

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100 • 600 East Amite Street • Jackson, MS • 39201 • 601-944-9622 • www.dentalboard.ms.gov

TO: Dentists/Dental Hygienist Requesting Licensure by Reciprocity as a Member of the Military, Spouse or Dependent of a Member of the Military License, or by Residency

FROM: Denny Hydrick, Executive Director

SUBJECT: Application for Mississippi Licensure

Updated: August 2023

Thank you for your application for Dental / Dental Hygiene Licensure by Reciprocity as a Member of the Military, a Spouse or a Dependent of a Member of the Military, or as a Mississippi Resident. Pursuant to the provisions of the Military Family Freedom Act, Mississippi shall recognize occupational licenses obtained from other states for military members and their families. Military means Armed Forces or Reserves of the United States, including the Army, Navy, Marine Corps, Coast Guard, Air Force, Space Force and the reserve components thereof, the National Guard of any state, the military reserves of any state, or the naval militia of any state. Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational licenses obtained from other states. Please be advised that a license issued by reciprocity is valid only in Mississippi. It does not make the person eligible to work in another state under an interstate compact or reciprocity agreement unless otherwise provided in Mississippi law. The following are the items required for application by reciprocity.

All questions must be answered fully, truthfully, and accurately. If a question does not pertain to you, indicate so by typing "N/A" in the space provided. The Board encourages you to provide as much detail as possible. All requested supporting documentation must be received by the Board prior to the issuing of a license. Items required:

1. You must provide proof of residency in the State of Mississippi.
2. You must have all state dental licensing boards, for which you are currently licensed or have ever been licensed, submit certification directly to the Board regarding the following:
 - Education requirements for dental/ dental hygiene licensure in the state;
 - Verification that you met the education requirements;
 - Examination requirements for dental/ dental hygiene licensure in the state;
 - Verification that you met the examination requirements for dental/ dental hygiene licensure in the state;
 - License status;
 - License history; and
 - Current and/or prior disciplinary action, including official copies of board orders.
3. You must self-query the National Practitioner Data Bank (NPDB) and Healthcare Integrity and Protection Data Bank (HIPDB), and you must submit the original copy of results to the Board.
 - NPDB-HIPDB
Post Office Box 10832
Chantilly, Virginia, 20153-0832.
Tel: 1-800-767-6732
Fax: 703-802-4109
 - Even if no reports have been filed, the NPDB-HIPDB provides the practitioner with a form. The original form must be submitted to the Board.

4. You must submit proof of professional liability insurance coverage. If you have had professional liability insurance refused, declined, canceled, not renewed, or modified, you must submit evidence of such action to the Board.
5. You must submit proof of current Cardiopulmonary Resuscitation “CPR” certification.
6. You must successfully complete a jurisprudence examination based on the Mississippi Dental Practice Act and Board Regulations. This exam may be taken electronically. A licensing representative will contact you regarding the examination.
7. A \$2,500 application fee is required for dental license applications or \$750 for dental hygiene applications.

APPLICATION CHECKLIST

- Completed Application
- Passport photo attached
- Copy of Driver’s License
- Certification of license status, license history, and any disciplinary actions from each state dental board, for which you are currently licensed or have ever been licensed
- Official copies of Board Orders (*if applicable*)
- Official copies of action surrendering, revoking, and/or restricting DEA registration (*if applicable*)
- Original copy of NPDB self-query results
- Proof of current Cardiopulmonary Resuscitation “CPR” certification
- Proof of liability insurance coverage
- Proof of Residency in Mississippi or a notarized letter from an employer promising in-state employment of the applicant or their spouse.
- Evidence of professional liability insurance refused, declined, canceled, not renewed, or modified (*if applicable*)
- Application fee of \$2500.00 for dental license applications; \$750.00 for dental hygienists license applications.

Notice to applicants:

Pursuant to the provisions of the Military Freedom Act, Mississippi shall recognize occupational licenses obtained from other state for military members and their families.

