

**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](mailto: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.**



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 \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(seal)

\_\_\_\_\_  
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.**