

INSTRUCTIONS FOR FILING ONLINE APPLICATION FOR LICENSURE BY EXAMINATION OR CREDENTIALS FOR DENTISTS

A completed application shall include the following unless otherwise stated below. An incomplete application and or fee will delay the processing of your application. Incomplete applications are kept for one year then destroyed.

- _____ 1. **Application.** Please be sure that all information and questions are completed on the application. The application can be used for one year from date of receipt.

- _____ 2. **Application Fee:** The fee for **dental license by examination is \$400** or the fee for **dental license by credentials is \$500**, which may be paid online using a VISA, MasterCard or Discover. The fee can be used for one year from date of receipt. Pursuant to 18 VAC 60-20-40, all fees are non-refundable. Your application will not be submitted to the Board of Dentistry for review until you have submitted your payment.

- _____ 3. **Form A – Original** certification of graduation by each dental school which granted you a dental degree or certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association, which consists of either a pre-doctoral dental education program or at least a 12-month post-doctoral advanced general dentistry program or a post-doctoral dental education program in any other specialty. Applicants must submit a Form A for each degree and or certificate earned from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association. The school may use this form or its own form to meet this requirement. The certification must bear the school's seal or be on letterhead. This information is only accepted from the programs accredited by the Commission on Dental Accreditation of the American Dental Association. Documentation from foreign schools is not required or accepted. (Faxed copies are not acceptable.)

- _____ 4. Final **original** transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. A transcript or program verification is required for residency/advanced specialty programs. (Documentation from foreign schools is not required or accepted as foreign schools are not acceptable.)

- _____ 5. Chronology listing **ALL** personal and professional activities you have engaged in since receiving your doctoral degree or certification, including teaching positions, internship, all periods of non-professional activity or employment, volunteer work, and all periods of unemployment. (*Resumes and curriculum vitas are not required and are not accepted as substitutes for completing the chronological listing.*)

Applicants **for licensure by credentials** are **additionally** required to provide the Number of Hours of clinical practice for each dental position held within the six year period prior to submitting an application. Hours must be reported per year. To qualify for licensure by credentials the applicant must have practiced a minimum of 600 hours in each of five calendar years during the six years immediately preceding your application.

- _____ **6. Original** licensure verification from any jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a health care provider. Copies of permits are not accepted. Verifications cannot be older than 6 months from date prepared.
- _____ **7. Clinical Scores.** An **original** score card or report from the testing agency documenting passage of a clinical examination involving live patients is required. Candidate's score cards are not acceptable. The board receives and maintains SRTA score reports for five years. **All other score cards or reports must be requested by the applicant.** (Canadian exams are not accepted.)
- If applying by examination,** the examination results accepted are: SRTA from any year; CRDTS, WREB or NERB if taken after January 1, 2005; CITA if taken after September 1, 2007; and ADEX if taken after January 1, 2012.
- If applying by credentials,** the examinations results accepted are CRDTS, WREB, NERB, CITA and ADEX and the results of state administered examinations are accepted when the scorecard or report shows that testing included live patients.
- _____ **8. Original,** current report, not older than 6 months from date prepared, must be obtained by Self Query from the National Practitioner Data Bank (NPDB). There is a processing fee for this service, which may be requested through their website at www.npdb.hrsa.gov. **This report from NPDB is required from all applicants, without exception** (Regulation 18 VAC 60-20-100).
- _____ **9.** An **original** grade card **giving scores** issued by the Joint Commission on National Dental Examinations. An original grade card received from the Commission or from the applicant will be kept for one year. Copies of grade cards are not accepted.
- _____ **10. Application's Electronic Signature** authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read and understand and will remain current with the applicable Virginia dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry.
- _____ **11. Name Change:** Documentation must be provided to show each name change(s) if your name has ever been changed from the time you attended school or were licensed in other jurisdictions or other than what is listed on your application. Photocopies of marriage licenses or court orders are accepted.

Additional requirements for Oral and Maxillofacial Surgeons (Code §54.2709.1 and 2)

Prior to practicing as an oral and maxillofacial surgeon, you are required to register with the Board of Dentistry and you are required to obtain certification before performing certain cosmetic procedures (see Regulation 18 VAC 60-20-290). The applications for registration and certification are available at www.dhp.virginia.gov/dentistry or you may request the forms by calling the Board office at (804) 367-4538. Once you are registered with the Board, you will receive instructions for completing a profile of information about your practice for the public.

