



Dental Quality Assurance Commission  
 P.O.Box 1099  
 Olympia, WA 98507-1099  
 360.236.4700

## **Dentistry Faculty License Application Packet**

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These are the standard forms you should find within this application packet. Any forms may be copied as needed. There are additional requirements for which there are no forms available; please read the instructions carefully in order to understand all that is required in order to be issued a license.

### **Important Social Security Number Information:**

Social Security Number: You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

#### **Mail your application with your check or money order payable to:**

Department of Health  
 Revenue Section  
 P.O.Box 1099  
 Olympia, WA 98507-1099

#### **Send additional documents to:**

Dental Quality Assurance Commission  
 P.O. Box 47867  
 Olympia, WA 98504-7867

Call customer service with your questions  
 360.236.4700  
 Hearing Impaired 360.664.0064

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## General Instruction Checklist and Important Information

All information should be typed or printed clearly. It is your responsibility to submit the correct forms required.

- Faculty License application fee.** (This fee is non-refundable). You can check the [fee link](#) for current fees.
- Step #1: Demographic Information:**
  - Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.
  - Name:** List your full name with first, middle, and last.
  - Birth date:** Provide the city, state, and country you were born in.
  - Address:** List the address we should use to send any information on your license. Be sure to include the city, state, zip code, and country. This will be your permanent record with Department of Health. You can ask us to change it. See [WAC 246-12-310](#).
  - Phone, Fax, and Cell Numbers:** Enter your phone, fax, and cell numbers.
  - Email:** Enter your email address, if you have one.
  - Other Name(s):** Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).
- Step #2: Personal Data Questions:**

All applicants must answer the same personal data questions. These are narrowly focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

  - ▶ Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
  - ▶ For question 5, you must answer yes if you were convicted as either a juvenile or adult. The question includes misdemeanors, gross misdemeanors and felonies. “Another jurisdiction” means any other country, state, federal territory, or military authority.
- Step #3: Professional Training and Experience:**

Provide a chronological listing of your training and experience. Have your school send official school transcripts directly to the Dental Quality Assurance Commission. If you need additional space, attach a separate piece of paper.

  - ▶ Transcript (Dental School, showing degree and date of completion).
- Step #4: Previous License or Certification:**

List all licenses to practice dentistry obtained in other states or provinces of Canada. (Include whether active or inactive.)

  - ▶ License certification from state(s) or country(s) where licensed, on appropriate letter head with official seal, whether license is active or not.

## **General Instruction Checklist and Important Information cont.**

- Step #5: Faculty License:**  
Fill in question 1-4 completely. Letter from Dean requesting faculty licensure is required.
- Step #6: AIDS Education and Training Attestation:**  
AIDS affidavit must be initialed and dated. AIDS training may include self-study, direct patient care, courses, or formal training. This is required by [WAC 246-12-260](#) course content can be found at [WAC 246-12-270](#).
- Step #7: Applicant's Photograph:**  
Attach a current photograph in the box provided or attach to the application. Indicate the date the photograph was taken. Sign in ink across the bottom of the photo. The photograph must be a clear, close up, with a front view of applicant.
- Step #8: Applicant's Attestation:**  
You must sign and date this before we can process the application. Read this very carefully.



## 2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach an explanation.....

**“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.  
1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

**Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.**

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain. ....

**“Currently”** means within the past two years.

**“Chemical substances”** include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

**“Currently”** means within the past two years.

**Illegal use of controlled substances** is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

**Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.**

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile, in Washington or another jurisdiction state?.....

**Note: If you answered yes, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and your application will not be considered.**

**To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a license. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.**

## 2. Personal Data Questions (Cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes? .....
  - b. Diverted controlled substances or legend drugs? .....
  - c. Violated any drug law? .....
  - d. Prescribed controlled substances for yourself? .....
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements? .....
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority? .....
9. Have you ever surrendered a license like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority? .....
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession? .....

## 3. Professional Training and Experience

From mm/dd/yyyy	To mm/dd/	Name and Location of Institution Place/Practice	Degree/Certificate and Date Received Nature of Experience

## 4. Previous License or Certification

List all licenses to practice dentistry obtained in other states or provinces of Canada. (Include whether active or inactive.)

State	Date License Received	License Number	Basis of License		License Yes = Active/No = Inactive	Any Limitation on License
			Exam Passed	Endorsement		

## 5. Faculty Licensure

1. In what department or departments will you be teaching? Provide a copy of your job responsibilities and contract with the school. \_\_\_\_\_  
\_\_\_\_\_
2. Will you be performing any dental procedures that are not directly related to your area of specialty?  
 Yes  No  
If so, please explain the nature, need and circumstances of performing those non-specialty related procedures. \_\_\_\_\_  
\_\_\_\_\_
3. List all facilities where you will be using your faculty license. \_\_\_\_\_  
\_\_\_\_\_
4. Will there be any remuneration provided for services you perform which are not directly related to your teaching activities or the intramural program at the University of Washington Dental School?  Yes  No  
If so, how will this remuneration be distributed? \_\_\_\_\_  
\_\_\_\_\_

## 6. Aids Education and Training Attestation

School Curriculum  Continuing Education

I certify that I have completed a minimum of seven (7) hours of education in the prevention, transmission, and treatment of AIDS. This education should have included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. **AIDS training may include self study, direct patient care, Online courses, or formal training.**

Applicant's initials	Date

## 7. Applicant's Photograph

**Photo Here**



Attach current photograph here.

Indicate date taken and sign in ink across bottom of the photo.

NOTE: Photograph **must** be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view of applicant
5. Instant polaroid photographs **not** acceptable

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hair color \_\_\_\_\_

Color of eyes \_\_\_\_\_

## 8. Applicant's Attestation

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the  
(Print applicant name clearly)  
state of Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated \_\_\_\_\_ at \_\_\_\_\_ (city, state)

By: \_\_\_\_\_  
Signature of applicant

Subscribed and sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_

Notary in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_



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## Health Professions Reference Numbers and Links

### RCW/WAC Links

UDA , RCW 18.130.....<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130>  
Administrative Procedure Act,  
APA RCW 34.05 .....<http://apps.leg.wa.gov/RCW/default.aspx?cite=34.05>  
Administrative procedures and  
requirements, WAC 246-12 .....<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-12>  
RCW for Dental Assistants (DA) and Expanded  
Function Dental Auxiliaries (EFDA) ....<http://apps.leg.wa.gov/RCW/default.aspx?cite=18.260>  
WAC Dental.....<http://apps.leg.wa.gov/WAC/default.aspx?cite=246-817>

### On-Line

AIDS Training ..... [http://www.doh.wa.gov/cfh/HIV\\_AIDS/Prev\\_Edu/training.htm](http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/training.htm)  
Dental Quality Assurance  
Commission..... <https://fortress.wa.gov/doh/hpqa1/hps3/Dental/default.htm>  
Drug Enforcement Administration (DEA)..... [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)  
Washington State Dental Association.....[www.wsda.org](http://www.wsda.org)  
American Association of Dental Examiners..... [www.aadexam.org/](http://www.aadexam.org/)  
American Dental Association (ADA)..... [www.ada.org/](http://www.ada.org/)