

REACTIVATION APPLICATION—DENTIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Dentist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take to receive and review all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically C.R.S. 12-35-117, C.R.S. 12-35-119, and Board Rule III, Licensure of Dentists and Dental Hygienists. However, other statutes or Board rules may apply. Statutes and Board rules are available under the Statutes, Rules and Policies link on our website at www.dora.colorado.gov/professions/dentists.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reactivate your inactive Colorado **Dentist** license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado**. All fees are non-refundable and subject to change every July 1.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Comply with the Financial Responsibility requirements in order to maintain licensure in the active status.** Part 4 of the application is your affidavit of compliance with those requirements. Dentists must comply with the financial responsibility requirements as set forth in C.R.S. 13-64-301. Dentists who do not fall under an exemption clause of this provision (e.g., military, state, or federal employment; uncompensated practice; or not practicing in Colorado) must either report the name of their malpractice provider and malpractice insurance policy number; or furnish certification of the Surety Bond, Cash deposit or equivalent, or other security approved by the Colorado Commissioner of Insurance.
- Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

If your license has been inactive more than two (2) years:

- Demonstrate maintenance of clinical competency, if applicable.** Licensees who desire to obtain an active license and have not practiced at least 700 hours in a 12-month period during the five (5) years immediately preceding application for reactivation of the license must demonstrate to the Board how they have maintained their professional ability, knowledge, and skills.
- Complete and pass the Jurisprudence Examination.** Applicants are responsible for obtaining the most current version of the examination, available online at www.dora.colorado.gov/professions/dentists.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants
FROM: Director of the Division of Professions and Occupations
SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*



The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

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|---------------------------------|--|
| Colorado License Number: | Date License was Inactivated: (mm/dd/yyyy) |
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PART 1—APPLICANT INFORMATION

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|---|---------------------------------------|---|---------|
| Name: Last: | First: | Middle: | Suffix: |
| Previous Name(s): | | | |
| Social Security Number: * | Date of Birth: (mm/dd/yyyy) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Place of Birth (city and state, or foreign country): | | | |
| Mailing Address: | | PO Box, Street: | |
| This is a <input type="checkbox"/> Home <input type="checkbox"/> Business | | City, State, Zip: | |
| Daytime Telephone Number: () | | E-mail Address: | |
| | | Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail | |

PART 2—LICENSE INFORMATION

Since the date your license was inactivated, have you been practicing as a Dentist:

- (a) in the state of Colorado? YES NO
- (b) in another jurisdiction? YES NO

List licensure data for every dental license and every health care license you have ever held in any jurisdiction (if needed, attach an additional sheet in the same format):

| Type of license | Jurisdiction | License Number | Year license issued | Disciplinary action against license? | Is this license current/active? |
|-----------------|--------------|----------------|---------------------|--|--|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

***Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the National Practitioner Data Bank pursuant to 45 CFR §§ 60.1 *et seq.* and the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 *et seq.* Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

PART 3—MILITARY QUESTIONS

| | |
|---|---------------|
| 1. Are you a Member of the U.S. military? <input type="checkbox"/> YES <input type="checkbox"/> NO ➤ If YES , provide information below: | |
| Branch: | Duty Station: |
| 2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO ➤ If YES , refer to the <i>Military Spouse Exemption Form</i> available on our website at: www.dora.colorado.gov/professions/military . | |

PART 4—SCREENING QUESTIONS

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| 1. Have you provided dental services on a voluntary basis to the indigent on a limited basis without fee during the five years immediately preceding this application? <input type="checkbox"/> YES <input type="checkbox"/> NO • If YES , attach a separate sheet on which you list the following for each place of voluntary service: entity name, address, telephone number, inception to ending dates of voluntary service, and average practice hours per week. |
| 2. Have you actively practiced dentistry for at least 700 hours in a 12-month period during the five years immediately preceding this application? <input type="checkbox"/> YES <input type="checkbox"/> NO • If YES and your license has been inactive for more than 2 years, you may be required to provide documentation of the 700 hours of practice for the 12-month period. |
| <p>For each YES response to screening questions 3 and 4, provide the following for each decided or pending case:</p> <ul style="list-style-type: none"> • A personally written explanation; • A copy of the formal complaint/pleadings; • The answer to the complaint for malpractice issues; • A copy of the final outcome(s) and/or a report of status if judgment is pending; • Proof of compliance if under criminal probation; and • Any further information requested by the Board in a separate communication. |
| 3. Has there ever been any malpractice judgment, malpractice settlement, or governmental/private agency disciplinary order issued against you, or is there any complaint, malpractice claim, or disciplinary action now pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever had any criminal conviction, deferred judgments or pleas of <i>nolo contendere</i> issued against you, or is there any criminal charge now pending? This includes any judgments/charges related to sales, distribution, possession, manufacture, or dispensation of any controlled substance. <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>Provide the following for each YES response to screening questions 5, 6, and 7:</p> <ul style="list-style-type: none"> • A personally written explanation. <p>For questions 5 and 6, also give:</p> <ul style="list-style-type: none"> • Dates of onset; • Description of treatment; • Name and address of treating physician; and • Your description of the current status of your condition. You may wish to submit a physician's report of the current status of your condition and any limitations which may affect your ability to safely practice dentistry/dental hygiene. |

