

List any professional licenses you hold (or have held).

State	Type of License	License Number	Status of license (i.e. current, lapsed, revoked, etc.)

If you answer "yes" to any of the following questions, please attach a detailed explanation.

	YES	NO
Have you ever been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a dentist or dental hygienist?		
Have you ever held any public or private office?		
Have any complaints or charges ever been filed (or proceedings instituted against) you?		
Have you ever been charged, arrested, or questioned regarding a violation of any criminal or civil law (except a minor traffic violation)?		
Have you ever had a malpractice charge filed against you, you associates, or your dental employees?		
Have you ever been involved in any civil or criminal legal proceeding not listed, or in bankruptcy?		

In addition to the foregoing:

I hereby give my permission for the Arkansas State Board of Dental Examiners to secure information concerning me on any of the statements of this application from any person or source the Board may desire. I further agree to submit to questioning by the Board concerning my foregoing statements and to substantiate my statements if requested to do so. The providing of false or fraudulent information is grounds for imposition of the penalties set forth in A.C.A. 17-82-316.

I agree to read the Arkansas Dental Practice Act, Dental Corporation Act, and Rules and Regulations of the Board, to abide by these Statutes and Rules, and to take and pass (75%) the current Arkansas jurisprudence examination.

Signature: _____ Date: _____

Renewal Period	Dentist	Hygienist
2016-2017	\$300	\$100
2014-2015	\$300	\$100
2012-2013	\$300	\$100
2010-2011	\$300	\$100
2008-2009	\$300	\$100
2006-2007	\$300	\$100
2004-2005	\$300	\$100
2003	\$150	\$50
2002	\$100	\$50
1997-2001	\$75	\$35
1992-1996	\$100	\$50
1982-1991	\$60	\$40
1979-1981	\$40	\$20