

REQUIREMENTS FOR COMMUNITY SERVICE LICENSE - DENTIST

Access this form via website at: cca.hawaii.gov/pvl/boards/dentist

- AGE** Be at least 18 years of age.
- APPLICATION** Complete the on-line fillable application form or print legibly in dark ink and sign application. Applicants are subject to requirements in effect at the time of filing.
- **Failure to provide the requested information will result in this form being returned to you for completion.**
- SOCIAL SECURITY NUMBER** Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. For a license to be issued, you must **provide your Social Security Number or your application will be deemed deficient and will not be processed further.** The following laws require that you furnish your Social Security Number to our agency.
- FEDERAL LAWS:**
- 42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and if you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.
- HAWAII REVISED STATUTES ("HRS"):**
- §576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and **§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).
- FEES** **ATTACH** fee of \$373 (*\$100 - Application* + \$125 - License + \$148 - Compliance Resolution Fund*) if licensed in even-numbered year and \$299 (*\$100 - Application* + \$125 - License + \$74 - Compliance Resolution Fund*) if licensed in odd-numbered year.
- Make check payable to: **COMMERCE AND CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution.)
- *Application fee is not refundable.*
- NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee will be charged for checks which are returned by the bank.*
- If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*
- FAILURE OF EXAMINATION** Any person who has failed the ADEX dental examination **after 7/2/2004** shall not have the benefit of a community service license.
- DENTAL GRADUATE** Be a graduate of a dental program accredited by the American Dental Association Commission on Dental Accreditation. **ATTACH** a copy of diploma.
- NATIONAL BOARD EXAMINATION** Pass the National Board Dental Examination Part I & II. **There shall be a 5-year limit of recognition of Part II of the National Board dental exam.** Such time shall be computed from the date the exam is passed to the date of application.
- Arrange** to have the final report of the National Board Examination Data Score Card forwarded to the Board **or attach** an **original** score card to license application. Copies are not acceptable. Contact the National Board at (312) 440-2678 to request that scores be sent to the Board.

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**NATIONAL BOARD
EXAMINATION
(Continued)**

If your examination is beyond the 5-year limit of recognition and unable to qualify pursuant to the alternative below, make arrangements with the Joint Commission on National Dental Examinations to retake the examination, if applicable.

OR

**VERIFICATION OF
ACTIVE CLINICAL
DENTAL PRACTICE**

Alternatively, **provide** evidence of active clinical dental practice of not less than 1,000 hours per year for the 3 years immediately prior to the date of application by having another **licensed** dentist complete the attached "Verification of active Clinical Dental Practice" form.

**NATIONAL
PRACTITIONER DATA
BANK ("NPDB")/
HEALTHCARE INTEGRITY
AND PROTECTION DATA
BANK ("HIPDB")**

Call the Data Bank at 1-800-767-6732 to request a form for self-query or you may download the form from their website at: www.npdb-hipdb.hrsa.gov and click on "Perform a Self-Query". **After completing the form, return it directly to the NPDB.** They will send the reports back to you. You are then to forward all pages of the correct report titled "**NPDB Response to Self-Query**" to our office.

**LICENSE
VERIFICATION**

All applicants for a community service license **MUST** hold an active, unrestricted license from another state. Have all jurisdictions where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete the form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on requirements. The applicant is responsible for any fees incurred.

EMPLOYMENT

Attach an original letter of employment prepared by your prospective employer giving specific employment dates. Also, have your prospective employer provide documentation of qualifying as a federally qualified health center, Native Hawaiian health systems center, or post-secondary dental auxiliary training program accredited by the American Dental Association Commission on Dental Accreditation.

**TERMINATION OF
EMPLOYMENT**

Pursuant to Chapter 448, Hawaii Revised Statutes, a community service license authorizes the licensee to practice dentistry **only** within the employment of an eligible organization and shall be in force until the date the person leaves the employment authorized under the community service license. Therefore, employers shall inform the Board's office when the employment of the community service licensee expires or terminates.

**CONTINUING
EDUCATION ("CE")**

Community Service licensees shall actively participate in a formal and ongoing program of clinical quality assurance. Dentist are required to complete 32 hours of CE credits during the biennium.

RENEWAL

Licenses expire on December 31, odd-numbered years and may be renewed biennially. A renewal will be mailed to your employer approximately 60 days before the expiration of your license.

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion of **Release of Information to Third Party**, sign and date it.

