



**West Virginia Board of Dentistry**  
**1319 Robert C. Byrd Drive**  
**PO Box 1447**  
**Crab Orchard, WV 25827-1447**

FOR OFFICE USE ONLY	
Clinical Board	_____
NB	_____ LAW _____
Certifications	_____
Fees	_____

**APPLICATION FOR AN INTERN OR RESIDENT PERMIT**

**I. Applicant Identifying Information**  
**Complete this section by providing all requested information. You must notify the Board office, in writing, of any address changes after you file this application in order to receive additional information.**

Applicant's Name \_\_\_\_\_  
Last
First
Middle
Suffix (Jr., III)

If Married, maiden name (if applicable) \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Name desired on license (if granted). \_\_\_\_\_

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ **I am not a U. S. Citizen** but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. **\*Submit copy of Green Card or Visa.**

Preferred Mailing Address \_\_\_\_\_  
Street
City
County
State
Zip

Home Address \_\_\_\_\_  
Street
City
County
State
Zip

Home Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Place of Birth (City, State or Country) \_\_\_\_\_ Date of Birth MM/DD/YYYY \_\_\_\_\_ Gender M/F \_\_\_\_\_ Race \_\_\_\_\_

\*Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

\*The Social Security Number is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state dental boards to report to the Healthcare Integrity and Protection Data Bank and the National Practitioner Data Bank.

Are you or your spouse an active duty member of the armed forces? **Please attach DD214 or NGB22.**

Military Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Branch of Service

Honorable / Dishonorable Discharge: \_\_\_\_\_ If other than Honorable, attach a copy.

Application must be completed with all requested information and documentation supplied. Application fee (check or money order) must accompany application. Application Fee is non-refundable and non-transferable.  
 Intern/Resident permit fee - \$180.00 Active Duty Military Member or Spouse — \$0.00

*The application form is a public document subject to the Freedom of Information Act.*

**II. Education Information**

**Pre-Dental & Dental College, School or Dental Department of a University**

	Name of School	Location (City, State or Country)	From (Month/Year)	To (Month/Year)	Graduated Yes/No	Degree
Pre-Dental						
Dental *						
Internship or Residency						
Other						

**\*Please have an official dental school transcript sent directly to the Board office.**

**III. Record of Licensure Information**

**List all states in which you have ever been licensed, whether currently active or not. Failure to disclose all licenses held may result in denial of your application.**

State**	Date Issued	License No.	Expiration Date	Active or Inactive

**\*\*You must have a certified letter of good standing, bearing the State's seal, sent directly to this office from each state listed.**

**IV. Clinical & National Boards**

Have you taken and passed the National Boards? \_\_\_\_\_

Dates—Part 1

Dates—Part II

**If not on file in the Board office, you must have National Board send your scores directly to the office.**

Have you taken and passed a state or regional clinical board? If so, which one? \_\_\_\_\_

Location where you took the exam - \_\_\_\_\_

Dates - \_\_\_\_\_

**If not on file in the Board office, you must have the testing agency forward your scores directly to the office.**

**V. Personal History Information**

**Please respond to all questions. If you answer “yes” to any question, you must attach a written explanation. In addition, if you answer “yes” to any question, you may be requested to appear before the Board to answer additional questions and/or provide additional information.**

Circle One

- |    |   |     |    |
|----|---|-----|----|
| 1. | During any professional/dental education, were you ever dismissed, suspended, restricted, disciplined, placed on probation, or otherwise acted against or did you take a leave of absence ?   | Yes | No |
| 2. | During any professional/dental education, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training?   | Yes | No |
| 3. | Have you ever had an application for a license/certificate in any health care profession refused or denied by any licensing board, regulatory agency, health care facility or other entity?   | Yes | No |
| 4. | Have you ever had any written complaint, formal accusation, final order, disciplinary action, malpractice or consent order filed against you by any person, jurisdiction, licensing board or regulatory agency?   | Yes | No |
| 5. | Have you ever been arrested, charged or convicted, pled guilty or pled <u>nolo contendere</u> for violation of any federal, state, or local law (other than a minor traffic violation)?<br>(DWI & DUIs are <b>not</b> minor traffic violations).<br>(Although a conviction may have been expunged from the records by order of the court, it nevertheless must be disclosed in your answer). <b><u>You must attach the court disposition.</u></b> | Yes | No |
| 6. | Are you currently under investigation or the subject of pending disciplinary action by any licensing board, regulatory agency, health care facility or other entity?  | Yes | No |
| 7. | Currently or within the last five years, have you been treated for any physical, mental or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice?  | Yes | No |
| 8. | Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice?  | Yes | No |
| 9. | Currently or within the last five years, have you developed any disease or condition, physical, mental or emotional, that might interfere with your ability to competently and safely perform the essential functions of practice?  | Yes | No |

I belong to the following professional societies and organizations:

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If I am licensed in West Virginia, I plan to (open my own office, intern at \_\_\_\_\_, enter the armed forces, joined Dr. \_\_\_\_\_, etc.): \_\_\_\_\_ in \_\_\_\_\_ West Virginia starting \_\_\_\_\_.

Have you ever been known by any name(s) other than what is listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If yes, state in full every other name by which you have been known. If change was made by a Court Order, enclose copy.

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Please list your addresses and dental experiences for the past ten years. Please complete this section, whether or not you were employed. List in chronological order.

From Month/Year	To Month/Year	Employer	Office Address	Occupation/Type of Practice

**Physician's Statement of Examination of Applicant**

I, \_\_\_\_\_, a duly licensed physician of the State of \_\_\_\_\_, have this day examined \_\_\_\_\_. The applicant herein, and my medical examination reveals that such applicant is free from all infectious, malignant, and contagious diseases, and such applicant is in sound and good health. Examination made in \_\_\_\_\_, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_, MD/DO  
 Physician's Signature

**VI. Attestation**

In addition to the foregoing information, I add the following:

1. I will read the Dental Laws and Rules of West Virginia before appearing before the Board for a jurisprudence examination, and I intend to practice dentistry in keeping within the spirit and the letter of these laws.
2. I hereby give permission to the West Virginia Board of Dentistry to secure additional information concerning me or any of the statements in this application from any person or any source the Board may deem necessary. I release, discharge and exonerate the Board, or it's agents, and/or any person furnishing information about me from any and all liability of every nature and kind arising out of the furnishing of such information.
3. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements when necessary.
4. I shall present all credentials and documents required or requested by the Board.
5. I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary actions that may ever be taken against my license, if granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

This is to certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(PHOTOGRAPH)  
ATTACH A RECENT  
PHOTOGRAPH HERE**