

INSTRUCTIONS FOR A FACULTY LICENSE TO TEACH DENTISTRY - FOREIGN

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 remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia licensure. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

An applicant for a Foreign Faculty License to Teach Dentistry must meet of the following qualification: Is a graduate of a dental school or college or the dental department of an institution of higher education in a foreign country and has been granted a certification letter from the dean or program director of an accredited dental program confirming that the applicant has clinical competency and clinical experience that meet the credentialing standards of the dental school with which the applicant is to be affiliated.

- _____ 1. **Application:** Please be sure that all information and questions are completed on the application. **Not answering all questions and supplying all information will result in a delay of your application. Also, if there are discrepancies in your application, then the Board may ask for additional clarification or may send your application to Enforcement for an investigation.**
- _____ 2. **Application Fee:** The fee for a **Foreign Faculty License to Teach Dentistry is \$400** and must be paid with a check or money order, made payable to **The Treasurer of Virginia**. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G) all fees are non-refundable. Your application will not be reviewed until you have submitted payment.
- _____ 3. **Certification Letter from the Dean or Program Director:** A certification letter from the dean or program director of an accredited dental program confirming that the applicant has clinical competency and clinical experience that meet the credentialing standards of the dental school with which the applicant is to be affiliated. **(May be mail to the Board or emailed to the Board directly from the school/agency official representative.)**
- _____ 4. **Legal/Name Change:** Documentation must be provided to show each name change if your name has ever been changed since graduation from a CODA or CDAC accredited program or were licensed in other jurisdictions **or other than what is listed on your application**. Photocopies of marriage licenses or court orders are accepted.
- _____ 5. Please be aware that your signed application affidavit authorizes the release of confidential information, affirms that your application is complete and correct, and attests that you have read, understand, and will remain current with the laws and regulations governing the practice of dentistry in Virginia. Review the laws and regulations via the "Laws and Regulations" tab at www.dhp.virginia.gov/dentistry.
- _____ 6. **Address of Record and Publically Disclosable Address:** Consistent with Virginia law §54.1.2400.02 and the 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.

Notes:

- The holder of a Faculty License to Teach Dentistry may only practice dentistry within educational facilities owned or operated by or affiliated with the dental school or program. A licensee who is qualified based on educational requirements for a specialty board certification shall only practice in the specialty for which he is qualified and may receive fees for service but cannot practice privately.
- License shall terminate when the licensee leaves employment at the accredited dental program. The dean of the dental school shall notify the board within 5 working days of such termination of employment.
- License may renew annually as long as the accredited program certifies the licensee's is continuing employment.
- Completed applications cannot be edited once they have been submitted.
- To receive notice that your supporting documents have been delivered to the Board, it is suggested that the documents be mailed using FedEx or UPS with "Delivery Confirmation". **Mail sent by USPS is sent to a separate state processing facility that is offsite; therefore, mail can be delayed. Note: if you send something certified by USPS it only verifies that it got to the processing facility and not the Board.**
- Applicants will be notified of missing application items within approximately 15 business days of receipt of an application. Once your application is complete, allow **30 business days** processing time.
- You may obtain the Virginia laws and regulations governing the practice of dentistry at www.dhp.virginia.gov/dentistry.
- Documents submitted with an application are the property of the board and cannot be returned.
- **Application and supplemental documentation are to be submitted/mailed to the Board addressed to: Virginia Board of Dentistry, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233.**

APPLICATION FOR A FACULTY LICENSE TO TEACH DENTISTRY – FOREIGN

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INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page, and enclose it with the application.

I. GENERAL INFORMATION: COMPLETE ALL SECTIONS (PRINT OR TYPE)

Name: Last*	First	Middle/Maiden	Suffix
Address of Record (Mailing Address)	City	State	Zip Code Telephone Number
Publicly Disclosable Address	City	State	Zip Code Telephone Number
Name of Foreign Country Where You are a Current Resident:	Name of Foreign Country Where you are Licensed to Practice Dentistry:		
Email Address	Fax#		
Date of Birth ____ / ____ / ____ Month Day Year	Social Security Number or Virginia DMV control Number** ____ - ____ - ____		

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

DATE RECEIVED	CERTIFICATION LETTER
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***Name change:** Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.

