



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 DIVISION OF HEALTH LICENSURE AND REGULATION
 OFFICE OF HEALTH RELATED BOARDS
 665 MAINSTREAM DRIVE
 NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF DENTISTRY
 (800) 778-4123 or (615) 532-3202, ext. 5325073
<http://tn.gov/health/topic/Dentistry-board>

INSTRUCTIONS FOR AN APPLICATION FOR SPECIAL VOLUNTEER LICENSE FOR DENTISTS AND DENTAL HYGIENISTS

Any dentist licensed to practice dentistry in this state or any other state who has not been disciplined by any dentistry licensure board may have their license converted to or receive a Tennessee “Special Volunteer License,” as defined in T.C.A. § 63-1-201, which will entitle the licensee to practice without remuneration solely within a “free health clinic,” as defined by T.C.A. § 63-1-201, at a specified site or setting. Provided below is a checklist containing all the requirements to receive consideration for issuance of a Special Volunteer License.

A dentist holding a Special Volunteer License may not do any of the following:

1. Practice dentistry anywhere other than in the free health clinic site or setting specified in the application; and
2. Charge any fee or receive compensation or remuneration of any kind from any person or third party payor including insurance companies, health plans and state or federal benefit programs for the provision of medical or any other services; and
3. Practice for any free health clinic that imposes any charge on any individual to whom health care services are rendered or submits charges to any third party payor including insurance companies, health plans and state or federal benefit programs for the provision of any services.

Special Volunteer Licenses are subject to all rules governing renewal, retirement, reinstatement and reactivation as provided by rules 0460-2-.08 and .09, except those requiring the payment of any fees; and the rules governing continuing education and cardio pulmonary resuscitation as provided by rule 0460-1-.05; and disciplinary action for the same causes and pursuant to the same procedures as all other licenses issued by the Board.

Tennessee and Non-Tennessee Licensees

Done

1. Complete, have notarized, and mail the application pages 1 through 4. _____
2. Complete and mail **Attachment 1** to each state, country, or province in which you hold or have ever held a license to practice any profession. Applicants must have never been subjected to any disciplinary action and the license in this state or any other state must be free and clear of all encumbrances. _____
3. Request the site of the free health clinic in which you intend to practice submit directly to this office a letter informing us of the clinic’s location you will be working and a notarized copy of the IRS ruling that provides proof of the clinic’s private, not-for-profit status. _____
4. **A criminal background check is required.** For instructions to obtain a criminal background check, go to <https://www.tn.gov/health/health-professionals/criminal-background-check.html>. _____

5. Complete and submit along with your application the *Practitioner Profile Questionnaire* which is online at <https://www.tn.gov/health/health-program-areas/health-professional-boards/dentistry-board/dentistry-board/applications.html>. You are required by law update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. _____
6. All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required. The Declaration is available online at <https://www.tn.gov/content/dam/tn/health/documents/PH-4183.pdf>. _____

Non-Tennessee Licensees Only

1. An applicant shall submit a signed “passport” style photograph taken within the preceding twelve months. _____
2. Provide two (2) letters attesting to the applicant’s good moral character, from dental professionals on the signator’s letterhead. The letters must be original and dated within the last year. _____
3. Provide proof of citizenship or evidence of being legally entitled to live and work in the United States. Such evidence may include notarized copies of birth certificates, naturalization papers or current Visa status. _____

YES NO

Are you or have you ever been licensed in this profession in another state? _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? _____

List below ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED. Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

STATE	PROFESSION	LICENSE NUMBER	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

- 1. "Ability to practice your profession" is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
- 2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
- 3. "Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
- 4. "Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
- 5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
- 6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

YES NO

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? _____

2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? _____

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION (continued)

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.		YES	NO
3.	At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?	_____	_____
4.	Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?	_____	_____
5.	Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?	_____	_____
6.	Have you ever held or applied for a license, privilege, registration or certificate to practice dentistry in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
7.	Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
8.	Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?	_____	_____
9.	Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	_____	_____
10.	Have you ever been rejected or censured by a professional association or society?	_____	_____
11.	In relation to the performance of your professional services in any profession:		
	a. Have you ever had a final judgment rendered against you;	_____	_____
	b. Have you ever entered into any settlement of any legal action; or	_____	_____
	c. Are there any legal actions pending against you or to which you are a party?	_____	_____
12.	Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?	_____	_____
13.	My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)	_____	_____
14.	Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause?	_____	_____
15.	Have you ever failed a dental examination? (National Boards, regional or state)	_____	_____
	If yes, which exam and how many times have you failed? _____		

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____ of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice of dentistry in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice dentistry.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

I, _____ hereby certify that I will limit my practice of dentistry exclusively to the patients receiving service from _____ which is a not-for-profit organization and that such practice is without compensation.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE _____
DATE

Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____.