

**FOR OFFICE USE ONLY  
Dental Checklist**

- App. & Fee (\$570.00)
- CSR App. & Fee (\$140.00)
- Birth Certificate
- Dental Transcript
- National Board Scores
- Regional Board/State Board Exam
- Photograph
- License Verification
- AADE Form
- NPDB Form



**\*\*\*FOR OFFICE USE ONLY\*\*\***

Receipt #

ID #

Issue Date

License #

**Rhode Island  
Board of Examiners in Dentistry**

Room 205  
3 Capitol Hill  
Providence, RI 02908-5097

***Instructions and License/Permit Application for:***

- Dentist
- RI Uniform Controlled Substances Registration (CSR)
- General Anesthesia/Deep Sedation
- Moderate Sedation
- Minimal Sedation
- Nitrous Oxide Analgesia

**Endorsement**       **Examination**

*Applicant - Print Name (First/MI/Last)*

License # \_\_\_\_\_  
Name \_\_\_\_\_

# GENERAL INFORMATION

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## Enclosures

The following materials and information should be enclosed within this application packet:

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## License Requirements

1. Complete the Board Application pages (7-11). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Dental License Application Fee - **\$570.00** Make a check or money order (in U.S. Funds only), payable to “Rhode Island General Treasurer” and staple it to the upper left-hand corner of the first (Top) page of the application. The application fees are **NON-REFUNDABLE**. Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All licenses expire biennially on June 30th of the even numbered years.
3. Obtain licensure verification from all states where you hold, or have ever held, a license to practice dentistry. To obtain this verification, you must mail the Reciprocity Release Form (page 14) to each licensing authority in which you are/were licensed. If you are licensed in Canada, send a copy to each province in which you are/were licensed. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be certain to sign and complete the identifying information on each form. **The Board must receive the verification(s) directly from the licensing authority.** Make copies of the form as needed. You may obtain the mailing addresses of all U.S. dental boards and licensing authorities may be obtained at the **American Association of Dental Examiners (AADE)** web site at:

<http://www.aadexam.org>

or by calling the Board in question. Please do not contact the Rhode Island Board of Examiners in Dentistry for mailing addresses of licensing authorities.

4. Submit a “self-query” of the **National Practitioner Data Bank (NPDB)**. The application is a Practitioner Request for Information Disclosure, which can be obtained by calling the NPDB, or downloading it from the NPDB web site.

Phone Number for NPDB Information:

1-800-767-6732

NPDB web site:

<http://www.npdb-hipdb.com>

You must mail this completed form directly to NPDB. **When you receive a response, send the Board the ORIGINAL, UNOPENED** response. The Board must have this response in order to complete your application so you are encouraged to make this request as soon as possible.

## License Requirements Continued

5. Submit the enclosed AADE Self Query form (page 15) to the AADE. You must mail the completed form directly to the AADE. **When you receive a response, send the Board the ORIGINAL UNOPENED** response. The board must have this response in order to complete your application, so you are encouraged to make this request as soon as possible.
6. Official Dental School transcript must be submitted directly to this office by the Dental School.
7. Official Copy of the National Board Scores must be submitted directly to this office by the **American Dental Association (ADA)** (312) 440-2500.
8. Regional or state Board examination results (if applicable).
9. A certified copy of your Birth Certificate (Notarized photo copies are acceptable), If born outside the U.S., proof of citizenship or lawful alien status.
10. A current certificate of completion from an approved course in Basic Cardiac Life Support (BCLS).

## Requirements for Additional Registration/Permits

Please review the additional Registration/Permit requirements to determine which, if any, you will need for your practice in Rhode Island.

