IDAHO BOARD OF DENTURITRY

Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or P.O. Box 83720, Boise ID 83720-0063

Phone: (208) 334-3233 Website: https://dopl.idaho.gov

E-mail: den@ibol.idaho.gov

APPLICATION FOR DENTURITRY LICENSURE INSTRUCTIONS

The requirements noted below are for general information only, please refer to the laws and rules for complete requirements. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.

The Board does not issue licenses by endorsement or reciprocity. Please keep a copy of this application for your records.

To be eligible for examination, applicants must have completed formal training of not less than two (2) years duration at an educational institution accredited by a national or regional accrediting agency recognized by the Idaho State Board of Higher Education, the curriculum of which includes courses in oral pathology, physiology, head and oral anatomy, clinical microbiology, clinical jurisprudence, asepsis, and first aid for minor office emergencies. Applicants must also have completed at least two (2) years internship under the supervision of a licensed denturist or have equivalent experience as established by board rule prior to filing an application.

Internship Equivalency. A person shall be considered to have the equivalent of 2 years internship under a licensed denturist who has, within the 5 years immediately preceding application, met and verifies either:

- a. Two (2) years internship as a denture lab technician under a licensed dentist; or
- b. Two (2) years in the military as a denture lab technician; or
- c. Three (3) years experience as a denturist under licensure in another state or Canada.

Documentation of internship equivalency, including business name and address, supervisor name and qualifications, dates of experience (both beginning and ending month and year) must be attached.

APPLICATION & EXAMINATION FEE \$300.00 INITIAL LICENSE FEE \$300.00

All returned checks are subject to a \$20.00 fee. Processing will be delayed for applications that do not include a Social Security number or other documentation required under Idaho Code § 73-122.

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see Idaho Code § 67-9401-9407. Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see Idaho Code § 67-2602A.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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Please complete this form by providing the requested information (please read the instructions carefully). Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted above.

I hereby submit my qualifications and make application for a license to practice denturitry in the State of Idaho under the provisions of Title 54, Chapter 33, Idaho Code as amended.

1.	Full Name (Mr., Mrs., or Ms.)								
2.	Address of Record								
	(This address is a public record.)	Street	City	State	Zip				
3.	Mailing address								
	(This will be used as address of record if no	ne provided above.) Street/PO Box	City	State	Zip				
4.	Social Security No	- Date of Bi	irth / /						
	Social Security No Date of Birth / / (This is not a public record; required by I.C. § 73-122.) mm dd yyyy								
					,				
	Business phone ()	Other () (This number is not a public record.)	_ E-mail						
	(This number is public record.) (This is not a public record.) (This is not a public record; required by I.C. § 67-2609.)								
6	Are you or your shouse an act	ive member or honorably discha	roed veteran of the l	United States Arr	ned				
•	Services?	ive member of honorably disenta-	igea veteran or the	() Yes					
		the military to qualify you for this license/regis	stration, please attach a copy		()110				
_	II	C C		() V	() NI-				
/٠		f formal education at an accredit d directly from the school registrar before your		()	() No				
Q	Have you completed 2 years of	f internship under supervision or	the equivelent?	() Yes	() No				
ο.		on file with the Board prior to Board review of		() Tes	()110				
9.	Are you licensed in any state t	o practice denturitry?		() Yes	() No				
	(If Yes, certification of licensure must be re-	ceived directly from the licensing authority before	ore your application will be pr	rocessed.)					
10		of any State or Federal felony?		()	() No				
	(If Yes, the Criminal Conviction Disclosure be received with this application.)	Form, official court documents, and probation	and parole documents along	with any other relevant in	nformation mus				
11		anctioned in any way in any juris		()	() No				
	(If yes, please attach a detailed statement, in	ncluding a summary of the charges, the final ord	ler, and any other relevant inf	Cormation.)					

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or

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authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Applicant									
State of	, County of d	lay of	, ss.	, 20	_·				
,		Notary Public Official Signature My Commission Expires							

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

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