

APPLICATION INSTRUCTIONS FOR A DENTAL LICENSE

There are **two** pathways for licensure in Virginia, **licensure by examination** or **licensure by credentials**. Read through the application instructions carefully before deciding which pathway to pursue. 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. If you need to receive approval to sit for a clinical exam, then you would need to use the pathway for licensure by examination application and select a testing agency in order to be approved.

You may view the [status](#) of the checklist items for your application by visiting the Online Applications website, creating an online account, log in with your User ID and Password, and clicking on the "**View Checklist**" link in the Pending Licenses section. Using the View Checklist feature will allow you to review which application items have been completed and which are still outstanding.

- ___ 1. **Application:** Please be sure that all information and questions are completed on the application.
- ___ 2. **Application Fee:** The fee for a **dental license by examination is \$400** and the fee for a **dental license by credentials is \$500**, which must be paid online using a VISA, MasterCard or Discover. 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 submitted to the Board of Dentistry for review until you have submitted your payment.
- ___ 3. **Form A Certification of Graduation: 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 (CODA) or the Commission on Dental Accreditation of Canada (CDAC), 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 of at least 24 months that includes a **clinical component**. Faxed copies are not acceptable. Applicants must submit a Form A for **each** degree and/or certificate earned from a dental program accredited by CODA or CDAC. The school may use this form or its own form to meet this requirement. The certification form must bear the school's seal or be on letterhead bearing the school's seal and must include the program's CODA/CDAC accreditation status at the time you completed the program. This information is only accepted from programs accredited by CODA or CDAC. Documentation from foreign schools is not required and will not be considered. *(May be mail to the Board or emailed to the Board directly from the school/agency official representative.)*
- ___ 4. **Official Transcript:** Final **original** transcript bearing SEAL, date degree received and registrar's signature. Copies of transcripts, certificates and diplomas are not acceptable. If you completed a post-doctoral program at a hospital which does not maintain transcripts, a letter that addresses the coursework and clinical training that you completed, signed by the Program Director, is required. *(May be mail directly to the Virginia Board of Dentistry, 9960 Mayland Drive, Suite 300, Henrico, VA 23233 or emailed to denbd@dhp.virginia.gov directly from the school, e-scrip, or parchment services provider. An official transcript –must be on original official school paper (sealed) or an online version that Board staff must download from the school, e-scrip or parchment services website.*
- ___ 5. **Form B Chronology (complete online or print form):** List **ALL** personal and professional activities, to include all time periods of employment and unemployment, since receiving your doctoral degree or post-doctoral advanced certification. *(Resumes and curriculum vitae are not accepted as substitutes for completing the chronological listing on Form B and will not be considered.) (Form B may be email/fax/mail to the Board*
- ___ 6. **Form C License Verification (must print form): Original** licensure status and certification from every jurisdiction in which you currently hold or have ever held a license/registration/certification to practice as a dentist or as another health care professional. Copies of permits are not accepted. Certifications cannot be older than 6 months from date prepared. *(May be mail to the Board or emailed to the Board directly from the*

issuing state official representative. If the issuing state/jurisdiction (agency) does not provide an original document then the applicant must provide/submit the issuing agency statement as to why the issuing agency does not provide verification and submit a copy of the electronic version from the issuing agency website to the Board.)

7. **Clinical Scores:** An **original** and detailed 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. All score cards or reports must be requested by the applicant. (Canadian exams are not accepted.) Certificates are not accepted. (Must be mail to the Board or if applicable, you must contact the testing agency to request that your test results be made available to the Virginia Board of Dentistry via online access portal.)

If applying by examination: See Guidance Document 60-25 Policy On Dental Clinical Competency Examination Requirements For Licensure, adopted June 11, 2021.

Applicants who successfully completed a clinical competency examination five or more years prior to the date of receipt of their applications for licensure by this board may be required to retake an examination or take continuing education that meets the requirements of 18VAC60-21-250 unless they demonstrate that they have maintained clinical, ethical, and legal practice in another jurisdiction of the United States or in federal civil or military service for 48 of the past 60 months immediately prior to submission of an application for licensure. (May use the employment of verification form on page 8 to document employment.)

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 do not hold a diploma or certificate from a dental program accredited by CODA or CDAC, as required by §54.1-2709.B(ii) of the Code of Virginia and by 18VAC60-21-200 of the Regulations Governing the Practice of Dentistry. You would need to satisfy all of the licensure requirements other than having completed an acceptable clinical exam therefore you would indicate on the application the exam-testing agency where you would like to be approve to take the clinical exam.)

