



# GENERAL INFORMATION

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## Licensure Requirements

### U.S./Canadian Graduate

- License Fee(s) of **\$40.00** in the form of a check or money order made payable to RI General Treasurer
- Supporting official documentation of certification by Dental Anesthesia Assistants National Certification Examination
- Supporting documentation of certificate of completion of an approved course in Advanced Cardiac Life Support (ACLS)
  
- Verification that the licensee is in good standing in state(s) where licensed [if licensed in another state(s)]

### Military Expedited

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.

## Rules and Regulations

To obtain the Rules and Regulations for your profession visit the following web site. From the list click on your profession.  
<http://www.health.ri.gov/licenses/>

Rhode Island General Laws pertaining to the Practice of Dentistry can be obtained at the following web sites:

Dental Licensure <http://www.rilin.state.ri.us/statutes/title5/5-31.1/index.htm>

The licensure process in the State of Rhode Island is conducted by the Rhode Island Board of Examiners in Dentistry (Board). All licensure applicants must complete and submit a Board application.

## Application Process

You must submit your application and supporting credentials directly to the Board. The Board will use this information to assess your qualifications for licensure. Please allow a minimum of 4 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

Only applications which are complete, with all supporting credentials, will be considered and approved for licensure. Licenses will be issued following approval of the Department and are mailed to the address furnished in your application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/Professions.pdf>

***It is your responsibility to check on the status of your application. To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:***

<https://healthri.mylicense.com/Verification/>

Once your license information indicates **active**, please print the official verification. You may use that printed verification to work and/or conduct business while you are waiting to receive your license in the mail.

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2828.

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## INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the Board application. Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

### **General Instructions**

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. The application process is not considered complete until your Board application, applicable forms and credentials are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed. Be advised that you may be required to appear for an interview. Your wallet size license card will be mailed to you. [**NOTE:** You may not practice as a DAANCE Certified Maxillofacial Surgery Assistant in Rhode Island until you have received a license number.]

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 10). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

Rhode Island Department of Health  
Center for Professional Licensing, Room 104  
3 Capitol Hill  
Providence, RI 02908-5097



# 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

<b>7. Preferred Mailing Address</b> Please check <u>ONE</u>	<input type="checkbox"/> Please use my <b>Home Address</b> as my preferred mailing address  <input type="checkbox"/> Please use my <b>Business Address</b> as my preferred mailing address
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<b>8. DAANCE Certification Examination</b>	Date Completed <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-around; font-size: 8px;"> <span>Month</span> <span>Year</span> </div> Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. DAANCE Licensure</b>  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	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive
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	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive						
_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive						

<b>10. Board Discipline</b>  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; text-align: center;">                     Month  <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> <td style="width:10%; border: none; text-align: center;">                     Year  <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> <td style="width:20%; border: none;">                     Type of Discipline:                      _____                 </td> </tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none;">_____</td></tr> </table> <p align="center"><b>Please describe any <u>prior or pending Board action or investigation</u>. Please attach any relevant supplemental materials.</b></p>	Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct): _____	Month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Type of Discipline: _____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Licensing Board (abbreviate) and Nature of Action (e.g. TX - Professional Misconduct): _____	Month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Type of Discipline: _____																														
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<b>11. Criminal Convictions</b>  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 Conviction<sup>1</sup> (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; text-align: center;">                 Month  <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> <td style="width:10%; border: none; text-align: center;">                 Year  <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </td> </tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td></tr> <tr><td style="border: none;">_____</td><td style="border: none; text-align: center;">_____</td><td style="border: none; text-align: center;">_____</td></tr> </table> <p><sup>1</sup>For 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.</p>	_____ _____ _____	Month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____ _____ _____	Month <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	Year <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>											
_____	_____	_____											
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**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
- 
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)

# APPLICATION CHECKLIST

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Please review the following checklist to ensure you have satisfied all components of the application process. Some items may not apply.

## **Board Application**

- I have read and understand the "Instructions for Completing the Board Application."
- I have carefully read RIGL 5-31.1 and 216-RICR-40-05-2.
- I have completed the Rhode Island Board application as instructed
- I have provided a copy of my valid photo i.d. with this application
- I have a **check or money order** made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" in the amount of **\$40.00** and attached it to the upper left-hand corner of the first (cover/top) page of the application.
- I have provided a copy of my valid Advanced Cardiac Life Support (ACLS) certification with this application.
  
- I have arranged my Board Application materials in following order:
  1. Fee (attached as instructed)
  2. Board Application (cover/top page)
  3. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
  
- I have mailed the above application materials directly to the RI Department of Health, Center for Professional Licensing, Room 104, Providence, RI 02908.

## **Required Forms/Credentials**

- I have requested that my supporting official documentation of certification by Dental Anesthesia Assistants National Certification Examination be submitted directly to the licensing office.
  
- I have requested that verification from each state(s) where a license has been held be submitted to the licensing office.



Substitute forms are not acceptable. This form may be duplicated as needed.

# Rhode Island Board of Examiners in Dentistry

Room 104, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2828

## RECIPROCITY RELEASE FORM

I am applying for a license to practice as a DAANCE Certified Maxillofacial Surgery Assistant in the State of Rhode Island. The Rhode Island Board of Examiners in Dentistry requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Dentistry at the above address.

_____	_____	_____
Print/Type Full Name	Signature	Date
_____	_____	_____
Previous Names Used	Social Security Number	Date of Birth
_____	_____	
License Number	Date Issued	

### THIS SECTION TO BE COMPLETED BY THE DENTAL BOARD

**Basis for issuing License:**

- AAOMS National Certification Exam       Other Exam

If a combination of exams were taken, please list the specific combination:

<b>License Status:</b> <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	<b>Original Date Issued:</b>	<b>Expiration Date:</b>
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**Questions:**

- Has this applicant ever been investigated by your Board?  Yes     No
- Has this applicant incurred any disciplinary proceedings in your state, or is any action pending?  Yes     No
- Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes     No
- Do you know of any information that may discredit this person?  Yes     No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

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### Certification:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Full Name and of Licensing Board including State



*Please return directly to the Board at the above address. Thank you for your prompt cooperation.*