1. **Rhode Island Controlled Substance Registration (CSR) - Application Fee - \$140.00**  
In order to dispense, prescribe, store, or order controlled substances, **you must obtain a Rhode Island Controlled Substance Registration (CSR) and a Drug Enforcement Administration (DEA) Registration.** The Rhode Island CSR Application is available on page 13. After you obtain your Rhode Island CSR you must apply for a federal DEA Number. An application for the federal DEA Number can be obtained by contacting DEA: DEA Phone Number (617) 557-2200. Web Site: [http://www.deadiversion.usdoj.gov/drugreg/reg\\_apps/](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/)
2. **General Anesthesia/Deep Sedation Application Fee \$70.00 - Supporting official transcripts of verification of the qualification requirements listed below and as set forth in Section 16.1.1 of the Rules and Regulations**
  - a. Be licensed as a dentist in this state; and
  - b. Have completed an advanced training program in anesthesia and related subjects beyond the undergraduate dental curriculum that satisfies the requirements described in the American Dental Association *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (October 2007) [Reference 7]; or
  - c. Have completed an American Dental Association accredited post-doctoral training program (e.g., oral and maxillofacial surgery) which affords comprehensive and appropriate training necessary to administer and manage deep sedation/general anesthesia, commensurate with the American Dental Association *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (October 2007) [Reference 7]; or
  - d. Be employed or practice in conjunction with a Board certified or Board eligible anesthesiologist.

To view a copy of the Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students please visit the ADA website at: [http://www.ada.org/sections/about/pdfs/anxiety\\_guidelines.pdf](http://www.ada.org/sections/about/pdfs/anxiety_guidelines.pdf)

## **Requirements for Additional Registration/Permits - Continued**

3. **Moderate Sedation Application Fee \$70.00 - Supporting official transcripts of verification of the qualification requirements listed below and as set forth in Section 16.1.2 of the Rules and Regulations**
- a. Be licensed as a dentist in this state; and
  - b. Satisfy one of the following education and training requirements;
    - 1. Have completed a comprehensive training program in moderate sedation consistent with that prescribed in the American Dental Association *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (October 2007) [Reference 7]; or
    - 2. Have completed an American Dental Association accredited post-doctoral training program which affords comprehensive and appropriate training necessary to administer and manage moderate sedation; or,
    - 3. meet one of the requirements as set forth in Section 16.1.1(b) through (d) of these Regulations

To view a copy of the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* please visit the ADA website at: [http://www.ada.org/sections/about/pdfs/anxiety\\_guidelines.pdf](http://www.ada.org/sections/about/pdfs/anxiety_guidelines.pdf)

4. **Minimal Sedation Application Fee \$70.00 - Supporting official transcripts of verification of the qualification requirements listed below and as set forth in Section 16.1.3 of the Rules and Regulations**
- a. Be licensed as a dentist in this state; and
  - b. Satisfy one of the following education and training requirements;
    - 1. Have completed a comprehensive training program in minimal sedation that satisfies the requirements as described in the American Dental Association *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (October 2007) [Reference 7]; or
    - 2. Have completed an American Dental Association accredited post-doctoral training program (e.g., general practice residency) which affords comprehensive and appropriate training necessary to administer and manage minimal sedation; or,
    - 3. meet one of the requirements as set forth in Section 16.1.1(b) through (d) of these Regulations

To view a copy of the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* please visit the ADA website at: [http://www.ada.org/sections/about/pdfs/anxiety\\_guidelines.pdf](http://www.ada.org/sections/about/pdfs/anxiety_guidelines.pdf)

5. **Nitrous Oxide Analgesia NO Application Fee - Supporting official transcripts of verification of the qualification requirements listed below and as set forth in Section 16.1.5 of the Rules and Regulations**
- a. Be licensed as a dentist in this state; and
  - b. meet one of the requirements as set forth in Section 16.1.1(b) through (d) or Section 16.1.2(b) through (d) of these Regulations; or *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* (October 2007) [Reference 7] of the American Dental Association, Council on Dental Education and which includes clinical experience in the administration of nitrous oxide analgesia.