If applying by credentials: See Guidance Document 60-25 Policy On Dental Clinical Competency Examination Requirements For Licensure, adopted June 11, 2021. **See the additional requirements in numbers 13 and 14 before selecting this pathway.**

8. **NBDE:** An **original** grade card **indicating passage of all parts of the National Board Dental Examination** issued by the Joint Commission on National Dental Examinations is required. Copies of grade cards are not accepted. (You must contact the testing agency to request that your test results be made available to the Virginia Board of Dentistry via their online access portal.)
9. **NPDB:** An **original** current report, not older than 6 months from date prepared, must be obtained by Self Query from the National Practitioner Data Bank (NPDB), which may be requested through their website at www.npdb.hrsa.gov. There is a fee for this report. **This report from NPDB is required from all applicants, without exception** (Regulation 18VAC60-21-190.3). *(Must be mail & received at the Board in its original sealed envelope.)*
10. Please be aware that your electronic signature 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.
11. **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. *(May be mail/fax/email to the Board.)*
12. **Address of Record and Publicly 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.

Additional requirements for licensure by credentials which is *the pathway to licensure for an applicant who holds a license in another state, who passed a state administered clinical exam or one of the regional clinical exams before the dates specified for acceptance for licensure by examination in number 7 above, and who has recently practiced dentistry for at least 5 years. The applicant is additionally required to:*

- _____ 13. Hold a current, unrestricted license to practice dentistry in another jurisdiction in the United States which was obtained by successfully passing a clinical competency examination comparable to the exam required by the Commonwealth of Virginia and are certified to be in good standing by each jurisdiction in which you currently hold or have held a license.

- _____ 14. 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 calendar 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. The Board counts back six years from the date of receipt of an application.

For example, the six year period immediately preceding an application received on August 9, 2021 began on August 10, 2015. The six calendar years for this example application are:

First year: August 10, 2015 to August 9, 2016;
Second year: August 10, 2016 to August 9, 2017;
Third year: August 10, 2017 to August 9, 2018;
Fourth year: August 10, 2018 to August 9, 2019;
Fifth year: August 10, 2019 to August 9, 2020, and
Sixth year: August 10, 2020 to August 9, 2021.

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 (see Regulation 18VAC60-21-310). You are also required to obtain certification before performing certain cosmetic procedures (see Regulation 18VAC60-21-350). 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.

NOTES:

- Completed applications cannot be accessed or edited once they have been submitted.

- If your Virginia License is not issued within 6 months of the date of the NPDB (National Practitioner Databank) Self Query Report and certification of state licensure, you will be asked to submit a current NPDB Self Query Report and current state licensure certification before your application can be reviewed.

- **DEA Registration:** Applicants must have a dental license prior to applying for a DEA License. Requests for an application in Virginia should be made to the following: Drug Enforcement Administration, Attn: Registration Section/ODR, P.O. Box 2639, Springfield, VA 22152-2639; 1-800-882-9539; www.dea diversion.usdoj.gov

- To receive notice that your supporting documents have been delivered to the board, it is suggested that the documents be mailed by Fed-Ex or UPS with "Delivery Confirmation".

- Applicant will be notified of missing application items within approximately 15 business days of receipt of an application. Once your application is deem complete, allow 30 business days processing time.

Related contact information:

SRTA

4698 Honeygrove Road, Suite 2
Virginia Beach, VA 23455
757-318-9082
757-318-9085 FAX
www.srta.org

CITA

1518 Elm Street, Suite A
Sanford, NC 27330
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

WREB

23460 N. 19th Ave, Suite 210
Phoenix, AZ 85027
623-209-5400
602-371-8131 FAX
www.wreb.org

National Practitioner Data Bank

P.O. P.O. Box 10832
Chantilly, VA 20153
1-800-767-6732
www.npdb.hrsa.gov

NERB/CDCA

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

National Board Scores**Joint Commission on National Dental Examinations**

211 East Chicago Avenue
Chicago, IL 60611-2678
1-800-232-1694

www.ada.org/jcnde/examinations

Effective November 30, 2016, the National Board Dental Examination (NBDE) result reports will no longer be sent via mail.

Approved Programs

ADA (American Dental Association)
CODA (Commission on Dental Accreditation)
211 East Chicago Avenue
Chicago, IL 60611-2678
1-800-621-8099 or 312-440-4653
<https://www.ada.org/en/coda>



Virginia Department of
Health Professions
Board of Dentistry

9960 Mayland Drive, Suite 300
Henrico, Virginia 23233
(804) 367-4538 (Tel)
(804) 698-4266 (eFax)
denbd@dhp.virginia.gov
www.dhp.virginia.gov/dentistry

FORM A CERTIFICATION OF DENTAL SCHOOL

Applicant: Enter **only** your name and graduation date below, then send this form to the Dean or Director of each Dental School or Program which granted you a degree or certificate.

APPLICANT _____ **GRADUATION DATE:** _____

DEAN/PROGRAM DIRECTOR: Please provide certification that the applicant named above received a dental degree or certificate from your program and certification that the program completed was accredited by the Commission on Dental Accreditation of the ADA (CODA) or the Commission on Dental Accreditation of Canada (CDAC) at the time the applicant completed the program. The certification may be provided by completing this form or by providing a letter with all the information requested on this form. Either document must bear the school's seal.

Certifications made prior to the applicant's graduation cannot be accepted.

