

Application Received _____ Approved for License _____ Fee Received _____	License Number _____ Issue Date _____ Expiration Date _____
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**APPLICATION FOR VOLUNTEER CERTIFICATE TO PRACTICE DENTISTRY  
AND DENTAL HYGIENE IN THE STATE OF WYOMING**

**WYOMING BOARD OF DENTAL EXAMINERS**  
 1800 Carey Avenue 4<sup>th</sup> Floor  
 Cheyenne WY 82002  
 (307) 777-7387

**INSTRUCTIONS TO APPLICANT:** All applicants for licensure must submit to examination as prescribed by the Wyoming Board of Dental Examiners. The application and fee must be sent to the above address at least 45 days prior to the scheduled Wyoming examination. Please type or print neatly.

1. **Name:**

Last	First	Middle Initial	Previous Names Used
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2. **Social Security:**

	<b>Date of Birth:</b>
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3. **Home Address:**

	<b>Telephone Number:</b>
	(    )

4. **Business Address:**

	<b>Telephone Number:</b>
	(    )

5. **Preferred Mailing Address:**

Home       Business

6. **The last year I actively practiced was:**

\_\_\_\_\_

7. **Professional School & Year of Graduation:**

	D.D.S.
	D.M.D.

**If specialist, list Specialty:**

\_\_\_\_\_

**Licenses/Certifications:**

Indicate License(s), Registration(s) or Certification(s) in all States where you are or have been licensed in **any health care profession**. Begin with the most recent. Note any licenses, registrations, or certifications not currently in good standing. If you are applying for a "volunteer certificate", you may only qualify for licensure if you are "retired" and your license expired immediately preceding your retirement.

STATE(S) LICENSED	LICENSE TYPE and #	DATE OF ISSUANCE			EXPIRATION DATE			CURRENT STATUS
		MO	DAY	YEAR	MO	DAY	YEAR	(ACTIVE, INACTIVE OTHER - explain)

**8. DISCIPLINARY ACTION:**

Have you ever been suspended from practice, reprimanded, censured, or otherwise disciplined or disqualified as a dentist, dental hygienist, or a member of any profession? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been denied a license to practice any profession in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been disciplined by any educational institution? Yes \_\_\_\_\_ No \_\_\_\_\_

If you checked "Yes" to any of the above questions, please attach a separate statement setting forth the facts, dates the action took place, final disposition of the matter, and the name and address of the entity from whom the Board office may request and receive records/verifications of your statement(s).

**9. CONVICTIONS:**

(a) Have you ever been convicted of a felony or misdemeanor other than a speeding or parking violation? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, state date, location, and nature of offense.

(b) Are any criminal charges or investigations pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered "Yes" to any of the questions above, please attach a separate statement with the following information: full details/facts surrounding the event(s) including dates; exact name and location of court; case/docket numbers; final disposition of the matter. If no court records are available, give to the best of your ability the names and addresses of all persons involved, including counsel, and location where the offense was adjudicated.

**10. MENTAL AND PHYSICAL HEALTH:**

Have you ever been adjudged an incompetent person or an insane person by any court? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please attach a separate statement with further explanation.

Have you ever been a patient in any sanitarium, hospital, or mental institution for treatment of mental illness? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes", please attach a statement giving a full explanation, including name and address of all doctors and institutions who provided treatment.

Are you now, or have you ever been, addicted to, or have you undergone treatment for, the use of narcotics or other similar controlled substances, illegal drugs or the use of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, attach statement giving full explanation which identifies all substances, types of treatment, dates of treatment, length of treatment and providers of treatment.

**11.** I submitted an application to PBIS on Date \_\_\_\_\_ Year \_\_\_\_\_

Note: If PBIS has not submitted its report to the Board at least 45 days prior to the next scheduled Board jurisprudence exam date, the Board office may notify you that you are ineligible to sit for the examination until such time as the Board receives the PBIS report in conformity with this rule.

**12.** Please respond to each of the following questions and submit all requested documents with your application for licensure:

A. Please circle which volunteer certificate you are seeking certification: dentist or dental hygienist

B. Please provide a copy of the following and check each category for which you have provided the documentation required by WYO. STAT. 33-15-131 and Chapter 3, Section 5 of the Board's Rules and Regulations:

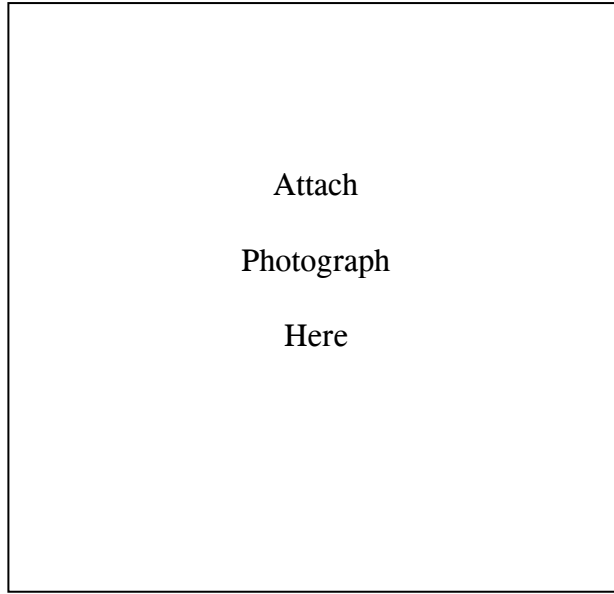
\_\_\_\_\_ A. Copy of your dentist or dental hygienist degree

\_\_\_\_\_ B. Select **one of the following** and provide copies accordingly:

\_\_\_\_\_ Copy of your most recent license or certificate authorizing your practice of dentistry or dental hygiene as issued by a jurisdiction in the United States (which licenses persons to practice dentistry or dental hygiene);



An unmounted bust photograph 3 x 3, of applicant taken not more than six months before date of application, must be pasted in this space and must not be larger than space provided.



The following items must be included before this application is considered complete:

- \_\_\_\_\_ Copy of CPR certification with date of expiration.
- \_\_\_\_\_ Official transcript sent directly from the dental school indicating degree.
- \_\_\_\_\_ Copy of Proof of Legal Presence (Copy of birth certificate etc. See attached list A or B).
- \_\_\_\_\_ Copy of expired dentist or dental hygienist license.

**Application, application fee, and proof of graduation must be submitted to the following address before scheduling to sit for the Wyoming Jurisprudence Examination. Incomplete applications will not be scheduled for Jurisprudence Examination. Licensure will not be granted until the entire application is complete and the Board office has verified that all criteria set forth in Chapter 3, Section 3 has been met and the Application Review Committee has determined that no basis for denial of the application exists.**