

STATE OF IDAHO



BOARD OF DENTISTRY

APPLICATION INSTRUCTIONS FOR A RETIRED DENTIST OR DENTAL HYGIENIST SEEKING A VOLUNTEER'S LICENSE IN IDAHO

TO: Retired Dentist or Dental Hygienist Seeking a Volunteer's License

SUBJECT: Application Instructions

Thank you for your interest in obtaining a volunteer's license in Idaho. There are several requirements that must be satisfied before a retired dentist or dental hygienist is entitled to be issued a volunteer's license. Please review the following information (presented in a question and answer format) regarding applicable standards in connection with a volunteer's license before you commence the application process.

1. Must a dentist or dental hygienist be "retired" to qualify for a volunteer's license? Yes.

2. For purposes of the volunteer's license, how is the word "retired" defined? In order to be considered retired in order to qualify for a volunteer's license, a dentist or dental hygienist previously holding a license with active status must fall within at least one (1) of the following scenarios:

- The dentist or dental hygienist has surrendered or allowed an active status license to expire with the intent of ceasing to actively practice as a dentist or dental hygienist for remuneration; or
- The dentist or dental hygienist has converted an active status license to a license with inactive status with the intent of ceasing to actively practice as a dentist or dental hygienist for remuneration; or
- The dentist or dental hygienist has converted an active status license or an inactive status license to a license with retirement or similar status that proscribed the active practice of dentistry or dental hygiene.

Note: A dentist or dental hygienist whose license had been restricted, suspended or revoked by a licensing authority, or who has surrendered, resigned, converted or allowed a license to lapse or expire as the result of or in lieu of disciplinary action is not eligible for a volunteer's license.

3. At what locations can a retired dentist or dental hygienist holding a volunteer's license practice dentistry or dental hygiene? If issued a volunteer's license, a retired dentist or dental hygienist can practice dentistry in an "extended access oral health care program." An extended access oral health care program can be either 1) a dental and dental hygiene program conducted by or through a school district, county, state or federal agency, hospital, long-term care facility,

public health district, dental or dental hygiene school, tribal clinic, or federally qualified health center; or 2) oral health care programs approved by the board and conducted by or through a nonprofit public or private entity, organized in accordance with section 501(c)(3) or 501(c)(4) of the federal Internal Revenue Code, that provide free dental or dental hygiene services to persons who, due to age, infirmity, indigence, disability or other similar reason, may be unable to receive regular dental and dental hygiene treatment.

4. Is there an application fee or license fee in connection with a volunteer's license? No. However, a volunteer's license must be renewed on a biennial basis. A volunteer's license shall be valid for that period specified for dentists and dental hygienists in section 54-920, Idaho Code, and may be renewed upon application of the licensee unless the license has been revoked in accordance with this section.

5. Does it matter when the dentist or dental hygienist retired? Yes. A dentist or dental hygienist seeking a volunteer's license must have held an active status license in Idaho or another state within five (5) years of the date of application for a volunteer's license. The Board of Dentistry may waive the five (5) year requirement upon the condition that the applicant demonstrates that he or she possesses sufficient knowledge and skills to practice safely and competently.

6. Can a dentist or dental hygienist holding a volunteer's license accept compensation for practicing in an extended access oral health care program? No. However, a volunteer dentist or dental hygienist can be reimbursed in the full amount of actual expenses incurred in performing the volunteer dental or dental hygiene services.

7. Does a dentist or dental hygienist holding a volunteer's license have immunity from legal action? A dentist or dental hygienist who practices in an extended access oral health care program under the authority of a volunteer's license is immune from civil suit except for acts or omissions that constitute negligence.

The Board of Dentistry requires that an applicant seeking a volunteer's license must do the following (please read all instructions prior to commencing the application process):

1. Applicants must fully complete and submit the Board of Dentistry's Application for a Volunteer's Dental or Dental Hygienist License. The application must be submitted to the Board of Dentistry's office at the location identified in these materials. There is no application or license fee in connection with a volunteer's license. To be eligible for a volunteer's license, a dentist or dental hygienist must be retired, but must have held an active status license in Idaho or another state within five (5) years of the date of application (the Board of Dentistry may waive the five (5) year requirement upon applicant's request so long as the Board of Dentistry is able to determine that the applicant possesses sufficient knowledge and skill to practice safely). For states other than Idaho, a Certification of Licensure form (included in the application materials) should be provided by an applicant to the applicable state dental boards in order to verify the above-mentioned five (5) year requirement.

2. Applicants for a volunteer's license must have graduated from a dental or dental hygiene school that was accredited by the American Dental Association as of the date of the applicant's graduation.

3. Applicants for a volunteer's license must provide verification from each state dental board (other than the Idaho Board of Dentistry) in which the applicant held a license that the applicant maintained a dental license in good standing without disciplinary action that restricted the applicant's license or resulted in the applicant's license being placed on probation, suspended, revoked or being surrendered, resigned or allowed to lapse in lieu of disciplinary action being taken. A Certification of Licensure form (provided in the application materials) should be provided by an applicant to each applicable state dental board (other than the Idaho Board of Dentistry) in order to verify the applicant's license history.

4. Applicants for a volunteer's license must provide verification of current cardiopulmonary resuscitation (CPR) certification. A copy of the CPR card is acceptable verification.

5. The Board of Dentistry may request other information or documents from an applicant to explain or verify responses to items contained in the application.

6. The Board of Dentistry will consider an applicant's qualifications for a volunteer's license at such time as all required application materials and information are received.

