

Let. of Rec. _____
Let. of Cert. _____
FEES _____

**WEST VIRGINIA BOARD OF DENTAL EXAMINERS
APPLICATION FOR SPECIALTY LICENSE**

FIELD OF _____

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)

PHONE NUMBER _____

Date of Birth _____ Place of Birth _____

Social Security 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) _____

Dental Education:

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

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

Dental Specialty Education:

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

Graduate work of internship if different from above (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:** _____

Application for license refused - - explain and give details _____

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 of \$300.00 to cover this application fee. I understand that this fee is not refundable.

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 _____ 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.

No caps or hats
please

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 _____

CERTIFICATION OF SPECIALTY DEGREE

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 _____, A. D. 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".

WV Board of Dental Examiners
1319 Robert C. Byrd Drive
PO Box 1447
Crab Orchard, WV 25827