PART 4—SCREENING QUESTIONS (Continued)

5. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a dentist safely and competently? YES NO
6. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a dentist safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? YES NO
7. Are there any other facts concerning your background history, experience, or activities which may have a bearing on your fitness to practice dentistry in Colorado and which should be placed at the disposal of or brought to the attention of the Colorado State Board of Dental Examiners? YES NO

PART 5—FINANCIAL RESPONSIBILITY

All applicants for reactivation to active dental licensure must show compliance with C.R.S. 13-64-301. You must indicate below how you are meeting the requirements of this law. If this information is not provided, your file will be considered incomplete.

Read carefully and select ONLY ONE of the five options below by checking the corresponding box and providing all requested information:

- 1)** I hereby request an active license as a dentist, who holds commercial professional liability insurance coverage with an insurance company authorized to do business in the State of Colorado in a minimum indemnity amount of five hundred thousand dollars per incident and one million five hundred thousand dollars annual aggregate per year, pursuant to C.R.S. 13-64-301. I furnish evidence of my compliance with C.R.S. 13-64-301(1).

(Malpractice Insurance Company Name)

(Permanent Malpractice Policy Number)
Binder Number Not Accepted

- 2)** I hereby request an active license as a dentist, who holds an alternative security approved by the Colorado Commissioner of Insurance. I furnish evidence of my compliance with C.R.S. 13-64-301(1)(c), (d), or (e).

NOTE: Certification of the Surety Bond; Cash deposit or equivalent; or other security approved by the Colorado Commissioner of Insurance **must be attached**. The Commissioner of Insurance approves alternative security for financial responsibility. The address of the Commissioner of Insurance is 1560 Broadway Suite 850, Denver, CO 80202, telephone: (303)-894-7499

- 3)** I hereby request an active license as a dentist, who performs dental services **exclusively** as a public employee under the "Colorado Governmental Immunity Act", pursuant to C.R.S. 13-64-301, or who performs dental services **exclusively** as an employee of the United States government, pursuant to **Rule I.A**. I practice dentistry **exclusively** in my employment by:

the United States Department of _____ (e.g.. military branch, public health, VA).

the State of Colorado Department of _____

- 4)** I hereby request an active license as a dentist, who provides only **uncompensated** dental care and who does not otherwise engage in any compensated dental care whatsoever, pursuant to **Rule I.E**.

NOTE: Compensation is defined as something given or received as payment or reparation for a service. Individuals who declare an uncompensated status may not work for non-profit organizations, and may not receive any payment, salary, wages, or any type barter (e.g., time or materials) for their services.

PART 5—FINANCIAL RESPONSIBILITY (Continued)

- 5) I hereby request an active license as a dentist, who does not engage in any patient care within Colorado as defined by C.R.S. 12-35-110, including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan, pursuant to **Rule I.D.** I understand that by **declaring exemption to 13-64-301(1)(a) under Rule I.D., receipt of active licensure status alone does not allow me to practice dentistry in any manner, to be a proprietor, or to be a consultant in the State of Colorado.** I understand that prior to engagement in the practice of dentistry within the State of Colorado, I must receive **both** active licensure status **and** Board acknowledgment of my filing with it an Affidavit of Financial Responsibility Form, on which I certify my compliance with C.R.S. 13-64-301(1)(a), by meeting the qualifications of option 1 or 2 above.

NOTE: Applicants who are awaiting a permanent malpractice policy number may select option 5.

ATTENTION: Those who certify their compliance with C.R.S. 13-64-301 above by selecting option 3, 4, or 5 must, prior to engaging in remunerated private practice of dentistry within the State of Colorado, file with the Board and receive Board acknowledgment of filing with it an "Affidavit of Financial Responsibility Form", which certifies their compliance with C.R.S. 13-64-301, by meeting the qualifications of option 1 or 2 above.

ATTESTATION

Under the Dental Practice Law, C.R.S. 12-35-118(1)(a), providing false information is grounds for denial, suspension, or revocation of a license. I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503 that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date