



## IMPORTANT NOTICE

**TO:** All Applicants

**FROM:** Rosemary McCool, Director, Division of Registrations

**SUBJECT:** Licensure and Criminal History

Thank you for your interest in becoming a licensed\* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

*\*The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



**AFFIDAVIT OF ELIGIBILITY**

Pursuant to H.B. 06S-1009, C.R.S 24-34-107, **ALL** applicants for original licensure or licensees renewing a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check 1, 2 or 3 below):

1. \_\_\_ I am a US citizen.
2. \_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641.
  - b. \_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended.
  - c. \_\_\_ I am an alien who is paroled into the US under 8 U.S.C. sec. 1182 (d) (5).
3. \_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided upon request only.
  - Any Colorado Driver License, Colorado Driver Permit or Colorado Identification Card, expired less than one year. (Temporary paper license with invalid Colorado Driver License, Colorado Driver Permit, or Colorado Identification Card, expired less than one year is considered acceptable.)
  - Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year.
  - Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa.
  - Valid I-551 Resident Alien or Permanent Resident card.
  - Valid foreign passport accompanied by an "I-94" indicating a specific future "until" date.
  - Valid I-94 issued by Canadian government with L1 or R1 status and a valid Canadian driver's license or valid Canadian identification card.
  - Valid Temporary Resident Card.
  - Valid I-94 with refugee/asylum stamp.

(document list continued on page 2)

- Valid 1688B or 1766 Employment Authorization Card.
- Valid US Military ID (active duty, dependent, retired, reserve and National Guard).
- Tribal Identification Card with intact photo (US or Canadian).
- Certificate of Naturalization with intact photo.
- Certificate of (US) Citizenship with intact photo.
- Passport issued by the U.S. Government with one of the following documents: Social Security card; marriage, divorce or separation certificate or decree; or a Colorado or Federal tax return.
- Colorado Department of Corrections Inmate Identification Card with a Social Security card issued by the United States Government.

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

\_\_\_\_\_ (If issued by a state agency, include both the state and agency name.)

3. What is the secure and verifiable document number? \_\_\_\_\_

4. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)  
 (If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

**Complete and return the renewal form directly to the State Board of Dental Examiners at the address above**

**The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.**

Colorado Dentist License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART 1—APPLICANT INFORMATION**

<b>Name:</b> Last:		First:	Middle:	Suffix:
<b>Previous Name(s):</b>				
<b>Social Security Number: *</b>		<b>Date of Birth:</b> (mm/dd/yyyy)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Place of Birth</b> (city and state, or foreign country):				
<b>Mailing Address:</b>		PO Box, Street:	City, State, Zip:	
This is a <input type="checkbox"/> Home <input type="checkbox"/> Business				
<b>Daytime Telephone Number:</b> (     )		<b>E-mail Address:</b>		
		Preferred method for communication: <input type="checkbox"/> Mail <input type="checkbox"/> E-mail		

**PART 2—SCREENING QUESTIONS**

**Provide the following for each YES response to screening questions 1, 2, and 3:**

- A personally written explanation;
- A copy of the formal complaint/pleading;
- The answer to the complaint for malpractice issues;
- A copy of the final outcome(s) and/or a report of status if judgment is pending;
- Proof of compliance if under criminal probation;
- A copy of investigative report/complaint; and
- Any further information requested by the Board in a separate communication.

1. Has your license to practice dentistry been suspended, revoked, or otherwise disciplined in any state or territory of the United States, or in any foreign country related to an anesthesia/analgesia incident since you were last privileged or permitted in Colorado to administer anesthesia?  YES  NO
2. Have you had **any** malpractice judgment, malpractice settlement, or governmental/private agency disciplinary action against you since you were last privileged or permitted in Colorado to administer anesthesia or is such an action currently pending against you?  YES  NO
3. Have you ever had any criminal conviction, deferred judgment or plea of *nolo contendere* entered against you since you were last privileged or permitted in Colorado to administer anesthesia or is there any criminal charge or investigation currently pending against you? This includes, but is not limited to, any judgments/charges related to sales, distribution, possession, manufacture or dispensation of any controlled or illegal substance.  YES  NO

**PART 2—SCREENING QUESTIONS (Continued)**

**Provide the following for each YES response to screening questions 4, 5, and 6:**

- A personally written explanation.

**For questions 4 and 5, also give:**

- Dates of onset;
- Description of treatment;
- Name and address of treating physician; and
- Your description of the current status of your condition. You may wish to submit a physician's report of the current status of your condition and any limitations which may affect your ability to safely practice dentistry.

4. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a dentist safely and competently?  YES  NO
5. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a dentist safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder?  YES  NO
6. Are there any other facts concerning your background history, experience, or activities since you were last privileged or permitted in Colorado to administer anesthesia which may have a bearing on your fitness to practice dentistry in Colorado and which should be brought to the attention of the State Board of Dental Examiners?  YES  NO

**ATTESTATION**

I hereby certify that I have met ALL the requirements for administration of anesthesia in the state of Colorado under (check one):

- Minimal Sedation Privileges
- Moderate Sedation Privileges
- Deep Sedation/General Anesthesia Permit

as provided for in Colorado Revised Statutes sections 12-35-107(1)(f) and Board Rule XIV.

I attest that I am and have been in full compliance with all the requirements in Board Rule XIV, including the required office facilities and equipment. Furthermore, I attest that I shall remain in compliance during all periods of time that I administer anesthesia, whether in my office or in another dentist's office.

I further attest that I have successfully completed and maintain current Basic Life Support (BLS) certification and an Advanced Cardiac Life Support (ACLS) or Pediatric Life Support (PALS) certification.

I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the information contained in this application is true and correct to the best of my knowledge. In accordance with 18-8-501(2)(a)(I), C.R.S. false statements made herein are punishable by law and may constitute violation of the Dental Practice Act of Colorado.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date