Pursuant to the provisions of the Universal Recognition of Occupational Licenses Act, Mississippi shall recognize occupational license obtained from other states.

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APPLICATION FOR DENTAL/ DENTAL HYGIENE LICENSURE BY RECIPROCITY: MILITARY MEMBER, MILITARY SPOUSE, MILITARY DEPENDENT, OR MISSISSIPPI RESIDENT

An unmounted bust photo not less than 2½" x 2½" of applicant taken not more than six months prior to date of application. Photo must be securely attached to this space.

I hereby make application for issuance of a license to practice: **Dentistry** **Dental Hygiene**

in the State of Mississippi, all in accordance with and subject to the rules and regulations of the Mississippi State Board of Dental Examiners and the laws governing the practice of dentistry in the State of Mississippi. I further understand that I must practice a minimum of three (3) months per year in the State of Mississippi to remain active and that the three (3) months do not need to be consecutive (see memorandum).

First Name _____ Middle Name _____ Maiden Name _____ Last Name _____

YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR MISSISSIPPI LICENSE

Social Security Number _____ Race _____ Sex _____ Email _____

City and State of Birth _____ Country of Birth _____ Date of Birth _____ Age _____

Current Residence Address (STREET ONLY) _____ City _____ State _____ Zip Code _____

Current Office Address (STREET ONLY) _____ City _____ State _____ Zip Code _____

Current Mailing Address (STREET OR POST OFFICE) _____ City _____ State _____ Zip Code _____

Home: Telephone Number _____ Mobile Number _____

Office: Telephone Number _____ Office: Fax _____

Dental School Graduated From _____ Date Graduated _____ Degree _____

PERSONAL AND PROFESSIONAL

1. I am applying for licensure by reciprocity as a:

- Member of the military Spouse of a member of the military
Dependent of a member of the military Mississippi resident

2. Please provide evidence of your standing to apply for licensure by reciprocity.

2-a. **Member of military.** Please provide a certified copy of official active duty military orders.

2-b. **Spouse of member of the military.** Please provide a certified copy of spouse's official active duty military orders and a certified copy of a certificate of marriage.

2-c. **Dependent of member of the military.** Please provide a certified copy of official active duty military orders and official documentation evidencing dependency status.

2-d. **Mississippi Resident.** Please submit verifiable documentation of Mississippi residency. This includes but is not limited to one (1) of the following:

- Proof of a state-issued identification card;
- Current Mississippi residential utility bill with your name and address;
- Documentation of current ownership or lease of residence in Mississippi in your name; or
- Documentation of current in-state employment or a notarized letter of promise of employment of the applicant or his or her spouse.

3. Are you a citizen of the United States of America? **Yes** **No**

4. If you are *not* a citizen of the United States of America, are you an *unauthorized* alien, as defined by 8 U.S.C.A. § 1324a? **Yes** **No** **N/A**

5. List all states in which you are currently and have ever been licensed to practice dentistry or dental hygiene. Include corresponding dates for which each license was or is active.

6. Do you understand and agree that if granted a license to practice dentistry or dental hygiene in Mississippi, you must comply with the Mississippi Dental Practice Act, Board Regulations, and the ADA and/or ADHA Code of Ethics? **Yes** **No**

7. Do you understand and agree that if granted a dental license, you shall not hold yourself out to the public as a specialist, or publicly announce as being specially qualified in any particular branch of dentistry, or publicly announce as giving special attention to any branch of dentistry, unless and until you obtain a specialty license from the Board. **(Dental hygiene applicants may select "N/A".)** **Yes** **No** **N/A**

8. Do you currently hold a Federal DEA Number to administer, prescribe, or dispense controlled substances? **(Dental hygiene applicants may select "N/A".)** **Yes** **No** **N/A**

If yes, provide your current registration number. _____

9. Have you ever surrendered your DEA number or had it revoked or restricted? **Yes** **No**

If yes, please explain in detail and submit official documentation evidencing any corresponding action.