To view a copy of the *Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students* please visit the ADA website at: [http://www.ada.org/sections/about/pdfs/anxiety\\_guidelines.pdf](http://www.ada.org/sections/about/pdfs/anxiety_guidelines.pdf)

# INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

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Read the following instructions and those throughout the application packet carefully before completing the Board application. Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

## **General Instructions**

1. Make a copy of the application and forms before you begin, in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print your name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise, mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to the Board.
5. **It is your responsibility to check on the status of your application.**

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 12). Do not submit applications without all applicable information, documentation and applicable fees. Mail these components of the application to:

Rhode Island Department of Health  
Board of Examiners in Dentistry, Room 205  
3 Capitol Hill  
Providence, RI 02908-5097

## **Rules and Regulations**

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Rhode Island General Laws pertaining to the Practice of Dentistry can be obtained at the following web sites:

Dental Licensure                      <http://www.rilin.state.ri.us/statutes/title5/5-31.1/index.htm>

Controlled Substances Act        <http://www.rilin.state.ri.us/statutes/title21/21-28/index.htm>

## **APPLICATION PROCESS OVERVIEW**

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The licensure process in the State of Rhode Island is conducted by the Rhode Island Board of Examiners in Dentistry (Board). All licensure applicants must complete and submit a Board application.

### **Application Process**

You must submit your application and supporting credentials directly to the Board. The Board will use this information to assess your qualifications for licensure. Please allow a minimum of 4 weeks for the entire licensure process to be completed. If you have malpractice or disciplinary history, it can take an additional 2 or 3 months for all pertinent documentation to be received.

## OVERVIEW (continued)

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The Board meets once a month (Except for the month of April). Only applications which are complete, with all supporting credentials, will be forwarded to the Board for review and issuance of a license. Licenses will be issued within 7-10 working days following the Board meeting and are mailed to the address furnished in your application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

***To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site (Approximately ten (10) days after Board Meeting):***

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your Board application, please contact this office at (401) 222-2837.

The application process is not considered complete until your Board application, applicable forms and credentials are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed and you will be contacted in writing. Be advised that you may be required to appear for an interview. Please allow 7-10 working days following the Board meeting for your wallet size license card to be mailed to you. **[NOTE: You may not practice dentistry in Rhode Island until you have received a license number.]**



# State of Rhode Island Board of Examiners in Dentistry

## Application for License to Practice Dentistry

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

### 1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

**All questions MUST be answered. Enter "NA" for any question that is NOT APPLICABLE.**

First Name

Middle Name

Surname, (Last Name)



Suffix (i.e., Jr., Sr., II, III)

Degree (DMD,DDS)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

### 2. Social Security Number

 -  - 

U.S. Social Security Number

**"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."**

### 3. Gender

 Male

 Female

### 4. Date of Birth


 1  9  

Month

Day

Year

### 5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Home Phone



State

Zip Code

Postal Code, If NOT U.S.

 - 

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

### 6. Primary Business Address

It is your responsibility to notify the board of all address changes.

***This address will appear on the Department of Health web site.***

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 - 

Business Phone

Extension

State

Zip Code

Postal Code, If NOT U.S.

 - 

Business Fax

**7. Preferred Mailing Address**

Please check ONE

Please use my **Home Address** as my preferred mailing address

Please use my **Business Address** as my preferred mailing address

**8. Practice Information**

A. Specify where in this State you intend to practice, and list type of practice.

Location #1

City

Location #2

City

Location #3

City

**9. Practice History**

Please provide your practice history for the last five (5) years.

Month	Year	—	Month	Year
<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>

Name and Location of Facility: NOTE: You may continue information on a separate sheet of paper.

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
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**10. Qualifying Education**

Please list the name and information about the school that you attended that qualifies you for this license.

Type of School (University, College, etc.)

Name of School

Date Graduated

Month

Year

Is school accredited by the American Dental Association (ADA)?  Yes  No

Degree Conferred

**11. Regional or State Board Examination**

Please indicate the type, name and date of your examination

Regional  State

Name of Examination

Date Completed

Month

Year

Passed?  Yes  No



**17. Questions**

Check either Yes or No for each question.

