

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@dopl.idaho.gov

APPLICATION FOR DENTURITRY INTERNSHIP 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.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-3304, you must be licensed to practice. The Board's Laws and Rules may be downloaded at: <https://dopl.idaho.gov>.

CHECKLIST FOR APPLICATION: (Please keep a copy of this application for your records.)

- Completed application. All requested information must be provided and the application must be notarized.
- Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license is acceptable.
- Attach the required fees \$300 application & permit fee. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants for Idaho licensure must complete at least two (2) years internship under the supervision of a licensed dentist or have equivalent experience as established by board rule prior to the filing of the application.

Internship Equivalency. A person shall be considered to have the equivalent of 2 years internship under a licensed dentist 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 dentist under licensure in another state or Canada.

To be eligible for an internship, applicants must document completion of either:

Two years of formal training as outlined in Section 54-3310(b), Idaho Code.

OR

Three years of denturistry experience within the five (5) years immediately preceding application.

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](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

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.

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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APPLICATION FOR DENTURITRY INTERNSHIP- \$300

I hereby submit my qualifications and make application for a denturistry internship 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 none provided above.) Street/PO Box City State Zip

4. Social Security # _____ - _____ - _____ **Date of Birth** ____ / ____ / ____
 (This is not a public record; required by I.C. § 73-122.) mm dd yyyy
 (Proof of age – a clear and readable color copy of a government-issued ID such as a passport, military ID, or valid driver’s license must be attached.)

5. Business Phone (____) _____ **Other Phone** (____) _____ **E-mail** _____
 (This number is a public record.) (This number is not a public record.) (This is not a public record; required by I.C. § 67-2609).

6. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? [] Yes [] No

7. Have you completed 2 years of formal education at an accredited school? [] Yes [] No
 (If Yes, certified transcripts must be received directly from the school registrar before your application will be processed.)

8. Have you completed 3 years of denturistry experience within the last 5 years? [] Yes [] No
 (If Yes, documentation must be enclosed or on file with the Board prior to Board review of your application)

9. Are you licensed in any state to practice denturistry? [] Yes [] No
 (If Yes, certification of licensure must be received directly from the licensing authority before your application will be processed.)

10. Have you ever been convicted of any State or Federal felony? [] Yes [] No
 (If Yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

11. Have you ever had a license sanctioned in any way in any jurisdiction? [] Yes [] No
 (If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

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 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 _____

APPLICATION FOR DENTURITRY INTERNSHIP

(continued)

SUPERVISOR INFORMATION

1. Supervisor's Name (Mr., Mrs., or Ms.) _____

2. Business Name _____

3. Business Address _____
Street/PO Box City State Zip

4. Business phone (_____) _____ E-mail _____ License # _____
(This number is a public record.)

SUPERVISOR AFFIDAVIT

I hereby certify under penalty of perjury that I hold a current Idaho Denturistry license in good standing or a current Idaho Dentist license in good standing. I further certify that I have read and will abide by the Idaho Denturistry Laws and Rules governing internships and that all work performed by the named intern shall be under my immediate supervision
I understand the responsibilities and requirements for the training and direct supervision of the applicant.

Signature of Supervisor

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public Official Signature
My Commission Expires _____

Rule 300 is provided below for your reference. All denturists must review and adhere to all the laws and rules regarding denturistry. The entire law and full set of rules can be found on the Board's website at <https://dopl.idaho.gov>.

Rule 300. INTERNSHIP.

