

LICENSURE REQUIREMENTS

- Completed Application with Cover Page - Applications are valid for 1 year from the day they are received at RIDOH. If you are not licensed within the year you must submit a new application.
- Check or money order (preferred), made payable (in U.S. funds only) to the RI General Treasurer in the amount of **\$40.00** and attached to the upper left-hand corner of the first (Top) page of the application. **THIS APPLICATION FEE IS NONREFUNDABLE.** Please be advised that this is an application fee and includes the first license **only** up until the next expiration date.
- Copy of driver's license or state issued ID
- Score/Certification sent directly from the Dental Anesthesia Assistants National Certification Examination.
- Copy of Certificate of completion of an approved course in Advanced Cardiac Life Support (ACLS)
- If you have ever been licensed in another state, license verification(s) must be sent directly from the state(s) in which you hold or have held a license. (Interstate Verification Form included in this application can be used for that purpose)
- If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Licensure Information

Please visit the RIDOH website at <http://www.health.ri.gov/licenses> to Verify your license, download Rules and Regulations/Laws for your profession, download change of address forms, other licensing forms or obtain our contact information. HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others.

License Certificates

RIDOH will be providing wallet license cards ONLY on issuance of licenses. If you wish to receive a license certificate, suitable for framing, please check the box below and attach a separate check in the amount of \$30.00 made payable to RI General Treasurer.

- I would like to receive a license certificate. I have enclosed a separate check in the amount of \$30.00



State of Rhode Island Board of Examiners in Dentistry

Application for A DAANCE License

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Degree

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

Male

Female

4. Date of Birth

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

Home Addresses are not published information.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Home Phone

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Primary Business Address

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Business Phone

Extension

Business Fax

7. Preferred Mailing Address Please check <u>ONE</u>	<input type="checkbox"/> Please use my Home Address as my preferred mailing address <input type="checkbox"/> Please use my Business Address as my preferred mailing address
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8. DAANCE Certification Examination	Date Completed <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="display: flex; justify-content: space-around; font-size: small;"> Month Year </div>
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9. DAANCE Licensure List all states or countries in which you are now, or ever have been licensed to practice as a DAANCE Certified Maxillofacial Surgery Assistant or any other profession.	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="width:50%; border: none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border: none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> </table>	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive			
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10. Board Discipline List any disciplinary actions by licensing boards in other states. Please describe any <u>prior or pending Board action or investigation</u> . Please attach any relevant supplemental materials. If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper. <input type="checkbox"/> Check here if not applicable.	<table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;"> Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct): </td> <td style="width:10%; border: none;"> Month </td> <td style="width:10%; border: none;"> Year </td> <td style="width:20%; border: none;"> Type of Discipline: </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> _____ </td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Please describe any <u>prior or pending Board action or investigation</u>. Please attach any relevant supplemental materials.</p>	Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct):	Month	Year	Type of Discipline:	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
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11. Criminal Convictions Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided. If necessary, you may continue on a separate 8 1/2 X 11 sheet of paper.	<p>Have you ever been convicted of a violation, pled Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending; including use of illicit substances or operating a motor vehicle while intoxicated. (Please include any offenses which have been expunged from your record)?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):</p> <table style="width:100%; border: none;"> <tr> <td style="width:80%; border: none;"> _____ </td> <td style="width:10%; border: none;"> Month </td> <td style="width:10%; border: none;"> Year </td> </tr> <tr> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td style="border: none;"> _____ </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> <td style="border: none;"> <input type="text"/> <input type="text"/> </td> </tr> </table>	_____	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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¹For purposes of this section, a person shall be deemed to be convicted of a crime if he/she plead guilty or if he/she was found or adjudged guilty by a court of competent jurisdiction or has been convicted of a felony by the entry of Nolo Contendere in any state.

12. Disciplinary Questions

Check either Yes or No for each question.

1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending? Yes No
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2. Have you ever been denied a license, certificate, registration or permit in any state? Yes No



Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

13. Affidavit of Applicant

I, _____, affirm that the information provided on this application form and the documentation provided to support this application is true, accurate complete, and unaltered. I acknowledge that, pursuant to RIGL 11-18-1, knowingly making a false statement on this application form is punishable as a misdemeanor, and that such an act shall constitute cause for denial, suspension, or revocation of my license/permit to practice as a DAANCE Certified Maxillofacial Surgery Assistant in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners in Dentistry of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