NOTE: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter.

1. During any Professional/Dental Education, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons?  Yes  No
2. During any Professional/Dental Education, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training?  Yes  No
3. During any postgraduate training, were you ever dismissed, suspended, restricted, put on probation, or otherwise acted against or did you take a leave of absence for medical reasons?  Yes  No
4. During any postgraduate training, were you ever requested to leave or did you leave, temporarily or permanently, prior to completion of training?  Yes  No
5. Are there any charges or investigations pending, in any state, against you?  Yes  No
6. Have your staff privileges at any hospital, nursing home, or other health care facility or health care provider or HMO ever been reduced, revoked, or suspended or have you voluntarily surrendered your clinical privileges from any such unit or facility while under investigation in any state?  Yes  No
7. Have you ever had any disciplinary action(s) taken, or is any pending, against your License to practice dentistry, DEA Permit, State Controlled Substances Registration, Medicare Privileges, Medicaid Privileges, or are any complaints pending in any state?  Yes  No
8. Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation?  Yes  No



**Note:** If you answered "yes" to any of these questions you must submit a written explanation on a separate 8 1/2 X 11" sheet of paper.

**18. Administration of Anesthesia**

Are you applying for a permit to administer anesthesia in your dental practice?  Yes  No

If yes, Please check the type of permit you are seeking and are qualified for:

- |   |  |
|---|--|
| <input type="checkbox"/> General Anesthesia/Deep Sedation | <input type="checkbox"/> Moderate Sedation       |
| <input type="checkbox"/> Minimal Sedation                 | <input type="checkbox"/> Nitrous Oxide Analgesia |

Have you ever been involved in any morbidity or mortality secondary to the administration of general anesthesia/deep sedation, moderate sedation, minimal sedation or nitrous oxide analgesia?  Yes  No

The fees for the above permits are as follows:

General Anesthesia/Deep Sedation	\$70.00
Moderate Sedation	\$70.00
Minimal Sedation	\$70.00
Nitrous Oxide Analgesia	No Fee



In addition supporting official transcripts of verification of the qualification requirements as set forth in the Rules and Regulations must accompany this application.

**19. Affidavit of Applicant**

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, \_\_\_\_\_, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Rhode Island Board of Examiners in Dentistry any information which is material to my application for licensure.

I have read carefully both the statute (RIGL 5-31.1) and associated Regulations (R5-31.1 Reg.) for the licensure of dentists in Rhode Island. Further, I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I knowingly furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice dentistry in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Examiners in Dentistry of any change in the answers to these questions after this application and this affidavit is signed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as documentation and did / did not take an oath.

\_\_\_\_\_  
Name of Notary (Print, Type or Stamp)

\_\_\_\_\_  
Signature of Notary

Notary Seal

\_\_\_\_\_  
Notary No/Commission No.

\_\_\_\_\_  
Commission Expiration Date (MM/DD/YY)

**20. Recent Photograph**

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



**Write your name on the back of the photograph, and provide the date that the photograph was taken.**

\_\_\_\_\_  
Date of Photograph

# APPLICATION CHECKLIST

Please review the following checklist to ensure you have satisfied all components of the application process. Some items may not apply.

## Board Application

- I have read and understand the "Instructions for Completing the Board Application."
- I have carefully read RIGL 5-31.1 and R5-31.1REG.
- I have completed the Rhode Island Board application as instructed (pages 6-10).
- I have completed Section 19, "**Affidavit of Applicant**" and had the form notarized by a notary public.
- I have attached a photograph to Section 20, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have a **check or money order** made payable (in U.S. funds only) to the "**Rhode Island General Treasurer**" You can combine all fees and submit them in one check. I have attached it to the upper left-hand corner of the first (cover/top) page of the application.

