This form may be completed online, printed and mailed to the address listed below.

State of Nebraska
Department of Health and Human Services
Regulation and Licensure
Credentialing Division
Dentistry
P O Box 94986
Lincoln NE 68509-4986

Fees:
Examination: $100.00
Reciprocity: $100.00
Lap Fee: $2.00 (1st Yr after Rnwl)
$1.00 (2nd Yr after Rnwl)

APPLICATION FOR LICENSE TO PRACTICE DENTISTRY

1	Legal Name:	Last:	First:	Middle/Maiden:
2	Date of Birth:		Place of Birth:	
	*****You must attach a copy of your birth certificate, marriage license, driver's license or other valid verification of your age.**			
3	Social Security Number			
4	Mailing Address:	Street/PO/Route:		
		City:	State:	Zip:
5	Telephone Number: (Optional)		E-mail/Fax: (Optional)	
6	Permanent Address:	Street/PO/Route:		
		City:	State:	Zip:
7	Name and Location of accredited dental college/school attended by applicant:			
	Name of College/School:		City:	State:
8	Date of Graduation:	(Month/Day/Year)		
9	How are you applying for licensure? (Check one)		By Examination	By Reciprocity
			❑	❑
10	A separate Nebraska Controlled Substances Registration is no longer required upon providing proof of a Federal Controlled Substances Registration (DEA number) to the Nebraska Department of Health and Human Services Regulation and Licensure. Check one of the following:			
	❑	I have enclosed a photocopy of my current Federal Controlled Substances Registration. My Federal Controlled Substances Registration Number is _____, and it expires on _____ _____.		
	❑	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.		
	❑	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time I am also to supply a photocopy of the registration to the State of Nebraska.		

11	**All applicants must answer the following questions either YES or NO:**				
	A	Have you taken a clinical examination? **Answer Yes or No**			
		CRDTS scores are good for 5 years from the date it was taken **WREB examinations taken after January 1, 2001 will be accepted** **SRTA examinations taken after January 1, 2002 will be accepted** **NERB examinations taken after January 1, 2003 will be accepted**			
		❑ WREB	❑ CRDTS	❑ SRTA	❑ NERB
		If yes, list locations and dates:			
		Location		Dates	
	B	Have you ever failed on two occasions to pass any part of the CRDTS, WREB, SRTA or NERB or any other clinical examination? **Answer Yes or No**			
		If yes, list locations and dates:			
		Location		Dates	
	C	Have you contacted the Joint Commission on National Dental Examinations to send your examination scores directly to the Department? **Answer Yes or No**			
	D	Have you requested that a certified transcript showing graduation be sent directly from your college or school of dentistry to the Department (transcripts marked "issued to student" are unacceptable)? **Answer Yes or No**			
	E	Have you ever been licensed as a dentist in another state? **Answer Yes or No**			
		If yes, list all other states where you have been or are currently licensed, including license number, issuance date, and expiration date.			
		State	License #	Issue Date	Expiration Date
		A certification of licensure must be sent directly to our office from each state where you hold or have held a license to practice dentistry. The certification should include the name and address of the agency that issued the applicant's license to practice dentistry in another jurisdiction. It should also show the license number, issue date, expiration date, and any disciplinary information.			
	F	**Answer the following questions either YES or NO**: if yes, explain the circumstances and the outcomes on an additional sheet of paper:			
		1	Has any state or territory of the U.S. ever taken any of the following actions against your license?		
			Answer each Yes or No	Denied	
				Suspended	
				Revoked	
				Limited	
		2	Has any licensing or disciplinary authority ever taken any of the following actions against your license?		
			Answer each Yes or No	Limited	
				Suspended	
				Restricted	
				Revoked	
		3	Has any licensing or disciplinary authority placed your license on probation? **Answer Yes or No**		
		4	Have you ever voluntarily surrendered a license issued to you by a licensing or disciplinary authority? **Answer Yes or No**		

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5	Have you ever voluntarily limited in any way a license Issued to you by a licensing or disciplinary authority? **Answer Yes or No**		
6	Have you ever been requested to appear before any licensing agency? **Answer Yes or No**		
7	Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority? **Answer Yes or No**		
8	Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence? **Answer Yes or No**		
9	During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition? **Answer Yes or No**		
10	During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder? **Answer Yes or No**		
11	Have you ever been convicted of a felony? **Answer Yes or No**		
12	Have you ever been convicted of a misdemeanor? **Answer Yes or No**		
13	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration? **Answer Yes or No**		
14	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances? **Answer Yes or No**		
15	Have you ever surrendered your state or Federal controlled substances registration? **Answer Yes or No**		
16	Have you ever had your state or federal controlled substances registration restricted in any way? **Answer Yes or No**		
17	Have you ever been notified of any malpractice claim against you? **Answer Yes or No**		

12 **APPLICANTS APPLYING BY RECIPROCITY MUST COMPLETE THE FOLLOWING**

A Answer the following questions either yes or no:

1	Have you submitted proof that you have been actively engaged in the practice of dentistry or in a dental residency or graduate-training program for at least three (3) years? **Answer Yes or No**	
	Please provide location, address, and dates that you were actively engaged in the practice of dentistry. If you have been in a residency or graduate training program submit official documentation of dates of attendance.	

Location	Address	Dates

2	Have you submitted proof that one of these years has been within the three (3) years immediately preceding the date of this application? **Answer Yes or No**	

		3	Have you requested to have certification(s) of your dental License(s) sent to the State of Nebraska? **Answer Yes or No**	
		4	Have you submitted evidence of completion of 15 hours of continuing education earned in the 12- month period preceding this application? **Answer Yes or No**	

ALL APPLICANTS MUST COMPLETE THE FOLLOWING

Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of $10 per day, not to exceed a total of $1,000 when evidence exists that a person has practiced prior to being issued a License.

13	Have you actively practiced as a Dentist prior to being issued an active Dental license? **Answer Yes or No**	
	If yes, how may days have you actually practiced Dentistry prior to being issued a license?	
14	**ALL APPLICANTS MUST SIGN**	

State of _____)
)
County of _____)

I, _____, being first duly sworn say that I am the person
(Print Name)

referred to on this application, that I am of good moral character and that the statements on the application are true and complete.

_____
(Signature of Applicant)

_____
(Month-Day-Year)

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