

APPLICATION FOR ORIGINAL LICENSE—DENTIST

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Dentist in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

- This application does not provide a temporary license or permit you to practice.
- You may not practice until you receive a license from the Colorado State Board of Dental Examiners.

Basic Requirements. Requirements for dental licensure are outlined in the Dental Practice Act, specifically 12-35-117, 12-35-119, and 12-35-120; Board Rule III, Licensure of Dentists and Dental Hygienists; and the application instructions. The Dental Practice Act and Board rules are available online at www.dora.state.co.us/dental.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process in one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between November 1, 2013 and February 28, 2014 will reflect a license expiration date of February 28, 2016. Licenses issued prior to November 1, 2013 will reflect an expiration date of February 28, 2014, and must renew in the upcoming renewal period.

- All Dentist licenses expire on the last day of February in even-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application. (To check your application online, you must have a Social Security Number.)

APPLICANT CHECKLIST

To apply for a Dentist License:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and **made payable to State of Colorado.** All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Provide an official transcript or a sealed student copy transcript** which documents graduation with a DDS or DMD degree from a dental school or college which at the time of your graduation was accredited by the American Dental Association Commission on Dental Education. The transcript must be submitted with your application in the college's original, sealed (unopened) envelope.
- Submit verification from all states in which any healthcare license was ever held.** If necessary, you may use the attached Verification of License Form. The verifications must be submitted with your completed application.
- Provide proof of having passed the American Dental Association (ADA) National Board Dental Examinations Part I and Part II.** Request that the ADA (1-800-621-8099) send your scores to the Office of Licensing—Dental, 1560 Broadway, Suite 1350, Denver, CO 80202, or submit with your application a clear photocopy of the National Board Scorecard.
- Provide proof of having passed a practical/clinical examination given by a regional testing service or a state examination.** Applicants who passed a state practical/clinical examination must submit a letter from a state licensure board indicating the date on which the practical/clinical test was passed. Applicants who passed a regional clinical examination must contact the testing organization and submit a copy of those scores.
- Submit a National Practitioner Data Bank (NPDB) certified report** of any pending or final disciplinary actions or malpractice actions against any license you have ever held in any state. This NPDB report must be dated within four months of receipt of your complete application packet. Contact the NPDB at their website www.npdb-hipdb.hrsa.gov; telephone 1-800-767-6732; e-mail help@npdb-hipdb.hrsa.gov. If you are a new graduate who has never held an active dental license, you do not need to submit this report.
- Complete and submit the Jurisprudence exam,** which is available online at www.dora.state.co.us/dental/licensing/JurisprudenceExam.pdf. Return the answer sheet with your application.
- Provide proof of malpractice insurance.** If you have had a malpractice claim within the last 10 years, submit letter(s) of verification of malpractice insurance coverage AND malpractice claims history from your malpractice insurance carrier (agency letters are not acceptable). If an insurance carrier cannot provide a letter of insurance policy history, have the carrier state such in writing. The applicant must explain any lapse in malpractice coverage to the Board and must report any malpractice settlements/actions/outcomes, which occurred during a lapse of insurance coverage. Submit a letter of insurance history verification from each current and each previous malpractice insurance carrier with your application packet. Each letter must include: date, your name, number of each policy, coverage dates of each policy, claims statement for each policy, and the signature of the carrier's representative.
- Complete a Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Dental
1560 Broadway, Suite 1350
Denver, CO 80202



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.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

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

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

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. 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.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

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.

Print Full Legal Name

Signature (Full Name)

Date

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.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to State of Colorado.

