

CHECK LIST

- Application
- License Verification
- Employment letter
- Con. Ed. Compliance
- Tax Addendum

****FOR OFFICE USE ONLY****

Receipt #

ID #

Issue Date

License #

**Rhode Island
Board of Examiners in Dentistry
Room 104
3 Capitol Hill
Providence, RI 02908-5097**

*Instructions and
License Application for:*

VOLUNTEER LICENSE

DENTIST

DENTAL HYGIENIST

Applicant - Print Name (First/MI/Last)

Phone: (401) 222-2828 Fax: (401) 222-1272 TTY/TDD: (800) 745-5555

GENERAL INFORMATION

Pursuant to Chapter 5-31.1-6 (e) of the General Laws of the State of Rhode Island

(1) The Rhode Island Board of Examiners in Dentistry may issue a special license to qualifying dentists and dental hygienists under the terms and conditions set forth in this section. The special license may only be issued to a person who is retired from the practice of dentistry or dental hygiene and not currently engaged in such practice either full-time or part-time and has, prior to retirement, maintained full licensure in good standing in dentistry or dental hygiene in any state.

(2) The special licensee shall be permitted to practice dentistry or dental hygiene only in the non-compensated employ of public agencies or institutions, not-for-profit agencies, not-for-profit institutions, nonprofit corporations, or not-for profit associations which provide dentistry or dental hygiene services only to indigent patients in areas which are underserved by dentists or dental hygienists or critical need population areas of the state.

(3) The person applying for the special license under this section shall submit to the board a notarized statement from the employing agency, institution, corporation, association or health care program on a form prescribed by the board, whereby he or she agrees unequivocally not to receive compensation for any dentistry or dental hygiene services he or she may render while in possession of this special license.

(4) Any application fees and all licensure and renewal fees shall be waived for the holder of this special license.

(5) A dentist or dental hygienist licensed pursuant to this section shall comply with the continuing education requirements established by the board of dental examiners in this state.

Application Process

1. Complete and submit application along with the following:
2. Current copy of RI dental/dental hygiene license or letter of good standing from state where practitioner is currently license or prior to retirement
3. A notarized statement from the employing agency* whereby it is agreed between the parties that no compensation shall be paid for any dentistry or dental hygiene services rendered while in possession of this volunteer license.
4. Tax Addendum Form

* You must provide a notarized statement from each employing agency, institution, corporation, association or health care program on the provided "Employee Agency Form" (you may duplicate this form as needed). This license is valid for practice only at those agencies that have provided a notarized statement as described above in Item 3.

Completing your Board Application:

Complete all pages of the application. Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health
Board of Examiners in Dentistry, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

<http://www.health.ri.gov/hsr/professions/dental.php>

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.

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 ballpoint 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. It is your responsibility to check on the status of your application.

APPLICATION CHECKLIST

Please review the following checklist to ensure you have satisfied all components of the application process. I have arranged my Board Application materials in following order:

- 1. Board Application**
- 2. Notarized statement(s) from each employing agency, institution, corporation, association or health care program on a form prescribed by the board, whereby he or she agrees unequivocally not to receive compensation for any dentistry or dental hygiene services he or she may render while in possession of this special license.**
- 3. Verification of licensure in good standing prior to retirement**
- 4. Tax Addendum Form**

**Rhode Island Department of Health
Board of Examiners in Dentistry, Room 104
3 Capitol Hill
Providence, RI 02908-5097**

1. Name(s) _____
first M last

2. Address: _____
Street City/Town State Zip

3. Social Security Number _____ 4. RI Den/Hygiene License Number _____

CHECK VOLUNTEER LICENSE TYPE

DENTAL LICENSE **DENTAL HYGIENE LICENSE**

It is your responsibility to notify the board of all locations where you will be providing dental/dental hygiene services. A notarized statement from each employing agency, institution, corporation, association or health care program on a form prescribed by the board, whereby he or she agrees unequivocally not to receive compensation for any dentistry or dental hygiene services he or she may render while in possession of this special license.

5. Names and Addresses of employing Agency(s)

Agency Name & Address: _____

Street City/Town State Zip

If employed by more than one agency, please attach a separate sheet with the required information

6. I am retired from the practice of dentistry or dental hygiene and not currently engaged in such practice either full-time or part-time and have maintained full licensure in good standing in dentistry/dental hygiene (prior to retirement)

YES NO

7. I am in compliance with the RI Board of Examiners in Dentistry continuing education requirements:

YES NO

Affidavit of Applicant

8. Complete this section and sign in the presence of a notary public. Make sure that you and notary public have completed all components accurately and completely.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,
by _____, who is personally known to me or has produced _____
(Applicants name) (i.e., license/ID/ etc)

as documentation and did / did not take an oath.

Applicant's Signature

Notary Public

(SEAL)

Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional/Business License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN for Business)

Signature

Phone Number (including area code if not 401)

Date

Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing