

MISSISSIPPI STATE BOARD OF DENTAL EXAMINERS

Suite 100, 600 East Amite Street • Jackson, Mississippi 39201-2801 • (601) 944-9622 • www.dentalboard.ms.gov

APPLICATION FOR SPECIALTY LICENSE

Application Must Be Typewritten

1. Full name of applicant _____
2. Address _____

(City) (State) (Zip)
Daytime Telephone _____ Evening Telephone _____
3. Application for licensure in specialty of _____
4. Length of time you have practiced this specialty _____
5. Present Mississippi Dental License number _____
6. Date Mississippi Dental License issued _____
7. Graduate of which dental school _____
8. Specialty training received (describe fully, giving institutions, dates of training, etc., and also list American Board Certification date and number, if any):

9. Membership in specialty organizations:

10. Attach hereto photostatic and certified copy of diploma or certificate attesting to graduate study qualifying you in the field for which you seek specialist licensure. If this is not available, please have a statement sent directly to Mississippi State Board of Dental Examiners from the registrar or other official of the institution attended.
11. Are you willing, if granted specialty licensure under the laws of the State of Mississippi and the Regulations of the Mississippi State Board of Dental Examiners, to limit your practice exclusively to the specialty in which you are licensed? _____

I fully understand that any significant misstatements in or omissions from this application constitute cause for denial of approval. All information submitted by me in this application is true to my best knowledge and belief. I further 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 have read the Mississippi State Dental Practice Act and Board Regulations and promise to abide by them and to conduct myself in an ethical manner at all times. I further promise to abide by future policies that may be established by the Mississippi State Board of Dental Examiners.

Date

Signature of Applicant

A specialty licensure fee of Three Hundred and No/100 Dollars (\$300.00) must accompany application. Please return completed application and credentials as soon as possible in order that action may be taken by the Board at its next regularly scheduled meeting. Mail all required information to the Mississippi State Board of Dental Examiners, Suite 100, 600 East Amite Street, Jackson, Mississippi, 39201-2801.

NOTE: Miss. Code Ann. § 73-9-29 states: "No licensed dentist shall hold himself 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, until he has been issued a certificate by the board authorizing him to do so. Failure to comply shall be cause for his dental license to be revoked or suspended."