PART 1—APPLICANT INFORMATION

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

PART 2—EDUCATION/EXPERIENCE

Name of Dental School:	Graduation Date: (mm/yyyy)
School Location: (city, state, and zip code; or region)	
Attestation of Education/Experience (check the appropriate box). By checking the box, you hereby attest that you:	
<input type="checkbox"/> Graduated within the past 12 months with a DDS or DMD degree from an accredited dental school or college which at the time of the applicant's graduation was accredited by the American Dental Association Commission on Dental Education. —OR—	
<input type="checkbox"/> Engaged in the active clinical practice of dentistry for at least one year of the five years immediately preceding the application. Persons in residency or intern programs during this time must provide information regarding the program. —OR—	
<input type="checkbox"/> Engaged in teaching dentistry in an accredited program for at least one year of the five years immediately preceding the application. —OR—	
<input type="checkbox"/> Engaged in service as a dentist in the military for at least one year of the five years immediately preceding the application. Request a report from a senior officer with a recommendation and verification of clinical experience.	

* **Social Security Number Disclosure:** Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's social security number. Disclosure of your social security number is mandatory for purposes of establishing, modifying, or enforcing child support under § 14-14-113 and § 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by § 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR §§ 61.1 et seq. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your social security number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your social security number will not be released for any other purpose not provided for by law.

OFFICE USE ONLY

LICENSE NUMBER: _____

DATE ISSUED: _____

PART 3—LICENSE INFORMATION

List licensure data for every dental license and every health care license you have ever held in any jurisdiction (if needed, attach an additional sheet in the same format):

Type of license	Jurisdiction	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 4—DENTISTRY PRACTICE HISTORY

List, as shown in the example below, your practice history for the last 5 years. Include any period during which you did not practice for more than 30 consecutive days (if needed, attach an additional sheet using the same format).

Date From	Date To	Employer Name	Office Address	Position Held
6/82	7/89	John Doe, DDS	235 Main St Denver, CO 80202	Dentist

PART 4—SCREENING QUESTIONS

You must provide the following for each “YES” response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome

You may be required to provide the following:

- Copies of legal documents relating to the event/offense.
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever applied for or been granted a license to practice as a dentist or hygienist in Colorado? YES NO
2. Have you had your dental license or any dental practice privilege or license disciplined by any governmental or private agency? (Disciplinary actions include, but are not limited to, suspension, revocation, voluntary surrender, probation, practice restrictions, reprimand, admonition, censure). This also includes any pending but not yet final actions. YES NO
 - If **YES**, submit copies of Charges and Final Judgments.
3. Have you ever been convicted, had a deferred judgment, or pled *nolo contendere* to any crime in any jurisdiction? This includes convictions or pleas related to sales, distribution, possession, manufacture, or dispensation of any controlled substance. YES NO
 - If **YES**, submit copies of Charges and Final Judgments.

PART 4—SCREENING QUESTIONS (Continued)

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
 ➤ If **YES**, include the following in your written explanation: dates of onset, description of condition, description of treatment, name and address of provider, and current status of your condition.
6. In the last 10 years, have you had a malpractice judgment, or malpractice settlement entered against you, or is there any malpractice claim now pending against you? YES NO
 ➤ If **YES**, for each instance include with the following with your application: a copy of the formal complaint/statement of charges, a copy of the final disposition or documentation of status if pending, and a personally written explanation of the matter.
7. Have you ever had a license to practice or a practice privilege denied by any governmental or private agency? YES NO
 ➤ If **YES**, include the following in your written explanation: agency name, date of denial, and reason for denial.

PART 5—FINANCIAL RESPONSIBILITY

All applicants for dental licensure must show compliance with C.R.S. 13-64-301. You must indicate below how you are meeting the requirements of this law. If this information is not provided, your file will be considered incomplete.

Read carefully and select ONLY ONE of the six options below by checking the corresponding box and providing all requested information.

By checking the box, you attest that you meet one of the following requirements:

- 1)** I hereby request an **ACTIVE** license as a dentist, who holds commercial professional liability insurance coverage with an insurance company authorized to do business in the state of Colorado in a minimum indemnity amount of five hundred thousand dollars per incident and one million five hundred thousand dollars annual aggregate per year, pursuant to C.R.S. 13-64-301. I furnish evidence of my compliance with C.R.S. 13-64-301(1).

