or dismissal?

YES NO

6. Have your practice privileges ever been restricted?

YES NO

7. Have you ever left a dental licensing jurisdiction, other than the Maine Board of Dental Practice, while a complaint or allegation was pending?

YES NO

8. Have you ever been denied registration or had your ability to administer, prescribe, or dispense controlled substances modified, restricted, suspended, revoked, or voluntarily suspended?

YES NO

Licensure / Disciplinary Questions (Continued)

9. Have you ever received a sanction from the Center for Medicare and Medicaid Services or any state Medicaid program?

YES NO

10. Have you ever rendered any dental services illegally?

YES NO

11. Are you currently dependent on the use of alcohol or habituating drugs?

YES NO

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

YES NO

13. Are you currently participating in a substance abuse and/or alcohol or drug treatment program, or have you been diagnosed with a substance abuse disorder that in any way currently affects or limits your ability to practice safely and in a competent and professional manner?

YES NO

14. Do you currently use any chemical substance(s), including alcohol or drugs, which in any way impairs or affects your ability to practice your dental profession with reasonable skill and safety?

YES NO

15. Do you have or have you ever been diagnosed with or treated for a medical, mental, physical, emotional, nervous, or behavioral disorder or condition that in any way currently limits or impairs your ability to practice safely or to function as a dental professional?

YES NO

16. Have you ever asserted any condition or impairment 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

17. Have you been named in any lawsuit involving your practice as a dental professional that was adjudicated to any degree in favor of the other party?

YES NO

Licensure / Disciplinary Questions (Continued)

18. Have you been named in any lawsuit involving your practice as a dental professional that was settled by the parties?

YES NO

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

YES NO

Maine Statutes and Rules

20. Have you read the statutes 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 dentistry 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: _____

**STATE OF MAINE
BOARD OF DENTAL PRACTICE**

CERTIFICATE OF DENTAL EDUCATION

I am applying to practice dentistry in the state of Maine. The Maine board requires verification of my dental education. 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 DENTAL SCHOOL.

I hereby certify that the above named applicant has received a doctoral degree in dentistry from the following educational institution:

Name of dental school: _____

Address of school: _____

Dates of attendance: from _____ to _____

Degree conferred: _____ date conferred: _____

Name & title of school official: _____

Official's signature _____ dated: _____

**PLEASE PLACE
SCHOOL SEAL
HERE**

Mail to:

**Maine Board of Dental Practice
143 State House Station
Augusta, ME 04333-00143**

Maine Board of Dental Practice
Resident Dentist Jurisprudence Examination

To successfully complete this examination, 9 of the 10 questions must be answered correctly by the applicant. It is an open book examination. The answers may be obtained by going to our website www.maine.gov/dental, and click on "Statutes and Rules" on the home page. Please circle the letter identifying the correct answer.

=====

1. 32 M.R.S. § 18321(1) identifies the Board's sole purpose, which is to protect one of the following:
 - a. Board members.
 - b. Dental professionals.
 - c. Public health and welfare.
 - d. Educational institutions.

2. Which list reflects board membership and terms pursuant to 32 M.R.S. § 18322?
 - a. 9 dentists; 10-year term.
 - b. 6 dentists, 3 hygienists, 1 denturist; 5-year term.
 - c. 5 dentists, 2 hygienists, 1 denturist, 1 public member; 5-year term.
 - d. 5 dentists, 2 hygienists, 1 denturist, 1 public member; 10-year term.

3. Which statutory provision outlines the Board's authority to investigate complaints regarding violations of its statute and rules?
 - a. 32 M.R.S. § 18323.
 - b. 32 M.R.S. § 18305.
 - c. 32 M.R.S. § 18325.
 - d. 32 M.R.S. § 18324.

4. 32 M.R.S. § 18325(1) identifies grounds for disciplinary action that the board may take. Which most accurately reflects the Board's statutory authority:
 - a. Obtaining a license by fraud, deceit, or misrepresentation; incompetent practice, unprofessional conduct.
 - b. Aiding and abetting unlicensed practice; any violation of board rule; failure to provide supervision as required.
 - c. Misuse of alcohol, drugs or other substances that has resulted or may result in endangering the health or safety of patients.
 - d. All of the above.

5. Which Board Rule identifies failure to adhere to the practice standards, including failure to utilize the CDC Guidelines set forth in Board Rule Chapter 12, as unprofessional conduct?
 - a. Board Rule, Chapter 1.
 - b. Board Rule, Chapter 2.
 - c. Board Rule, Chapter 9.
 - d. Board Rule, Chapter 14.

6. Pursuant to 32 M.R.S. § 18352, licensees and applicants are required to report into the Board within 10 days after any of the following changes or events:
 - a. Change of name or address.
 - b. Criminal convictions.
 - c. Disciplinary action taken in Maine or any other jurisdiction.
 - d. All of the above.

7. Dentists, as part of their scope of practice, are authorized to delegate certain duties to unlicensed individuals pursuant to one of the following statutory provisions:
 - a. 32 M.R.S. § 18342(1).
 - b. 32 M.R.S. § 18347.
 - c. 32 M.R.S. § 18371(3).
 - d. 32 M.R.S. § 18379.

8. Dentists who prescribe opioid medications must complete the following continuing education requirement as a condition to prescribe pursuant to 32 M.R.S. § 18308(4):
 - a. 6 hours of continuing education related to every year.
 - b. 6 hours of continuing education every two years.
 - c. 3 hours of continuing education every year.
 - d. 3 hours of continuing education every two years.

9. Board Rule, Chapter 14 identifies the following sedation and anesthesia permits issued by the Board:
 - a. Minimal, moderate, deep sedation, general anesthesia, and site permits.
 - b. Moderate and deep sedation; general anesthesia; and itinerant dental sedation.
 - c. Moderate, deep sedation, general anesthesia, and site permits.
 - d. Moderate, level I; moderate – level II, deep sedation and general anesthesia, and itinerant dental sedation.

10. Board Rule, Chapter 13 requires that a dentist obtain the following continuing education hours in order to qualify for re-licensure as follows:
 - a. 40 hours per biennium; 30 hours in category 1 and 10 hours in category 2.
 - b. 40 hours annually; 30 hours in category 1 and 10 hours in category 2.
 - c. 40 hours per biennium.
 - d. 40 hours annually; 10 hours in category 1 and 30 hours in category 2.