

**DENTAL APPLICATION**

FOR OFFICE USE ONLY  
Clinical Board \_\_\_\_\_  
NB \_\_\_\_\_ LAW \_\_\_\_\_  
Let. of Rec. \_\_\_\_\_  
Let. of Cert. \_\_\_\_\_  
FEES \_\_\_\_\_

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS  
APPLICATION FOR EXAMINATION**

In compliance with Chapter 30, Article 4, Code of West Virginia 1931, as amended, I hereby make application to be examined for license to practice dentistry in the State of West Virginia.

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Name desired on Certificate \_\_\_\_\_

Present Address \_\_\_\_\_  
(STREET) (CITY) (COUNTY) (STATE) (ZIP)

(All correspondence will be mailed to the above address, unless the Board is otherwise notified.)

PERMANENT ADDRESS \_\_\_\_\_  
(WHERE I MAY ALWAYS BE REACHED)

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ Phone Number: \_\_\_\_\_

I am a citizen of the United States of America by: Birth \_\_\_\_\_ Naturalization \_\_\_\_\_  
(Give Date)

If not a citizen of the United States state declaration of intention to become citizen and show progress toward becoming a citizen of the United States. \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ lbs. Complexion \_\_\_\_\_ Race \_\_\_\_\_

Sex \_\_\_\_\_ Color of Hair \_\_\_\_\_ Color of Eyes \_\_\_\_\_

I am (check one) Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

Name of Spouse (if married) \_\_\_\_\_

If Married, maiden name (if applicable) \_\_\_\_\_

**PRE-DENTAL EDUCATION:**

Date of graduation from and name of high school or preparatory schools.

Colleges attended and degrees earned (state inclusive dates of attendance) \_\_\_\_\_

**DENTAL EDUCATION:**

Dental Schools attended and degrees earned (state inclusive dates of attendance) \_\_\_\_\_

Graduate work of internship (Give dates) \_\_\_\_\_

List all licenses held in other states, *past and present*, and dates issued. **You must have a certified letter, bearing the State's seal, sent directly to this office from each listed state:** \_\_\_\_\_

Have you had an application for license refused from any state? If yes explain and give dates \_\_\_\_\_

Have you taken and passed the National Boards? \_\_\_\_\_

**Dates Part I**

**Dates Part II**

**If not on file in the Board office, you must have the National Board scores sent directly to the Board office.**

Have you taken and passed a state or regional clinical board? If so, which one? \_\_\_\_\_

**(Dates)**

**(Dates)**

**If not on file in the Board office, you must have your state or regional clinical scores sent directly to the Board office.**

I belong to the following professional societies and organizations: \_\_\_\_\_

If I am licensed to practice dentistry in West Virginia, I plan to (open my own office, intern at \_\_\_\_\_

\_\_\_\_\_, enter the armed forces, join Dr. \_\_\_\_\_, etc.): \_\_\_\_\_

in \_\_\_\_\_ West Virginia starting \_\_\_\_\_

**I offer the following references of good moral character, neither of whom is related to me or is a teacher at any dental college I attended, who shall write letters directly to the Secretary of the Board concerning the applicant. (If possible have dentists practicing in the State of West Virginia.)**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

### **Physician's Statement of Examination of Applicant**

I, \_\_\_\_\_, a duly licensed physician of the State of \_\_\_\_\_, have this day examined \_\_\_\_\_

The applicant herein, and my medical examination reveals that such applicant is free from all infectious, malignant, and contagious diseases, and such applicant is in sound and good health. Examination made in \_\_\_\_\_, State of \_\_\_\_\_,

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, A. D. 20\_\_\_\_.

\_\_\_\_\_, M. D.

**For the past ten years, my addresses and occupations have been: (Please fill in this section, whether or not you were employed.)**

Dates	Addresses	Occupation

Have you ever been charged with, or convicted of a crime of the grade of felony? If yes explain: \_\_\_\_\_

Have you ever been charged with, or convicted of, or been a party to a violation of the dental laws of this or any other jurisdiction? If yes explain: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Has your surname ever been changed? \_\_\_\_\_ If so, when and from what? \_\_\_\_\_

In addition to the foregoing information, I add the following:

1. I will read the Dental Laws of West Virginia before appearing for examination and I intend to practice Dentistry in keeping with the spirit and the letter of these laws.
2. I hereby give my permission for the West Virginia Board of Dental Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
3. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements when necessary.
4. I shall present my diploma from the dental school granting my degree at the time set for the examination, if required or requested by the Board. At the same time, I shall present all other credentials required or requested by the Board.
5. I am enclosing a postal money order or a check in the amount set forth below to cover this examination fee. I understand that this fee is not refundable.

In-State application fee	- \$150.00
Out-of-State application fee	- \$150.00
Temporary permit	- \$150.00
Teaching permit	- \$150.00
Intern permit	- \$100.00

The above statements are true in every particular.

\_\_\_\_\_  
Signature

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Affix  
PHOTOGRAPH

\_\_\_\_\_ Before me, a Notary Public in and for said State and County, on  
this day personally appeared \_\_\_\_\_

No caps or hats  
please

and did in my presence sign the foregoing application and acknowledged  
to me that all statements, facts, and answers contained in this application  
are true and correct; and that the applicant executed this application for  
the purposes and consideration therein expressed.

I also certify that the photograph attached hereto is a likeness of  
the applicant.

Witness my hand and seal of office on this the \_\_\_\_\_ day of \_\_\_\_\_,  
A. D. 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

Name of Notary Public typed \_\_\_\_\_

(SEAL)

Notary Public in and for the County of \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires \_\_\_\_\_

I, \_\_\_\_\_, Dean of \_\_\_\_\_  
have read this application of the above applicant for examination before the West Virginia Board of Dental  
Examiners, and I certify such applicant to the West Virginia Board of Dental Examiners as a graduate of this  
college; and I further state that the degree of \_\_\_\_\_  
\_\_\_\_\_ was conferred on such applicant on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

Witness my hand as Dean of the above stated college or university, and the seal of such institution.

\_\_\_\_\_ Dean

(Seal of College or University  
Conferring Dental Degree)

**“Please make all check and money orders payable to “West Virginia Board of Dental Examiners”.**