NAME OF SCHOOL: _____

NAME OF PROGRAM: _____

PROGRAM'S CODA/CDAC ACCREDITATION STATUS ON THE DATE THE DEGREE OR CERTIFICATION WAS GRANTED:

A1:	Approval (without reporting requirements)	[]
A2:	Approval (with reporting requirements)	[]
IA:	Initial accreditation	[]
DIS:	Accreditation voluntarily discontinued	[]
WDRN:	Accreditation withdrawn	[]
X:	Intent to withdraw accreditation	[]
T:	Program is in Teach-Out by institution	[]
NE:	Required period of non-enrollment	[]

DEGREE or CERTIFICATION GRANTED: _____

DATE DEGREE or CERTIFICATION 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/CDAC accredited dental program.

SEAL

Signature

Print Name

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.



Virginia Department of
Health Professions
Board of Dentistry

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FORM B CHRONOLOGY

APPLICANT NAME: _____

Every applicant must provide a complete chronological, personal and professional history of all activities you have engaged in since receiving your degree or certification, including teaching positions, all periods of non-professional activity or employment, volunteer work and all periods of unemployment. **Curriculum vitae and resumes are not accepted as substitutes for completing the chronological listing and will not be considered.**



Only applicants for dental licensure by credentials are required to provide the Number of Hours of Clinical Practice. You must report the number of hours you were engaged in clinical practice for each dental position you held within the six year period prior to submitting this application. Report multiple year positions as hours per calendar year, i.e. 600 hours in 2004 or 1000 hours each year for 2001 - 2004.

Form B may be photocopied if additional space is needed.

FROM Month/Year	TO Month/Year	POSITION/ACTIVITY	Employer/Contact Person for practice verification and the person's Complete Address, and Telephone #	Number of Clinical Practice Hours Per Year



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**FORM C
 CERTIFICATION OF DENTAL BOARDS**

Please forward one form to each state dental/dental hygiene board where you hold or have ever held a dental/dental hygiene license. Some states require a fee, paid in advance, for providing this information. To expedite, you may wish to contact the applicable state board(s). Form C may be photocopied if copies are needed.

I am making application for licensure in Virginia by:

- | | | |
|---|---|--|
| <input type="checkbox"/> Examination for Dental License | <input type="checkbox"/> Examination for Dental Hygiene License | <input type="checkbox"/> Dental Restricted Volunteer License |
| <input type="checkbox"/> Credentials for Dental License | <input type="checkbox"/> Credentials for Dental Hygiene License | <input type="checkbox"/> Dental Hygiene Restricted Volunteer License |
| <input type="checkbox"/> Dental Faculty License | <input type="checkbox"/> Dental Hygiene Faculty License | <input type="checkbox"/> Dental Reinstatement |
| <input type="checkbox"/> Dental Temporary Permit | <input type="checkbox"/> Dental Hygiene Temporary Permit | <input type="checkbox"/> Dental Hygiene Reinstatement |

I, was granted License Type/Number _____, on _____ by the State of

 Month Date Year

_____. The Virginia Board of Dentistry requires that I submit evidence of the status of my license. You are hereby authorized to release any information in your files, favorable or otherwise directly to the **Virginia Board of Dentistry at 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233** or denbd@dhp.virginia.gov. Your early attention is appreciated.

 Applicant's Signature

 Applicant's Typed/Printed Name

 Applicant's Address

Executive Officer of the Board: please send this form directly to the Virginia Board of Dentistry.

State of _____ Name of Licensee _____ License # _____

Graduate of _____ License Type _____ Issued _____

By: Examination* Credentials Reciprocity with the State of _____ Endorsement with the State of _____

*If licensed by a state administered examination, please provide a score card or report which shows that testing included live patients.

License is: Current-Expires _____ Active Inactive Lapsed-Expired _____

Has applicant's license ever been disciplined, suspended or revoked NO YES

If "YES", give details and attach supporting documentation (Finding of Fact, Conclusions of Law, Orders): _____

Comments, if any: _____

SEAL

 Signature

 Title

 Date

 Print Name



Virginia Department of
Health Professions
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EMPLOYMENT VERIFICATION

(Optional Form)

(MUST BE COMPLETED BEFORE A NOTARY PUBLIC)

Name of Employing Dentist(s) or Agency: _____

Complete Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address _____

"I, _____ D.D.S./D.M.D./agency representative,
(Print name & Title of the Employing Dentist or Agency Representative)

certify that _____, was employed by me as a _____
(Print Applicant/Employee Name) (Print Job Title)

from _____ / _____ / _____ to _____ / _____ / _____, in the clinical, ethical and legal practice of a

Month Day Year Month Day Year

(Job Title)

Dentist's/Agency Representative Signature

Date

State of _____

County/City of _____

Sworn and subscribed to, before me, this _____ day of _____, _____
Day Month Year

My commission expires on _____
Month Day Year

SEAL/STAMP

Signature of Notary Public

Print Name