FYI

SRTA

4698 Honeygrove Rd., Ste. 2
Virginia Beach, VA 23455
757-318-9084
757-318-9085 FAX
www.srta.org

CITA

1003 High House Rd., Ste. 101
Cary, NC 27513
919-460-7750
919-460-7715 FAX
www.citaexam.com

CRDTS

1725 SW Gage Blvd.
Topeka, KS 66604
785-273-0380
785-273-5015 FAX
www.crdts.org

National Practitioner Data Bank

P.O. Box 10832
Chantilly, Va 20153
1-800-767-6732
Chantilly, VA 20153-0832
www.npdb.hrsa.gov
(go to “Start a Self Query”)

WREB

23460 N. 19th Ave., Ste. 210
Phoenix, AZ 85027
602-944-3315
602-371-8131 FAX
www.wreb.org

NERB

1304 Concourse Dr., Ste. 100
Linthicum, MD 21090
301-563-3300
301-563-3307 FAX
www.nerb.org

National Board Scores

American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
1-800-232-1694
www.ada.org

Approved Programs

American Dental Association
Commission on Dental Accred.
211 East Chicago Ave.
Chicago, IL 60611-2678
312-440-2500
www.ada.org/267.aspx

Notes:

- **PLEASE NOTE:** If your Virginia License is not issued within six months of the Board’s receipt of parts of the application, certain portions of the application may need to be updated/resubmitted before a license can be issued.
- **PLEASE NOTE:** Approval to take a regional examination will only be granted to applicants who are otherwise eligible for licensure as documented in a **completed application**. Approval will not be granted to applicants who have not graduated and a holder of a diploma or a certificate from a dental program accredited by the Commission on Dental Accreditation of the American Dental Association as required by §54.1-2709.B (ii) of the Code of Virginia and by 18 VAC 60-20-60.A of the Regulations Governing the Practice of Dentistry.
- **DEA REGISTRATION:** Applicants must have a dental license prior to applying for a DEA License. Requests for application in Virginia should be made to the following: Drug Enforcement Administration, P.O. Box 28083, Washington, DC 20038-8083; 1-800-882-9539; www.deadiversion.usdoj.gov

- You might obtain the Virginia dental and dental hygiene laws and the regulations of the Virginia Board of Dentistry on-line at www.dhp.virginia.gov/dentistry.
- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by “Certified Mail-Return Receipt Requested” or with “Delivery Confirmation”.
- After submitting your application and required fee, you may view the checklist items for your application by returning to the Online Applications web site, logging in with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature you will be able to review which application items have been completed and which are still outstanding.
- Within approximately 10 business days of receipt of application, applicants will be notified of missing application items.
- After 10 business days of applying, you might check online to see if your license has been issued by going to www.dhp.virginia.gov and selecting “License Lookup”
- Documents submitted with an application are the property of the board and cannot be returned.
- Consistent with Virginia law §54.1.2400.02 and mission of the Department of Health Professions, addresses of licensees are made available to the public. Normally, the Address of record is the publically disclosable address. If you do not want your Address of Record to be made public, state law allows you to provide a second, publically disclosable address. Typically, this other address is the work or practice address. If you would like for your Address of Record to be made available to the public, complete both sections with the same address.

FORM A
CERTIFICATION OF DENTAL/DENTAL HYGIENE SCHOOL

APPLICANT: ENTER YOUR NAME AND GRADUATION DATE BELOW THEN SEND THIS FORM TO THE DEAN OR DIRECTOR OF EACH DENTAL/DENTAL HYGIENE SCHOOL WHICH GRANTED YOU A DEGREE OR CERTIFICATE.

APPLICANT _____ GRADUATION DATE: _____

DEAN/PROGRAM DIRECTOR: Please provide certification that the applicant named above received a dental/dental hygiene degree or certificate from your program and certification that the program completed was accredited by the Commission on Dental Accreditation of the ADA (CODA). The certification may be provided by completing this form or by providing a letter with the information requested on this form. Either document must bear the school's seal. The certification should be returned to the APPLICANT. Certifications made prior to the applicant's graduation cannot be accepted.

NAME OF SCHOOL: _____

NAME OF PROGRAM: _____

PROGRAM'S CODA ACCREDITATION STATUS: _____

DEGREE or CERTIFICATION GRANTED: _____

DATE GRANTED: _____ / _____ / _____
Month Day Year

By affixing my signature below, I certify that the applicant named above is a graduate and a holder of a diploma or a certificate from a CODA accredited dental program.

Signature

(SEAL REQUIRED)

Title

Date

DEAN/REGISTRAR: Please provide the applicant an original, final transcript of this alumni record, to include courses, grades, degree or certificate received, and date the degree or certificate was conferred, which bears the certified signature of the registrar and has the college seal affixed.