Note: The effective period of an application for a volunteer's license filed with the Board of Dentistry is 180 days from the date of its receipt by the Board of Dentistry. If the application is not completed within the 180 day period, it will be deemed invalid and of no further force and effect. After an application for licensure is invalidated, an applicant still seeking licensure will be required to file a new application and satisfy all application and licensure requirements.

ADDITIONAL INFORMATION OF INTEREST TO LICENSEES

License Renewal

A volunteer's license must be renewed on a biennial basis as follows: for a dentist, the renewal date is October 1st of each even-numbered calendar year; for a dental hygienist, the renewal date is April 1st of each odd-numbered calendar year. The Board of Dentistry will provide notice of renewal to each person holding a volunteer's license, at their address of record. There is no annual renewal fee in connection with a volunteer's license. There is no continuing education requirement in order to renew a volunteer's license. Current CPR certification must be verified at the time of license renewal.

Statutory/Regulatory Authority

The general information contained in this informational document is a summary of the specific requirements and standards contained in the Idaho Dental Practice Act, Chapter 9, Title 54, Idaho Code, and the Rules of the Idaho State Board of Dentistry, IDAPA 19, Title 1, Chapter 1. Both the Idaho Dental Practice Act and the Rules of the Idaho State Board of Dentistry are available for review in their entirety at the Board of Dentistry's home page located at www.isbd.idaho.gov.

STATE OF IDAHO



BOARD OF DENTISTRY

APPLICATION FOR A VOLUNTEER'S DENTAL OR DENTAL HYGIENIST LICENSE

PLEASE TYPE OR PRINT CLEARLY

Applicant's Name: LAST FIRST MIDDLE

Mailing Address: (address at which you desire to receive mail from the Board of Dentistry)

Street Address

City State Zip Code Telephone Number/Email Address

The following information is required to enable a National Practitioner Data Bank background check.

Date of Birth: Social Security Number:

Do you currently hold a dental or dental hygiene license (whether active, inactive, or retirement status) issued by the Idaho Board of Dentistry? YES No

If you answered "Yes" to the preceding question, please provide your license number:

Have you held a dental or dental hygiene license with "active" status in any state within the five (5) year period immediately preceding the date of your application for a volunteer's license? YES NO

If you answered "Yes" to the preceding question, please identify the state(s) in which you held an active status dental license within the prior five (5) years:

VERIFICATION OF DENTAL OR DENTAL HYGIENE SCHOOL GRADUATION

An applicant for a volunteer’s license must verify that he/she graduated from a dental or dental hygiene school accredited by the Commission on Dental Accreditation of the American Dental Association as of the date of the applicant’s graduation. Please provide the following information with respect to your dental/dental hygiene school.

Name and location of dental/dental hygiene school:	Dates attended: (from m/y to m/y)	Date of graduation: (month and year)	Degree awarded:

VERIFICATION OF LICENSURE

An applicant for a volunteer’s license must verify that he/she is “retired” and must report whether dental/dental hygiene licenses held were maintained in good standing without disciplinary action that restricted the applicant’s license, or resulted in the applicant’s license being placed on probation, suspended, revoked or being surrendered, resigned or allowed to lapse in lieu of disciplinary action being taken. Please provide the following information with respect to all states in which you held a dental/dental hygiene license at any time whatsoever.

Name of each state in which a license was held:	Period of time in which license was held: (from m/y to m/y)	Current status of the license: (active, inactive, retired, expired, etc.)	Date you became retired* in each state:	Was license in good standing at date you retired*: (Yes or No)

*For purposes of eligibility for a volunteer’s license, the word “retired” means that you either:

- surrendered or allowed an active status license to expire with the intent of ceasing to actively practice as a dentist/dental hygienist for remuneration; or
- converted an active status license to a license with inactive status with the intent of ceasing to actively practice as a dentist/dental hygienist for remuneration; or
- converted an active status license or an inactive status license to a license with retirement or similar status that proscribed the active practice of dentistry/dental hygiene.

Has any state licensing authority ever taken disciplinary action against your dental/dental hygiene license that restricted your license, or resulted in your license being placed on probation, suspended, revoked or surrendered, or being resigned or allowed to lapse in lieu of disciplinary action being taken? YES _____ No _____

If you answered “Yes” to the preceding question, provide an explanation setting forth the name of the state licensing authority, the type of discipline, restriction or other action imposed, the date upon which the discipline, restriction or other action was imposed and the grounds for the licensing authority to discipline, restrict or take other action against you or your license.

ADDITIONAL MATERIALS THAT MUST BE SUBMITTED IN CONJUNCTION WITH THIS APPLICATION:

- A copy of your current CPR certification card.
- A Certification of Licensure form from each state in which you were licensed.

APPLICANT’S ATTESTATION

I, the undersigned, hereby state and attest that I am the person identified in this application and that I am making application to the Idaho State Board of Dentistry for a volunteer’s dental/dental hygiene license. I further state and attest that I have thoroughly read and answered the questions in this application and that the information I provided was true, correct and complete to the best of my knowledge and belief. I understand that furnishing false information in connection with this application shall constitute grounds for the denial of my application.

I understand and acknowledge that there are limitations in connection with practicing dentistry/dental hygiene in Idaho under the authority of a volunteer’s license. I specifically understand and agree that I can only provide volunteer dental/dental hygiene treatment in extended access oral health care programs and that I can not accept remuneration for the treatment I provide, except for reimbursement to the extent of actual expenses I incur as a volunteer dentist/dental hygienist. I also understand and agree that I am precluded from providing treatment to any patient who has been sedated to the level of conscious sedation or