****In accordance with § 54.1-116 of the Code of Virginia, you are required to submit your Social Security Number, or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended, and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

FEE	APPLICANT #	LICENSE #	DATE ISSUED
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II. APPLICANT HISTORY: ALL QUESTIONS MUST BE ANSWERED.
If any of the following questions are answered “YES”, explain, and substantiate with documentation. Letters must be submitted by your attorney regarding malpractice suits. Letters must be submitted by any treating professionals regarding health treatment and shall include diagnosis, treatment, and prognosis.

1. Are you relocating to Virginia or an adjoining state or the District of Columbia with a spouse who is 1) on federal active-duty orders, or 2) a veteran who has left active-duty service within one year of submission of this application? If “YES”, include a copy of the official military orders with the application. [] Yes [] No

2. Are you active-duty military? If “YES”, include a copy of your official military orders with the application [] Yes [] No

3. List in chronological order including months and years, the dental school(s) attended (include specialty and advanced programs):

Months & Years	Name of Dental School (ADA-CODA)	Passed/Failed
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

4. Have you ever been denied a license, or the privilege of taking a dental licensure/competency examination by a licensing authority? If “YES”, give detail(s), jurisdiction(s) and date(s). [] Yes [] No

5. Have you ever been convicted of a violation or plead Nolo Contendere, to any federal, state, or local statute, regulations, or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence). **“Any information concerning an arrest, charge, or conviction that has been sealed, including arrests, charges, or convictions for possession of marijuana, do not have to be disclosed.”** Please note: the Board may ask for additional documentation.
 If “YES”, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record certified by the Clerk of the Court.

6. Have you ever voluntarily surrendered your clinical privileges while under investigation, been censured or warned or been requested to withdraw from the staff of any hospital, nursing home other health care facility, or any health care provider? If “YES”, give details, jurisdiction(s), and date(s) on a separate page. Please note: the Board may ask for additional documentation. [] Yes [] No

7. Have you ever had any of the following disciplinary actions taken against your license to practice dentistry, your DEA permit, Medicare, Medicaid, or are any such actions pending: suspension/revocations, or probations, or reprimand/cease and desist, or monitoring of practice, or limitation placed on scheduled drugs? If “YES”, give details, jurisdiction(s), and date(s) on a separate page. Please note: the Board may ask for additional documentation. [] Yes [] No

8. Have you ever had any membership in a professional society revoked, suspended, or sanctioned in any manner? If “YES”, give details, jurisdiction(s), and date(s) on a separate page. Please note: the Board may ask for additional documentation. [] Yes [] No

9. Have you had any malpractice suits brought against you in the past ten (10) years? Yes No
If "YES", please provide details for each pending or closed case, list additional claim(s) on a separate page and provide a letter from your attorney explaining each case. **Please note: the Board may ask for additional documentation.**

Claimant: _____ Date of Incident _____

Name of Defense Attorney: _____

Settlement or Verdict Amount: _____

Name of Involved Insurance Company: _____

Brief description of the claim: _____

Additional licensure questions:

1. Do you have any reason to believe that you would pose a risk to the safety or well-being of your patients or clients? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. Yes No

2. Are you able to perform the essential functions of a practitioner in your area of practice with or without reasonable accommodation? If "NO", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. Yes No

3. Have you ever been disciplined by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. Yes No

4. Have you ever had any conditions or restrictions been imposed upon you or your practice to avoid disciplinary action by any entity? If "YES", please provide a full explanation and supporting documentation to the Board. Please note: the Board may ask for additional documentation. Yes No

**VIRGINIA BOARD OF DENTISTRY
APPLICATION AFFIDAVIT**

I hereby certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, 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 Virginia Board of Dentistry any information, files or records requested by the Board which is material to me and my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me in the application and supporting documents are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the Commonwealth of Virginia.

I have carefully read the laws and regulations related to the practice of dentistry and dental hygiene. I hereby agree to abide by and remain current with the applicable laws and regulations which are available on <http://www.dhp.virginia.gov/Boards/Dentistry/PractitionerResources/LawsRegulations/>, and

I have attached a check or money order in the amount of \$_____ made payable to the **Treasurer of Virginia**. I fully understand that funds submitted as part of the application shall not be refunded.

Applicant Signature

Date