01. Requirements and Conditions for Internship.

- a. To be eligible for internship the applicant must have completed:
 - i. The educational requirements set forth in Section 54-3310(b), Idaho Code; or
 - ii. Have denturistry experience of three (3) years within the five (5) years immediately preceding application.
- b. Where an internship is established based on experience, the internship is valid only while the intern is actively pursuing completion of Idaho licensure requirements.
- c. Application must be made on forms provided by the Division of Occupational and Professional Licenses and must:
 - i. Document the location of practice;
 - ii. Include the name and address of the supervising denturist or dentist;
 - iii. Include a sworn or affirmed statement by the supervising denturist or dentist;
 - iv. Include a sworn or affirmed statement by the supervisor accepting supervision of the intern;
 - v. Include a sworn statement by applicant that he is knowledgeable of law and rules and will abide by all requirements of such law and rules; and
 - vi. Include such other information necessary to establish applicant's qualifications for licensure as a denturist and establish compliance with pre-intern requirements.
- d. The supervising denturist or dentist must be present and directly observe any intern interaction with a patient.
- e. Two (2) years of internship under the supervision of a licensed denturist must be completed in not less than twenty-four (24) months and may not exceed thirty (30) months except as approved by the Board.

02. Internship Equivalency. A person is considered to have the equivalent of two (2) years internship under a licensed denturist who has met and verifies one (1) of the following within the five (5) years immediately preceding application:

- 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.

03. Internship Not to Exceed One Year. Internship not to exceed one (1) year acquired through a formal training program in an acceptable school will be accepted toward the two (2) year required internship for licensure.

04. Training Requirements. Each year of required internship consists of two thousand (2,000) clock hours of training and performance of the following minimum procedures for licensure.

a. Procedures include all steps required in constructing a finished denture but are not limited to the following:

- i. Patient charting -- thirty-six (36) minimum.
- ii. Operatory sanitation -- thirty-six (36) minimum.
- iii. Oral examination -- thirty-six (36) minimum.
- iv. Impressions, preliminary and final (pour models, custom trays) -- thirty-six (36) minimum.
- v. Bite registrations -- twelve (12) minimum.
- vi. Articulations -- twelve (12) minimum.
- vii. Set ups -- twelve (12) minimum.
- viii. Try ins -- twelve (12) minimum.
- ix. Processing (wax up, flask-boil out, packing, grind-polish) -- thirty-six (36) minimum.
- x. Delivery-post adjustment -- thirty-six (36) minimum.

b. Processed relines (one (1) plate = one (1) unit) -- twenty-four (24) units.

c. Tooth repairs -- forty-eight (48) minimum.

d. Broken or fractured plates or partials -- forty-eight (48) minimum.

05. Reporting Requirements. Interns must file reports, attested to by the supervisor, with the Board on forms provided by the Division of Occupational and Professional Licenses on a monthly basis and recapped at termination or completion of the training.

06. Denture Clinic Requirements. Denture clinic requirements for approved internship training:

a. There may not be more than one (1) internee per licensed denturist or dentist who is practicing at the clinic on a full time basis.

b. There must be a separate work station in the laboratory area for each intern with standard equipment, i.e. lathe, torch and storage space. The intern must provide necessary hand tools to perform the duties of the denture profession. Use of the operatory facilities and other equipment will be shared with the intern.

07. Internship Supervisor Requirements.

a. A supervisor must:

i. Be approved in advance by the Board for each internship.

ii. Not have been the subject of any disciplinary action by the Board, by the Idaho Board of Dentistry or by any other jurisdiction for five (5) years immediately prior to being approved as the supervisor.

b. A supervisor that is a denturist must:

i. Hold an Idaho denturist license that is current and in good standing and is renewed as provided in these rules; and

ii. Have actively practiced denturistry for at least three (3) of the five (5) years immediately prior to being approved as the supervisor.

c. A supervisor that is a dentist must:

i. Hold an Idaho dentist license that is current and in good standing and is renewed as provided in Chapter 9, Title 54, Idaho Code; and

ii. Have actively practiced general dentistry, or a dental specialty accepted by the Board, for at least three (3) of the five (5) years immediately prior to being approved as a supervisor.

d. Supervise only one (1) intern. A supervisor will not be approved to supervise more than one (1) intern at a time.

e. Termination of supervisor approval. Approval of the supervisor immediately terminates if the supervisor is disciplined or ceases to meet supervisor requirements.