



## Idaho State Board of Dentistry

PO Box 83720, Boise, ID 83720-0021 ♦ Phone 208-334-2369 ♦ Fax 208-334-3247

Web [www.isbd.idaho.gov](http://www.isbd.idaho.gov) ♦ Email [sbdinfo@isbd.idaho.gov](mailto:sbdinfo@isbd.idaho.gov)

### Application for a Provisional Dental or Dental Hygiene License To serve as a Volunteer for the AMEN Free Clinic in Boise, Idaho April 18, 2017 – April 20, 2017

#### CHECKLIST

	<p align="center"><b>Completed Application</b></p> <p align="center">Mail to: ISBD, PO Box 83720, Boise, ID 83720-0021</p> <p align="center">Email to: <a href="mailto:sbdinfo@isbd.idaho.gov">sbdinfo@isbd.idaho.gov</a></p>
	<p align="center"><b>Copy of Current, Valid, and Unrestricted License to Practice Dentistry or Dental Hygiene</b></p>

#### Important Information

- Applications must be received by April 10, 2017.
- The Dental or Dental Hygiene License issued will be a PROVISIONAL status license.
- The Provisional status license will be limited to providing services at the AMEN Free Clinic (Boise, ID) for the period of 04/18/2017 – 04/20/2017.
- Upon approval, a provisional status license will be sent to the email address provided.

Application		
Full Name (First, Middle, Last, Suffix):		
Maiden Name or Other Names Used:		SSN:
Mailing Address:		
City:	State:	Zip:
Email Address:		Phone #:
Date of Birth:	Applying For: <input type="checkbox"/> Dental License <input type="checkbox"/> Dental Hygiene License	
Current State Licensure		
State:	License #:	Status:

Have you ever been convicted of a violation or plead Nolo Contedere, to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor (excluding traffic violations, except convictions for driving under the influence)? If yes, give details, jurisdiction(s) and date(s) on a separate page, and include a copy of the disposition/record certified by the Clerk of the Court.

Yes       No

I acknowledge that the provisional licensure sought through this application shall only be valid, in compliance with the Board's rules, during the limited period specified on the license and at the location filed with the Board.

**SIGNATURE AND DATE:** \_\_\_\_\_