MINNESOTA
BOARD OF DENTISTRY

Minnesota Board of Dentistry
2829 University Avenue SE, Suite 450
Minneapolis, MN 55414
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

Please read the following information carefully before beginning your application for licensure.

General

Applications

- Print single-sided and do not staple any documents in your application.
- Attach additional sheets of paper as needed. Added sheets should specifically reference the application.
- If you send documentation separately from your application, place a post-it note on the first page of your application indicating that the required documentation is "on file at the Board".
- Once received by the Board, all applications go through a two-person review. If the CBC Unit has delivered your criminal background check results to the Board, the application is added to the queue to be processed. Applications in the queue are processed in the order in which they were date-stamped. If after the two-person review the criminal background check results have not been received, the application will be stored until the criminal background check is brought to the Board. Incomplete applications will be returned to the applicant. **This is the information you will receive if you call to ask about the status of your application.**

Criminal background check

- Applications for licensure are not processed until the applicant's criminal background check results have been delivered to the Board of Dentistry.

Notarizing documents

- To locate notary publics in Minnesota, utilize the Secretary of State's online directory. If you are not in Minnesota, refer to the governing body that regulates notary publics in your jurisdiction.
- Copies of documents requiring a notary stamp must be both **notarized and certified**. This means that the notary must 1) stamp the document with their notary stamp **and** 2) write "true copy of the original", or something to that effect.
- Have the notary notarize the front of the document itself; do not allow them to attach separate pages. Banks, which often do not certify documents, sometimes attach separate sheets of paper.

Background

- Email addresses are required for future correspondences.
- If you have legally changed your name, your application also requires a copy of the legal document that changed your name. The copy does not need to be notarized and certified.

Disclosure Questions

- If you have had a criminal conviction, please attach:
  - A personal statement detailing the events leading up to and following the conviction,
  - A copy of the court sentencing order from the designated county clerk or courthouse, and
  - A copy of the arresting officer's report, if available.

Affidavit of Applicant

- All applicants must complete the Affidavit of Applicant.
- Signatures on the Affidavit of Applicant must be original. Copies are not accepted.

Minnesota Government Data Practice Act Notice

This notice is given pursuant to Minnesota Statutes §13.04, subdivision 2, and §13.41, subdivision 2. Licensure in Minnesota requires all information requested in this application. The required documentation will determine if you meet statutory and rule prerequisites for licensure in Minnesota. Omissions or inaccuracies may lead to the rejection of your application. Except for your name and address, the contents of your application are private. Once you are licensed, that information becomes public. "Private" is defined by law as information accessible only to 1) you, 2) Board of Dentistry staff, 3) individuals designated by you, 4) individuals required to verify the application contents, and 5) the Board's legal staff. If your application becomes contested and results in litigation or a case hearing, the application materials may become available to the Minnesota Office of Administrative Hearings, designated courts, and individuals associated with any proceedings. The information will then become public.

Americans with Disabilities Act

The Minnesota Board of Dentistry complies with the Americans with Disabilities Act (ADA). The ADA asserts that qualified individuals with disabilities cannot be excluded from participating in programs, services, or activities offered by the Board of Dentistry. For more information, contact the Board of Dentistry.

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_____ **App. #**

_____ **Lic. #**

_____ **Issued**

Licensure to Practice as a Volunteer

*****PLEASE TYPE OR PRINT IN INK*****

Check this box if you have ever held a volunteer license ☐
Please select your license type:
☐ **Assistant** ☐ **Dentist** ☐ **Hygienist**

1. BACKGROUND

A. _____
First name | Middle name | Last name | Today's date

B. _____
Mailing address | City, state, zip code

C. _____
Telephone (including area code) | Email address (required)

D. _____
Primary practice address (required if employed) | City, state, zip code

E. _____
Practice telephone (including area code) | Practice email address

F. ☐ M ☐ F ☐ X _____
Gender | Birthdate (XX/XX/XXXX) | Social Security Number (XXX-XX-XXXX)

G. _____
Other names previously used and reason for name change

2. DENTAL EDUCATION

Include proof of education: 1) a **notarized and certified** copy of your diploma OR 2) original, official transcript, OR 3) original, official letter of graduation.

A. _____
Dental school or program | City, state

B. ☐ AAS ☐ AS ☐ BS ☐ DDS ☐ DMD ☐ Other: _____
Degree | Date of graduation

C. _____
Other college or university education (include dates and degree earned)

3. VOLUNTEER PRACTICE

A. _____
Name of public health clinic or sponsoring organization

B. _____
Clinic or event address | City, state, zip

C. _____
Telephone | Name of clinic or event coordinator/director

4. PROFESSIONAL BACKGROUND

A. List each state and or country in which you are or have been license as a dental professional.

_____
_____

B. License Verification

You must include a license verification from each jurisdiction listed in 4A. If the licensing authority has an online portal, you may print your license verification and include it in your application. Licensing authorities may also send original license verifications directly to the Board of Dentistry. License verifications must include 1) your name, 2) your license number, 3) the date your license was issued, 4) your license status, and 5) notice of any disciplinary or corrective actions against your license. Indicate below how the Board will receive each license verification listed in 4A.

