Print Form

ARKANSAS STATE BOARD OF DENTAL EXAMINERS
101 East Capitol Avenue, Suite 111
Little Rock, Arkansas 72201
Phone: 501-682-2085 Fax: 501-682-3543
Web: www.asbde.org Email: asbde@arkansas.gov

For Board Use Only:

Lic. #: _____

DOL: _____

Spec: _____

Application for Dental Specialty License

Name (first, middle, maiden & last): Degree:

Address (include city, state & zip):

Social Security #: Home Phone #: Business Phone #:

Date of Birth: Present Age: Email Address:

Arkansas Dental License Number: Date Issued:

School Granting Dental Degree: Date Graduated:

Source of Specialty Training: Dates:

In which specialty do you desire to be examined or licensed?

I am (or have been) licensed to practice Dentistry in the following states/jurisdictions:

STATE/JURISDICTION	HOW LICENSED	LICENSE NUMBER	DATE LICENSED	YEARS OF PRACTICE

If licensed to practice a specialty in Arkansas, when and where do you plan to practice?

Are you a Diplomate of an American Board? ☐ Yes ☐ No

If so, what Board? Year:

Do you expect to devote your full time to the practice of this specialty? ☐ Yes ☐ No

Have you served as an associate in your chosen specialty? ☐ Yes ☐ No

If so, with whom? (Name & address) _____ Dates: _____

Do you teach or have you taught in a dental or medical school? ☐ Yes ☐ No

Name of school: _____

Date of Appointment: _____ Subject: _____

Are you a member of any specialized societies? ☐ Yes ☐ No

Name of society: _____

Date: _____ Number of meetings attended in past 5 years: _____

How many years have you devoted to the general practice of dentistry? _____ Dates: _____

Give names of professional organizations in which you hold membership:

Give, in detail, the graduate training you have received in this specialty, with dates, places, and courses completed (include internships). Furnish certifications.

In what Dental society meeting programs have you participated in the last 5 years? Give titles of papers read and name of clinics.

Have you engaged in research work? If so, name subjects and give findings.

List professional periodicals carrying any of your articles during the past five years and give dates of publication.

Give the names and addresses of six members of the profession who personally know of your ability in your specialty:

Name:		Address:	
Name:		Address:	
Name:		Address:	
Name:		Address:	
Name:		Address:	
Name:		Address:	

In addition to the foregoing:

1. I hereby give my permission for the Arkansas State Board of Dental Examiners to secure information concerning me or any of the statements in this application from any person or any source the Board may desire.

2. I further agree to submit to questioning by the Board or any duly appointed representative of the Board, and to substantiate my statements if it is desired.

3. I have attached a check or money order in the amount of $300.00 to cover this application fee. I understand that this fee will be returned only if the Arkansas State Board of Dental Examiners does not accept this application. I have also attached a photograph taken of me within the last six months.

4. I further understand and agree that the title of all specialty certificates shall be the property of the Arkansas State Board of Dental Examiners and shall be surrendered by order of said Board.

5. I hereby state that I have read the above statements and agree to their terms. I am not omitting any information that might be of value to this Board in determining my qualifications, whether it is called for or not; and I agree that any falsifications, omissions, or withholding of information or facts concerning my qualifications shall be sufficient to bar me from this or any future examination given by the Arkansas State Board of Dental Examiners. Such falsifications, omissions, and withholdings shall serve as sufficient grounds for the recall of my specialty license if not discovered until after issuance.

6. I solemnly declare upon my honor that if granted a license to practice a dental specialty in Arkansas, I will respectfully comply with the laws governing the practice of Dentistry in the State and the standing rules governing the practice of a specialty as approved by the Arkansas State Board of Dental Examiners, and will do my best to uphold and maintain the ethics of the profession.

_____

Signature of Applicant