 (Malpractice Insurance Company Name)

 (Permanent Malpractice Policy Number)
Binder Number Not Accepted

- 2)** I hereby request an **ACTIVE** license as a dentist, who holds an alternative security approved by the Colorado Commissioner of Insurance. I furnish evidence of my compliance with C.R.S. 13-64-301(1)(c), (d), or (e).

NOTE: Certification of the Surety Bond; Cash deposit or equivalent; or other security approved by the Colorado Commissioner of Insurance **must be attached**. The Commissioner of Insurance approves alternative security for financial responsibility. The address of the Commissioner of Insurance is 1560 Broadway Suite 850, Denver, CO 80202, telephone: (303) 894-7499.

PART 5—FINANCIAL RESPONSIBILITY (Continued)

3) I hereby request an **ACTIVE** license as a dentist, who performs dental services **exclusively** as a public employee under the “Colorado Governmental Immunity Act”, pursuant to C.R.S. 13-64-301, or who performs dental services **exclusively** as an employee of the United States government, pursuant to **Rule I.A.** I practice dentistry **exclusively** in my employment by:

the United States Department of _____ (e.g., military branch, public health, VA).

the State of Colorado Department of _____

4) I hereby request an **ACTIVE** license as a dentist, who provides only **uncompensated** dental care and who does not otherwise engage in any compensated dental care whatsoever, pursuant to **Rule I.E.**

NOTE: Compensation is defined as something given or received as payment or reparation for a service. Individuals who declare an uncompensated status may not work for non-profit organizations, and may not receive any payment, salary, wages, or any type barter (e.g., time or materials) for their services.

5) I hereby request an **ACTIVE** license as a dentist, who does not engage in any patient care within Colorado as defined by C.R.S. 12-35-110, including but not limited to the prescribing of medications, diagnosis, and development of a treatment plan, pursuant to **Rule I.D.** **I understand that by declaring exemption to 13-64-301(1)(a) under Rule I.D, receipt of active licensure status alone does not allow me to practice dentistry in any manner, to be a proprietor, or to be a consultant in the State of Colorado. I understand that prior to engagement in the practice of dentistry within the State of Colorado, I must receive both active licensure status and Board acknowledgment of my filing with it an Affidavit of Financial Responsibility Form, on which I certify my compliance with C.R.S. 13-64-301(1)(a), by meeting the qualifications of option 1 or 2 above.**

NOTE: Applicants who are awaiting a permanent malpractice policy number may select option 5.

ATTENTION: Those who certify their compliance with C.R.S. 13-64-301 above by selecting option 3, 4, or 5 must, prior to engaging in remunerated private practice of dentistry within the State of Colorado, file with the Board and receive Board acknowledgment of filing with it an "Affidavit of Financial Responsibility Form", which certifies their compliance with C.R.S. 13-64-301, by meeting the qualifications of option 1 or 2 above.

6) I hereby request an **INACTIVE** license as a dentist. I certify I will not practice dentistry in Colorado (**Rule I.B.**). I recognize that this licensure status is subject to renewal. If I wish to return to active practice, I realize I must submit a Reactivation Application, which is subject to approval by the Colorado State Board of Dental Examiners.

ATTESTATION

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

Applicant Signature

Date

VERIFICATION OF LICENSE FORM

Send this form to each state in which you hold, or have ever held, any healthcare license. **Request the form be completed and returned to you to attach to your application.**

PART 1: To be completed by the APPLICANT

Name: _____

Address: _____

Original License Number: _____ Year of License: _____

PART 2: To be completed by the LICENSING BOARD

This certifies that _____ is or has been licensed as a(n)
_____ in the state of _____.

License number _____ issued on _____ expires on _____.

Has the applicant's license ever been suspended or revoked? YES NO

▶ If YES, please attach documentation.

Is applicant currently under investigation or charged with a violation of the practice act? YES NO

▶ If YES, please provide details.

Name

Title

Signature

Date

Internet address of Board's website for online verification (if available)

[AFFIX BOARD SEAL HERE]