



## STATE BOARD OF DENTAL EXAMINERS

333 Guadalupe, Tower 3, Suite 800, Austin, Texas 78701-3942

Phone (512) 463-6400 • Fax (512) 463-7452

www.tsbde.state.tx.us

### APPLICATION FOR EMERGENCY PROVISIONAL LICENSE - INSTRUCTIONS

The State Board of Dental Examiners (SBDE) has implemented procedures to issue emergency provisional licenses to dentists and dental hygienists currently licensed in Louisiana and/or Mississippi who have been displaced by Hurricane Katrina.

#### Qualifying for the license.

You may qualify for an emergency provisional license if you meet **all** of the following requirements:

- 1) You are a graduate of a CODA-accredited school of dentistry or dental hygiene in the United States, Canada, or Puerto Rico;
- 2) You are currently licensed in good standing in Louisiana and/or Mississippi as either a dentist or dental hygienist, with no history of disciplinary action against any license ever held in any jurisdiction;
- 3) You have, as a result of Hurricane Katrina, lost the ability to continue to practice in Louisiana or Mississippi; and,
- 4) You submit a complete application and applicable fees to the SBDE.

#### Application requirements.

To be considered, your application must contain the items listed below. **If you do not have possession of or access to required documents, the SBDE will use other methods to verify the information on your application.**

- 1. Complete and notarized Application for Emergency Provisional License.
- 2. Application fee (\$50 for dentists, \$25 for dental hygienists), payable by check or money order made payable to the State Board of Dental Examiners.
- 3. Copy of official birth certificate, passport, or naturalization papers.
- 4. Proof of graduation from an accredited school of dentistry or dental hygiene.
- 5. Proof of successful completion of National Board examinations.
- 6. Proof of successful completion of a clinical examination.
- 7. Verification of licensure for each state in which licensure has been issued. Copies of licenses are acceptable.

The SBDE will conduct a criminal background check in addition to verifying professional education and licensure. Please be aware that by signing the application, you agree that the discovery of any falsification, omission, or withholding may result in the immediate suspension or revocation of your emergency provisional license, and may be reported to other jurisdictions in which you are licensed.

#### Duration and expiration.

Emergency provisional license applications must be received on or before January 1, 2006. The license will allow you to legally practice in the State of Texas through January 31, 2006. You may not begin to practice until the license has been issued and delivered to you. Following the expiration of the license, you may apply for a one-time renewal of the license, to extend it through July 31, 2006. A renewal notice will be sent to you in early January 2006. To practice beyond the expiration of an emergency provisional license, you must apply for and obtain a non-limited Texas license.

#### Adherence to Texas laws and regulations.

Emergency provisional licensees are not required to take the Texas Dental Jurisprudence Examination. However, once a formal license is issued and sent to you, a copy of the Texas Dental Practice Act and SBDE rules will be provided to you. **YOU ARE RESPONSIBLE FOR REVIEWING AND ADHERING TO ALL APPLICABLE STATUTES AND RULES.** By applying for and accepting issuance of this license, you are agreeing to abide by Texas statutes and rules governing the practice of dentistry, and you are submitting yourself to the jurisdiction of the State of Texas and the SBDE.

You must display your emergency provisional license certificate in accordance with Board rule 108.11 prior to treating any patients.

You must also obtain a signed, written consent from each patient you treat that informs the patient that you are providing services under the authority of a provisional license, and that all such licenses will expire no later than July 31, 2006.

If you have any questions or require further assistance, please contact the SBDE at the number or address above.



**Are you now or have you ever:**

- Yes No Been convicted of, been a party to, or been disciplined for a violation of the dental or dental hygiene laws of Texas or any other jurisdiction? If yes, explain.
- Yes No Been chronically or habitually intoxicated or addicted to intoxicants, drugs, or controlled substances? If yes, explain.
- Yes No Been denied a license to practice dentistry or dental hygiene?
- Yes No Voluntarily surrendered a license issued to you by any jurisdiction?
- Yes No Been denied a Drug Enforcement Administration (DEA) registration certificate or surrendered your state or federal controlled substances registration? If yes, explain.
- Yes No Been dishonorably discharged or otherwise adversely separated from a U.S. military or public health service? If yes, please explain.
- Yes No Been the subject of a pending prosecution for an offense that is a felony under the laws of Texas? If yes, explain.

**I hereby declare, under penalty of perjury, the following:**

1. I am a dentist or dental hygienist recently residing or practicing in Louisiana or Mississippi..
2. I currently hold a valid, active license in good standing to practice dentistry or dental hygiene in Louisiana and/or Mississippi.
3. I am, as a result of Hurricane Katrina, unable to practice in Louisiana or Mississippi;
4. I have never been convicted of a drug-related felony or a felony involving moral turpitude.
5. All the facts, statements, and answers contained in this application are true and correct. I am not omitting any information that might be of value to the Board in determining my qualifications, whether that information is requested or not. I agree that any falsification, omission, or withholding shall be sufficient to bar me from licensure by the State Board of Dental Examiners, and shall serve as sufficient grounds for revocation, cancellation, or suspension of my provisional license if it is not discovered until after issuance.

\_\_\_\_\_  
Applicant's signature

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who, being by me sworn upon oath, says that all the facts, statements and answers contained in this application are true and correct.

Sworn and subscribed to before me, the said \_\_\_\_\_, this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE

County of \_\_\_\_\_ State of \_\_\_\_\_