**(Application Fee \$570.00)**

**(CSR Application Fee \$140.00)** If applicable

**(Administration of Anesthesia Permit Fee \$70.00 - except for Nitrous Oxide NO FEE)** If applicable

- I have arranged my Board Application materials in following order:
  1. Fee (attached as instructed)
  2. Board Application (cover/top page, and pages 7-11)
  3. RI Uniform Controlled Substances Registration (CSR) (page 13, If Applicable)
  4. Supporting documentation as required. [Note: Pages containing additional information in continuation of the Board application MUST indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Licensing Office, Department of Health.

## Required Forms / Credentials

- I have completed and mailed the following forms as instructed:
  1. Reciprocity Release Form(s) (Licensure Verification) (page 14)
  2. Practitioner Request for Information Disclosure (National Practitioner Data Bank)
  3. American Association of Dental Examiners Form (AADE) (page 15)
  4. Copy of current certificate of completion from an approved course in Basic Cardiac Life Support (BCLS)
- I have requested the following credentials be submitted directly to the BOARD:
  1. Official Dental School Transcript
  2. Official copy of National Board Scores
  3. Official transcript of verification of the qualification requirements for Administration of Anesthesia

## Controlled Substances Act Registration (CSR)

**\*Note:** In order to dispense, prescribe, store, or order controlled substances, you must obtain a **Rhode Island Controlled Substances Act Registration (CSR)** and a **Drug Enforcement Administration (DEA) Registration**.

The Rhode Island CSR Application is available on page 13. After you obtain your Rhode Island CSR you can apply for a federal DEA Number. An application for the federal DEA Number can be obtained by contacting DEA:

DEA Phone Number: (617) 557-2200.

DEA Web Site: [http://www.deadiversion.usdoj.gov/drugreg/reg\\_apps/](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/)



## Rhode Island Board of Examiners in Dentistry

Room 205, 3 Capitol Hill  
 Providence, RI 02908-5097  
 (401) 222-2837

### Rhode Island Uniform Controlled Substances Act Registration (CSR)

I am applying for a Rhode Island Uniform Controlled Substances Act Registration (CSR). I understand that this application **MUST** be submitted along with my Board Application . I also understand that there is an additional \$140.00 fee for this Registration and that the check or money order for **\$710.00 (NON-REFUNDABLE Board Application fee (\$570.00) PLUS CSR Application fee (\$140.00))** must be made out to the "RI General Treasurer".

Print/Type Full Name	Business Name
Signature	Business Address (Must be located in Rhode Island)
Date	Business Telephone
	Business Fax

Complete this application for registration to prescribe controlled substances in the State of Rhode Island	The Rhode Island Uniform Controlled Substances Act can be accessed at the following web Site: <a href="http://www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm">http://www.rilin.state.ri.us/Statutes/Title21/21-28/index.htm</a>
	<b>Drug Schedule (Check all that apply)</b> <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V
A CSR is not required if there will be no controlled substances prescriptions prescribed in this state.  The CSR is renewed at the same time that the professional license is renewed.  <b>NOTE:</b> Read Important Information on the bottom of this application.	<p><b>A Copy of the DEA Registration must be provided to the Dental Board within 60 Days of its issuance by the DEA.</b> The DEA Registration must be issued to your Rhode Island Practice Address in order for it to be valid. If you are relocating from another state, you need to apply for a DEA Registration that is specific to Rhode Island. See The bottom of this form for information on how to contact DEA.*</p> <p>All Applicants <b>MUST</b> answer the following:</p> <p>A. Has the applicant been convicted of, or entered a plea of nolo contendere to a violation of any state or federal law relating to manufacturing, distributing, possessing, prescribing, administering or dispensing of drugs presently defined as controlled substances under Chapter 21-28, General Laws of Rhode Island? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p>B. Has the registration application or registration of the applicant, corporation, firm, partner, or officer of the applicant been surrendered, revoked, suspended or denied under any law of the United States or of any state relating to drugs presently defined as controlled substances under Chapter 21-28 of the General Laws of Rhode Island, or is such action pending? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span></p> <p style="text-align: center;"><b>If you answered "Yes" to question "A" or "B" attach an explanation to this form.</b></p>