☐ I printed my license verification and included it in my application.
☐ The licensing authority will email my license verification directly to the dental.board@state.mn.us.
☐ The licensing authority will send an original copy of my license verification to the MN Board of Dentistry.
☐ I have included an original license verification in my application.

C. Employment History

List each dental practice where you currently practice. Use a separate sheet if necessary.

Primary:

_____
Name of practice | Dates of employment and hours worked

_____
Practice address | Phone number

_____
Supervisor's name | Your duties

Secondary:

_____
Name of practice | Dates of employment and hours worked

_____
Practice address | Phone number

_____
Supervisor's name | Your duties

5. QUESTIONNARE

A. I understand that I will receive no compensation as a volunteer.
☐ No ☐ Yes

B. I understand that I may not practice until my volunteer license has been granted by the Board of Dentistry.
☐ No ☐ Yes

C. I understand that the volunteer license only allows me to practice at the location listed in #3 of this application.
☐ No ☐ Yes

D. I understand that, once licensed, I am subject to Minnesota laws and rules as well as the regulatory authority of the Minnesota Board of Dentistry.
☐ No ☐ Yes

E. I understand that it is my responsibility to notify the Board of any changes in the status of my sponsoring clinic or organization.
☐ No ☐ Yes

F. I understand that I must immediately notify the Board if my out-of-state license is terminated or disciplined or if I no longer actively practice out-of-state for any reason.
☐ No ☐ Yes

G. I have included a letter from the clinic listed in #3. The letter includes 1) a statement, program description, or other indication that the clinic provides dental care to patients who have trouble accessing dental care and 2) IRS documentation proving that the clinic is a tax-exempt, non-profit organization under chapter 501(c)(3).
☐ No ☐ Yes

6. AFFIDAVIT OF APPLICANT

I certify that I am the person referred to in this application for licensure. I understand that including false information or false documentation in this application may result in the penalty of perjury. I understand that falsifying information to attain licensure is a gross misdemeanor and violates the Dental Practice Act. I certify that the entirety of this application and the attached materials are true and correct. I authorize all persons and organizations to release any requested information, files, or records in connection with this application to the Minnesota Board of Dentistry.

A. _____

Applicant name (print) | Applicant signature | Date

B. _____

Notary signature | Commission expiration date | Notary stamp

7. DISCLOSURE QUESTIONS

A. Have you ever been disciplined or disqualified as dental professional? If so, attach a statement describing the reason for disciplinary action, the dates, the disposition, and the address of the licensing authority.
☐ No ☐ Yes

B. Are there any criminal charges pending against you? If so, attach a statement detailing the reasons for the charges, the dates, the name and location of the court, and the case number.
☐ No ☐ Yes

C. Have you ever been convicted of a felony, gross misdemeanor, or a misdemeanor? If so, attach a statement detailing the reasons for the charges, the dates, the name of the court, and the case number.
☐ No ☐ Yes

D. Are there any unsatisfied judgments against you that resulted from practicing dentistry? If so, attach a statement detailing the nature of the judgment, the dates, and the reasons for non-payment.
☐ No ☐ Yes

E. Do you have any diagnosed and/or treated mental, physical, or cognitive condition or illness that could affect your ability to practice with reasonable skill and safety that has not been reported to HPSP since your last renewal?
☐ No ☐ Yes

F. Do you have any diagnosed and/or treated substance use disorder that may affect your ability to practice with reasonable skill and safety that has not been reported to HPSP since your last renewal?
☐ No ☐ Yes

8. CPR CARD

A. Include a photocopy of your current CPR card. The two acceptable courses are the Basic Life Support Provider with the American Heart Association or with the American Red Cross.

9. PHOTOGRAPH

A. Tape a photo of yourself below that is no more than 1 year old. If you have taken the Jurisprudence exam within a year, you may tape a copy of the photograph in the space provided. Photos should be similar in size to a passport photo. Do not use staples. Do not send photographs that have not been taped to the application.

_____For Staff Use Only_____

_____ _____ Fee
_____ _____ Proof of education
_____ _____ Affidavit

_____ _____ Photo
_____ _____ Letter

Disclosure:

MN Mission of Mercy
Minnesota Dental Foundation

February 7, 2020

RE: 2020 Minnesota Mission of Mercy

Thank you for volunteering for the 2020 Minnesota Mission of Mercy event in St. Cloud, Minnesota. Volunteers are the heart of every MOM event – your commitment to travel from outside of Minnesota to treat our patients makes it our privilege to welcome you.

The patients you will be serving are those facing insurmountable barriers to care. Access to dental care is a complex problem for families who are economically disadvantaged, have disabilities, live in remote areas, face cultural and language barriers, or have difficulties navigating government programs. Treatment at MnMOM is not contingent upon the patient providing insurance, financial, or "dental home" information. The Minnesota Mission of Mercy cannot solve the barriers to care issues in Minnesota; however, we can provide access to free dental care and relieve patients of dental pain and infection.

Thank you again for the generous contribution of your time and talents. You will be rewarded ten-fold with the smiles from those whose lives you have touched.

Sincerely,

Alejandro M. Aguirre, DDS, MS
State Chair
Minnesota Mission of Mercy