ADDRESS OF BOARD

Mail all required items to:
*Board of Dentistry
DCCA, PVL Licensing Branch
P. O. Box 3469
Honolulu, HI 96801*

OR

Deliver to office location at:
*335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000*

**LAWS & RULES
PUBLICATION**

A copy of the laws, Chapter 448, Hawaii Revised Statutes, and rules, Chapter 79, Hawaii Administrative Rules, relating to the practice of dentistry may be obtained by submitting a written request to the address above. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapters 448 and 79.

The laws and rules are also posted on our website at: cca.hawaii.gov/pvl. Click on "Dentists and Dental Hygienist". Then click on "Statute/Rule Chapter".

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**ABANDONMENT
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

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Follow the instructions and read requirements.

Legal Name (First, Middle)		(Last)
Residence Address (Include apt. no., city, state & zip code) - REQUIRED		
Mailing Address (ONLY if different from residence)		Employer Name & Address:
Social Security No.	Date of Birth	
Phone No. (Days)	Other names used:	

FOR OFFICE USE ONLY

<input type="checkbox"/> diploma	<input type="checkbox"/> NPDB
<input type="checkbox"/> NB (w/in 5 yrs) <u>OR</u>	<input type="checkbox"/> Employment Ltr
<input type="checkbox"/> Active Practice	<input type="checkbox"/> Lic Verif _____
Approved <input type="checkbox"/>	Initials/Date:
License No.	Eff. Date:
Employer: xxx-	Exp. Date:

Check answers and give details when required:

- 1) Are you at least 18 years of age? Yes No
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? Yes No
- 3) Are you a graduate of an ADA accredited program? Yes No
- 4) Have you taken and passed all parts of the National Board exam **within the past five years?** Yes No
- 5) a. Do you presently hold or have you ever held a license in any other state or country? Yes No
 b. Where? _____ Date Licensed: _____
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? Yes No
- 7) Are there any disciplinary actions pending against you? Yes No
(If "YES" to questions 6 or 7, explain on separate sheet and arrange to have certified documents sent to the Board.)
- 8) Have you actively practiced clinical dentistry of not less than 1,000 hours per year for the three years immediately prior to the date of application? Yes No
(If "YES", please have a licensed dentist or dental hygienist complete the "Verification of Active Clinical Dental Practice" form and attach to your application if applicable.)
- 9) Have you previously taken and failed the Hawaii dental licensure examination or the ADEX dental examination after 07/02/04? Yes No
(If "YES", you shall not have the benefit of a community service license.)
- 10) Have you ever had or have pending legal or regulatory action relating to claims of malpractice, or personal or professional misconduct? Yes No
(If "YES", explain on separate sheet.)
- 11) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? Yes No
(If "YES", explain on a separate sheet and attach court documentation on the date, place, violation of each conviction and fulfillment of conditions of each sentence.)

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Appl	168	\$100
Lic	173	\$125
CRF	169	\$74/\$148
Service Fee	BCF	\$25

APPLICATION FOR COMMUNITY SERVICE LICENSE - DENTIST

Print Name of Applicant: _____

Date: _____

	Dates (mo/yr)		Semester or Credit Hrs	Degree Earned & Date Earned	Name of Institution	Location (City/Country)
	From	To				
EDUCATION					College/University (other than dental)	
					Dental	
					Graduate	

AFFIDAVIT OF APPLICANT:

I have carefully read the questions in the foregoing application and have answered them truthfully and completely, without reservations of any kind. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign), to release to the Board of Dentistry of the State of Hawaii any information, files or records requested by the Board in connection with the processing of this application.

I hereby expressly waive all provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which is thereby acquired, and I hereby consent that any knowledge or information be disclosed to the Board of Dentistry in the State of Hawaii.

I hereby certify that the statements, answers, and representations made in this application and in the documents submitted are true and correct. I understand that any misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19, and 448-17, Hawaii Revised Statutes).

I further certify that I have read, understand, and agree to the provisions of Chapters 448 and 436B, Hawaii Revised Statutes, and Chapter 79, Hawaii Administrative Rules.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize the Board of Dentistry and DCCA's staff to release any and all information regarding my application (including but not limited to, application status, examination scores, disciplinary or criminal history, National Practitioner Data Bank Report) to the following third party:

Name of Individual who is assisting you: _____

Name of Organization: _____

Address of Organization: _____

Signature of Applicant

Date