

AADE ClearingHouse \_\_\_\_\_

**SPECIAL VOLUNTEER DENTAL LICENSE  
WEST VIRGINIA BOARD OF DENTAL EXAMINERS  
APPLICATION**

In compliance with Chapter 30, Article 4, Section 8a, Code of West Virginia 1931, as amended, I hereby make application for a special volunteer dental license 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. \_\_\_\_\_

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

I plan to volunteer at \_\_\_\_\_. I have attached the written agreement, as required by law, §30-4-8a, with the clinic and their proof of insurance. **(Agreement must be attached with statement that malpractice coverage is being supplied by the clinic.)**

**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: \_\_\_\_\_

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 and I intend to practice Dentistry in keeping with the spirit and the letter of the laws for a special volunteer dental license.
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. If granted a special volunteer dental license:
  - a. I shall practice exclusively devoted to providing dental care to needy and indigent persons in West Virginia.
  - b. I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any dental services rendered under the special volunteer license.
  - c. I will supply any supporting documentation concerning my credentials, including my diploma, as the board may reasonably require.
  - d. I agree to continue to participate in continuing dental education as required by the Board.

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 \_\_\_\_\_

**You must supply a copy of the written agreement with the clinic and a statement that the clinic will be providing the malpractice insurance which is required by the new law, a copy of which is attached.**

**Please supply a copy of the following if available:**

**Copy of current Drivers license;**

**Copy of current CPR card; and**

**Copy of recent infection control continuing education certificates.**

**If not a US citizen, please provide a copy of the following:**

**Copy of US Immigration Services work authorization or permit.**