10. Have you ever had a license reprimanded, placed on probation, restricted, suspended, cancelled, surrendered, revoked, or otherwise disciplined by any occupational licensing board? **Yes** **No**

If yes, please explain in detail and have the corresponding board submit official documentation evidencing any such action, including but not limited to official copies of Board Orders.

11. Do you have any pending, outstanding, or otherwise unresolved complaints, allegations, investigations, and/or disciplinary action by any occupational licensing board? **Yes** **No**

If yes, please explain in detail.

12. Have you ever been a party to any malpractice claims, demand, or lawsuit, including those still pending? **Yes** **No**

If yes, please explain in detail.

13. Have you ever been denied malpractice insurance? **Yes** **No**

If yes, please explain in detail and submit official documentation evidencing any corresponding action.

14. Have you ever been convicted or found guilty, or entered a plea of nolo contendere (“no contest”) – regardless of adjudication, to any felony?” **Yes** **No**

If yes, please explain in detail and submit official documentation evidencing the disposition of any corresponding action, including but not limited to official copies of Court Orders.

15. Have you ever been convicted or found guilty, or entered a plea of nolo contendere (“no contest”) – regardless of adjudication, to any misdemeanor, other than a minor traffic violation?” **Yes** **No**

If yes, please explain in detail and submit official documentation evidencing the disposition of any corresponding action, including but not limited to official copies of Court Orders.

16. Do you have any pending criminal charges? **Yes** **No**

If yes, please explain in detail.

17. Do you currently suffer from a serious physical or mental condition or disorder, including abuse of or addiction to alcohol, drugs, or other mood-altering substances, which may interfere with your ability to practice dentistry and/or dental hygiene with reasonable skill and safety? **Yes** **No**

If yes, please explain in detail.

18. Have you ever been terminated, dismissed, reprimanded, or otherwise disciplined as an employee in any capacity for unsatisfactory and/or unsafe performance, due to a serious physical or mental condition or disorder, including abuse of or addiction to alcohol, drugs, or other mood-altering substances?

Yes **No**

If yes, please explain in detail.

19. Have you ever received treatment for addiction to alcohol, drugs, or other mood-altering substances? **(If you answered “No” to all questions (#9) – (#18), you may select “N/A”).** **Yes** **No** **N/A**

If yes, please explain in detail and provide dates of treatment received and names and locations of treatments providers.

EDUCATION

Dental/ Dental Hygiene School Name	Address	Dates Attended	Degree Conferred

NOTE: A certified transcript from each dental school attended with subjects, grades, and dates of graduation should be sent directly to the Board. Proof of satisfaction of education requirements for dental/ dental hygiene licensure in the state must be submitted to the Board prior to licensure.

ACKNOWLEDGMENT

- 1. In addition to the foregoing, I add the following:
 - (a) I have read the Mississippi Dental Practice Act and Board Regulations. I solemnly declare upon my honor that if granted a license to practice dentistry in Mississippi, I will respectfully comply with any law and regulation governing the practice of dentistry in this State and will do my best to uphold and maintain the ethics of the profession. I further declare that I have never practiced illegal dentistry in this State or any other state.
 - (b) I hereby grant permission to the Mississippi State Board of Dental Examiners to secure additional information concerning me or any statement in this Application from any person or any source the Board may desire. Additionally, I understand that the Board will post on its Internet web site all information it deems necessary to enable the public to verify my licensure status. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
 - (c) I, _____, the applicant herein, depose and say that all facts, statements, and answers contained in this Application are true and correct; I am not omitting any information which might be of value to this Board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure in Mississippi, and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Mississippi Dental License even though it is not discovered until after issuance.

Name: _____ Address: _____
 Signature: _____ City: _____ State: _____ ZIP: _____

SWORN TO AND SUBSCRIBED BEFORE ME on this the
 _____ day of _____, 20_____

Notary Public: _____

SEAL

State: _____ County: _____

My Commission Expires: _____