

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

STATE BOARD OF DENTISTRY LIMITED DENTAL RESIDENCY PERMIT APPLICATION INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at www.pla.in.gov:

1. Application For A Limited Dental Residency Permit
2. Verification of Enrollment Form (Attached to the Application)
3. Verification of Licensure Form
4. Information and Instruction Sheet
5. Statutes and Administrative Rules which pertain to the practice of dentistry and dental hygiene.

IPLA ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX #: (317) 233-4236
Staff Email: pla8@pla.in.gov
Website: www.pla.in.gov

THE FAIR INFORMATION PRACTICE ACT

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1, 25-1-5-11(a), and 828 IAC 1-1-2(d). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

USE OF LIMITED DENTAL RESIDENCY PERMIT

Any person using a school's limited dental residency permit may practice dentistry only in a hospital or other board approved institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The dental practice shall be limited to bona fide patients of the hospital

or other institution.

The permit shall be:

(A) valid for only one (1) year from date of issue; and

(B) renewable in the discretion of the board upon the payment of a fee determined by the board under section 13 of this chapter.

May be recalled at any time by the board.

ISSUANCE OF LIMITED RESIDENCY PERMITS

Upon issuance of your permit by the Board, you will be sent an email notifying you that your permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free permit card for immediate printing.

This service is available on our website at www.in.gov/pla/license.htm.

LIMITED RESIDENCY PERMIT EXPIRATION DATE

All dental residency permits expire on June 30th. Permit holders will be required to renew their permit at this time. Renewal information will be emailed to the Permit Holder approximately sixty (60) days prior to the expiration date.

Permit holders may renew their permits at www.in.gov/pla/license.htm.

APPLICATIONS FOR DENTAL LICENSURE

If you wish to apply for a dental license in the future, please go to www.pla.in.gov. This will provide you with the information of what is required to apply for dental licensure in the state of Indiana.

STATUTORY AUTHORITY FOR LIMITED DENTAL RESIDENCY PERMITS

IC 25-14-1-5 Limited dental residency permit for students; fee; practice under permit

Sec. 5. (a) The board may at its discretion issue a limited dental residency permit to a school for use by any student or former student to whom it has not issued a license but who is attending or is a graduate of a dental college recognized by the board and is completing a residency program. However, the school shall furnish the board with satisfactory evidence that the student or former student is enrolled in an accredited dental residency or fellowship program and is using the permit only for school purposes. The school shall maintain the permit at the school.

(b) The fee for the permit shall be set by the board under section 13 of this chapter.

(c) Any person using a school's limited dental residency permit may practice dentistry only in a hospital or other board approved institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The dental practice shall be limited to bona fide patients of the hospital or other institution.

(d) The permit:

(1) shall be:

(A) valid for only one (1) year from date of issue; and

(B) renewable in the discretion of the board upon the payment of a fee determined by the board under section 13 of this chapter; and

(2) may be recalled at any time by the board.

(Formerly: Acts 1913, c.138, s.4a; Acts 1949, c.248, s.3; Acts 1963, c.151, s.4; Acts 1971, P.L.372, SEC.5.) As amended by Acts 1977, P.L.172, SEC.14; P.L.169-1985, SEC.49; P.L.103-2011, SEC.16.

LIMITED RESIDENCY PERMIT APPLICATION INSTRUCTION SHEET

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: State Board of Dentistry
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer “yes” to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however, they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

FEE INFORMATION

Currently there is no fee required at this time to apply for a Limited Dental Residency Permit.

PHOTOGRAPHS

Applicants must submit one (1) acceptable photograph, taken within eight (8) weeks before filing of the application. Please sign each photo at the bottom. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

VERIFICATION OF ENROLLMENT

Applicants must submit a completed “Verification of Enrollment For a limited Dental Resident Permit”, **sent directly to the Board from the school**, completed and signed by the Dean/Department Chair of the residency or fellowship program.

OFFICIAL TRANSCRIPTS

Applicants must submit official transcript, certifying the date the degree was conferred. This must be an original transcript from the school or a notarized copy.

VERIFICATION OF STATE LICENSURE

Applicants must provide a “Verification of State Licensure” form from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

NAME CHANGE

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.