



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

<https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board.html>

## INSTRUCTIONS FOR AN APPLICATION FOR INACTIVE PRO BONO DENTAL LICENSE

Applicants who intend to practice dentistry **exclusively** without compensation on patients of organizations granted an exemption pursuant to Section 501(c)(3) of the Internal Revenue Code may obtain an inactive volunteer license by (1) retiring their active dental license, pursuant to the provisions of Rule 0460-2-.09(1); (2) completing the Application for Inactive Pro Bono License; and (3) complying with the requirements of T.C.A. § 63-5-132 and Rule 0460-2-.13(2).

Applicants who do not currently hold a valid Tennessee license to practice Dentistry must comply with all provision of Rule 0460-2-.01(1) (c), (d), (e), (g) and (2)(b) which are as follows:

- (1)(c) An applicant shall submit a signed “passport” style photograph taken within the preceding twelve (12) months.
- (1)(d) An applicant shall submit evidence of good moral character. Such evidence shall include at least two (2) letters attesting to the applicant’s character from dental professionals on the signator’s letterhead.
- (1)(e) An applicant shall submit proof of United States or Canadian citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.
- (1)(g) An applicant shall disclose the circumstances surrounding any of the following:
  - 1. Conviction of any criminal law violation of any country, state, or municipality, except minor traffic violations.
  - 2. The denial of licensure application by any other state or the discipline of licensure in any state.
  - 3. Loss or restriction of hospital privileges.
  - 4. Any other civil suit judgment or civil suit settlement in which the applicant was a party defendant including, without limitation, actions involving malpractice, breach of contract, antitrust activity or any other civil action remedy recognized under any country’s or state’s statutory, common, or case law.
  - 5. Failure of any dental licensure examination.
- (2)(b) If an applicant for licensure by exam has ever held a license to practice dentistry in any other state or Canada, the applicant shall submit or cause to be submitted directly to the Board’s administrative office from each licensing board that has currently or has ever granted authority to practice dentistry

indication that the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time it became inactive.

Inactive pro bono licenses are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by rules 0460-2-.08 and .09, and are subject to all rules governing continuing education and cardio pulmonary resuscitation as provided by rule 0460-1-.05. These licenses are also subject to disciplinary action for the same causes and pursuant to the same procedures as active licenses.

## **CHECKLIST**

Affidavit of Retirement (if currently licensed in Tennessee)

Requested submission to the Board's Administrative Office directly from the qualified organization proof of exemption issued pursuant to Section 501(c)(3) of the Internal Revenue Code.

Practitioner Profile Questionnaire (if not on file) Complete and submit along with your application the Practitioner Profile Questionnaire which is online at <https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board/dentistry-board/applications.html>. You are required by law update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action.

All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required. The Declaration is available online at <https://www.tn.gov/content/dam/tn/health/documents/PH-4183.pdf>.

**Applicants who have never been licensed in Tennessee must also submit the following:**

Signed "passport" style photograph taken within the preceding twelve (12) months.

Evidence of good moral character. Such evidence shall include at least two (2) letters attesting to the applicant's character from dental professionals on the signator's letterhead.

Proof of United States or Canadian citizenship or evidence of being legally entitled to live in the United States. Such evidence may include copies of birth certificates, naturalization papers, or current visa status.

Submit or cause to be submitted directly to the Board's administrative office from each licensing board that has currently or has ever granted authority to practice dentistry indication that the applicant either holds a current active license and whether it is in good standing, or held a license which is currently inactive and whether it was in good standing at the time it became inactive.

**A criminal background check is required.** For instructions to obtain a criminal background check, go to <https://www.tn.gov/health/health-professionals/criminal-background-check.html>.

## APPLICATION FOR INACTIVE PRO BONO DENTAL LICENSE

Please submit the completed application along with the required documentation to the Tennessee Board of Dentistry at the address on page 1 of the instructions.

<b>PLEASE PRINT OR TYPE</b>	
Name: _____	
Social Security Number: _____ Date of Birth: _____ <small>All applicants must complete the Declaration of Citizenship form</small>	
Mailing Address: _____ _____	
Phone numbers: Home: _____ Office: _____	
E-mail address: _____	
Do you wish to receive notification, including renewal notification, from the Department of Health via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name and address of organization granted an exemption pursuant to Section 501(c)(3) of the Internal Revenue Code: _____ _____ _____	
<b>CERTIFICATION</b>	
I, _____ hereby certify that:	
1. I will limit my practice of dentistry exclusively to the patients receiving services from _____ which has been granted an exemption pursuant to Section 501(c)(3) of the Internal Revenue Code and that such practice is without compensation.	
2. I further swear that I have read and understand the statutes and the Rules of the Tennessee Board of Dentistry and agree to abide by them in the practice as an Inactive Pro Bono Licensee in the State of Tennessee.	
_____ Signature	_____ Date
Sworn and subscribed before me, this the _____ day of _____, 20_____.	
_____ Notary Public	_____ Date
My Commission Expires: _____.	<i>SEAL</i>

YES NO

Are you or have you ever been licensed in this profession in another state? \_\_\_\_\_

Are you or have you ever been licensed in any other profession in Tennessee or another state? \_\_\_\_\_

List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED. Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

Table with 4 columns: STATE, PROFESSION, LICENSE NUMBER, CURRENT STATUS. Three rows of blank lines for entry.

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

- 1. "Ability to practice your profession" is to be construed to include all of the following: a. The cognitive capacity to make appropriate clinical diagnoses... b. The ability to communicate those judgments and medical information to patients... c. The physical capability to perform professional tasks...
2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments...
3. "Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only...
4. "Chemical substances" is to be construed to include alcohol, drugs, or medications...
5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of this application...
6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription...

Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

YES NO

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? \_\_\_\_\_

2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? \_\_\_\_\_

If so, please list: \_\_\_\_\_

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

## COMPETENCY INFORMATION (continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.	YES	NO
3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	_____	_____
4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	_____	_____
5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	_____	_____
6. Have you ever held or applied for a license, privilege, registration or certificate to practice dentistry in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	_____	_____
9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	_____	_____
10. Have you ever been rejected or censured by a professional association or society?	_____	_____
11. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered against you;	_____	_____
b. Have you ever entered into any settlement of any legal action; or	_____	_____
c. Are there any legal actions pending against you or to which you are a party?	_____	_____
12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	_____	_____
13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	_____	_____
14. Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause?	_____	_____
15. Have you ever failed a dental examination? (National Boards, regional or state)	_____	_____
If yes, which exam and how many times have you failed? _____		