



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
(615) 532-3202 or 1-800-778-4123
<http://tn.gov/health/topic/Dentistry-board>

APPLICATION FOR SPECIALTY CERTIFICATION

INSTRUCTIONS

In accordance with the T.C.A. 63-5-112 and Rule 0460-2-.06 the Board recognizes and is authorized to certify “specialist” in the following branches of dentistry:

Dental Anesthesiology

Dental Public Health

Endodontics

Oral and Maxillofacial Radiology

Oral and Maxillofacial Surgery

Oral Pathology

Orthodontics and Dentofacial Orthopedics

Pediatric Dentistry (Pedodontics)

Periodontics

Prosthodontics

Applicants must be a licensed dentist in Tennessee except those persons eligible for Dual Degree Licensure pursuant to Rule 0460-02-.02.

Please submit the attached application and the supporting documents as outlined below:

- (a) A passport type photograph (signed by applicant on the front), taken within the preceding 12 months.
- (b) A non-refundable application fee of \$112.50. Make check or money order out to the Tennessee Board of Dentistry.
- (c) A Practitioner Profile Questionnaire must be received or on file.
- (d) An applicant shall comply with one of the following:
 1. An official transcript which shows completion of specialty program and date of completion or submit certification of successful completion of the specialty program sent directly from the program director to the Board office.
 2. Have a letter sent directly from the secretary of the American Board of the particular specialty for which application is made, to the Board Administrative Office which indicates that the applicant is certified by the American Board in that specialty and that the applicant is in good standing.

- All documents and fees required to be submitted or which must be requested from the appropriate institutions must be mailed directly to the above address.
- Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. If Federal Express or special courier services are used you will be responsible for charges incurred.
- We will discuss the status of an application with the applicant or applicant's spouse only.
- If the application is not complete upon receipt by the Board's administrative office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's administrative office sixty days from the date of the deficiency letter. Files not completed within sixty days will be closed.
- Once your application is complete, your application will be reviewed by the Board Consultant. If approved, your specialty certification will be issued pending ratification by the Board at its next scheduled meeting.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

NOTE: If an address change occurs at any time, you must notify the Board of Dentistry's administrative office, in writing, within thirty (30) days of moving. IT'S THE LAW!

If you intend to utilize anesthesia and/or sedation in your practice, you are required to obtain one of the following permits before administering anesthesia or sedation. (See Rule 0460-2-.07):

1. Limited Conscious Sedation Permit
2. Comprehensive Conscious Sedation Permit
3. Deep Sedation/General Anesthesia Permit

ATTACH
SIGNED
PHOTOGRAPH
HERE



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For Office Use Only
1201-001- \$112.50

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APPLICATION FOR SPECIALTY CERTIFICATION

Please return this application to the Board office with a check or money order in the amount of \$112.50 made payable to the Tennessee Board of Dentistry.

Application for Certification in the Specialty of _____

Name: _____
Last First Middle

Mailing Address: _____

Practice Name & Address: _____

License Number: _____ Date Issued: _____

Telephone Numbers: Home _____ Work _____

Social Security Number: _____

Are you certified by the American Board in this Specialty? _____ Yes _____ No

Have you ever held a license in any state which has been disciplined? _____ Yes _____ No

Do you hold or have ever held specialty certification in any state(s)? _____ Yes _____ No

Which state(s): _____

Educational History

Name(s) of institution attended:	Date(s) of attendance:	Degree awarded:

	Institutions (or Preceptor and address)	Dates
Internship:		
Residency:		
Preceptorship:		

I hereby certify that the above information is true and I agree to abide by the statutes and rules governing the practice of dentistry and specialty certification in the State of Tennessee and abide by any future amendments to the statutes and rules.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

SEAL

My commission expires on the _____ day of _____, 20____.