#### Important Information

Issuance of a Rhode Island Controlled Substances Registration is contingent upon registration by the U.S. Drug Enforcement Administration. If denied a "DEA Registration", the Rhode Island Controlled Substances Registration becomes "VOID". Licensed drug facilities and licensed practitioners with prescriptive privileges cannot dispense, possess, store or ship controlled substances in or into the State of Rhode Island without a valid drug facility or professional license. Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. Practitioners may only prescribe, dispense, possess, and store controlled substances within their particular "scope of practice". "Controlled Substances" for purposes of this application, means a prescription drug in Schedules II through V, pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR and federal DEA Registration, licensed drug facilities, and practitioners with prescriptive privileges, may dispense or possess non-controlled prescription medications under its facility or professional license. A CSR will not be granted to an applicant whose BOARD licensure application is "pending" in this state.

A Rhode Island Controlled Substances Registration must be obtained prior to applying for the DEA Registration. Federal regulations require that applicants comply with individual state requirements prior to issuance of a DEA Registration. Once the CSR is issued, applicants must apply to the U.S. Drug Enforcement Administration for a federal registration using that agency's DEA Form 224 (New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner). Applicants may apply on-line for the DEA Registration at the following web site: [www.deadiversion.usdoj.gov/drugreg/reg\\_apps/index.html](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html)

\*You can also receive an application, or check the status of a pending DEA Registration by contacting the Drug Enforcement Administration at the following location: Registration Unit, US Drug Enforcement Administration, JFK Federal Building, 15 New Sudbury Street, Boston, MA 02203-0131, Telephone (888) 272-5174.

**NOTE:**

- Schedules II, III, and IV of section 21-28-2.08 will become void unless dispensed within thirty (30) days of the original date of the prescription.
- Prescriptions in schedules III, IV and V cannot be written for more that one hundred (100) dosage units and not more than one hundred (100) dosage units may be dispensed at one time. For purposes of this section, a dosage unit shall be defined as a single capsule, tablet or suppository, or not more than one (1) teaspoon of an oral liquid.
- Prescriptions in schedule II may be written for up to a 30-day supply, with a maximum of two hundred and fifty (250) dosage units, as determined by the prescriber's directions for use of the medication.



Substitute forms are not acceptable. This form may be duplicated as needed.

# Rhode Island Board of Examiners in Dentistry

Room 205, 3 Capitol Hill  
Providence, RI 02908-5097  
(401) 222-2837

## RECIPROCITY RELEASE FORM

I am applying for a license to practice dentistry in the State of Rhode Island. The Rhode Island Board of Examiners in Dentistry requires that the following form be completed by the jurisdiction in which I am now or was previously licensed. This constitutes your authority to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Examiners in Dentistry at the above address.

Print/Type Full Name

Signature

Date

Previous Names Used

Social Security Number

Date of Birth

License Number

Date Issued

### THIS SECTION TO BE COMPLETED BY THE DENTAL BOARD

**Basis for issuing License:**

ADA National Board       NERB       Other Regional Board       State Exam \_\_\_\_\_ (State)

If a combination of exams were taken, please list the specific combination:

**License Status:**     Active     Inactive     Lapsed

**Original Date Issued:**

**Expiration Date:**

**Questions:**

- 1. Has this dentist ever been investigated by your Board?  Yes     No
- 2. Has this dentist incurred any disciplinary proceedings in your state, or is any action pending?  Yes     No
- 3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?  Yes     No
- 4. Are you aware of any information about this dentist submitted to the National Practitioner Data Bank?  Yes     No
- 5. Do you know of any information that may discredit this person?  Yes     No

If you answer "Yes" to questions 1-5, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Certification:

Signature

Date

Type or Print Name

Please Affix  
Board Seal Here

Title

Full Name and of Licensing Board including State

*Please return directly to the Board at the above address. Thank you for your prompt cooperation.*

