

**Oregon Health Licensing Agency
Board of Denture Technology**



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Salem OR 97301-1287
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Web Site: <http://www.oregon.gov/ohla/dt>
Email: ohla.info@state.or.us

Denturist Qualification Application

COMPLETE ALL PARTS OF THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. Call the Health Licensing Agency if you have any questions. Incomplete applications will be returned. Use "N/A" to indicate information that is not applicable. This information will be used by OHLA to conduct a criminal history check, a background investigation, and to document your qualifications.

1. Applicant Information

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (if different):		
CITY:	STATE:	ZIP CODE:
HOME TELEPHONE NUMBER:	BUSINESS TELEPHONE NUMBER:	SOCIAL SECURITY NUMBER:
GENDER: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		BIRTH DATE:
Have you ever been known under and other name(s)? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please list the name(s):		

2. Oregon State Licensure / Certification / Registration Information

PROFESSION	ISSUE DATE	LICENSE/CERTIFICATION/REGISTRATION NO.

3. Previous Licensure / Certification / Registration Information

List all states where certification(s), license(s), or registrations were held. List certification(s), license(s), or registrations approved as temporary, license-for-license (reciprocity), exclusion or comparable with type, date, grantor, and if certification(s), license(s), or registration is current.

ISSUING STATE:	PROFESSION:	RECEIVED BY: EXAM <input type="checkbox"/> OTHER: _____	LICENSURE TYPE: TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/>
LICENSE/CERTIFICATION/REGISTRATION NO.		YEAR ISSUED:	ACTIVE: YES <input type="checkbox"/> NO <input type="checkbox"/>
ISSUING STATE:	PROFESSION:	RECEIVED BY: EXAM <input type="checkbox"/> OTHER: _____	LICENSURE TYPE: TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/>
LICENSE/CERTIFICATION/REGISTRATION NO.		YEAR ISSUED:	ACTIVE: YES <input type="checkbox"/> NO <input type="checkbox"/>
ISSUING STATE:	PROFESSION:	RECEIVED BY: EXAM <input type="checkbox"/> OTHER: _____	LICENSURE TYPE: TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/>
LICENSE/CERTIFICATION/REGISTRATION NO.		YEAR ISSUED:	ACTIVE: YES <input type="checkbox"/> NO <input type="checkbox"/>
ISSUING STATE:	PROFESSION:	RECEIVED BY: EXAM <input type="checkbox"/> OTHER: _____	LICENSURE TYPE: TEMPORARY <input type="checkbox"/> PERMANENT <input type="checkbox"/>
LICENSE/CERTIFICATION/REGISTRATION NO.		YEAR ISSUED:	ACTIVE: YES <input type="checkbox"/> NO <input type="checkbox"/>



4. Education Background

Documentation to prove completion of an Associate Degree program in denture technology or the equivalent program, shall be official school transcripts from the agency approved schools, and may include published course outlines showing that training included curriculum objectives as determined by the agency and the board. "Official transcript" as defined in OAR 331-405-0020 (14) means an original document certified by a school or educational institution.

NAME OF SCHOOL:		SCHOOL LOCATION:	ENROLLMENT DATES: FROM: TO:
DEGREE EARNED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR AREA STUDY:	SEMESTER / QUARTER HOURS EARNED:	TYPE OF DEGREE RECEIVED:
DATE GRADUATED:			

NAME OF SCHOOL:		SCHOOL LOCATION:	ENROLLMENT DATES: FROM: TO:
DEGREE EARNED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR AREA STUDY:	SEMESTER / QUARTER HOURS EARNED:	TYPE OF DEGREE RECEIVED:
DATE GRADUATED:			

NAME OF SCHOOL:		SCHOOL LOCATION:	ENROLLMENT DATES: FROM: TO:
DEGREE EARNED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR AREA STUDY:	SEMESTER / QUARTER HOURS EARNED:	TYPE OF DEGREE RECEIVED:
DATE GRADUATED:			

NAME OF SCHOOL:		SCHOOL LOCATION:	ENROLLMENT DATES: FROM: TO:
DEGREE EARNED: YES <input type="checkbox"/> NO <input type="checkbox"/>	MAJOR AREA STUDY:	SEMESTER / QUARTER HOURS EARNED:	TYPE OF DEGREE RECEIVED:
DATE GRADUATED:			

5. Personal Data Questions

If you answer yes to any of the personal data questions, you must submit additional supporting documentation and a letter of explanation for that question, as indicated on the application. A "Yes" response will not necessarily result in application denial; however, failure to honestly respond could be grounds to deny an application.

	Yes / No
1. Has any state licensing board refused to issue, refused to renew or denied you a license to practice?	<input type="checkbox"/> <input type="checkbox"/>
2. Have you ever had any disciplinary or adverse action imposed against any professional license or certification, or were you ever denied a professional license or certification, or have you entered into any consent agreement, stipulated order or settlement with any regulatory Board or certification agency; or have you ever been notified of any complaints or investigations related to any license or certification?	<input type="checkbox"/> <input type="checkbox"/>
3. Are you aware of any current, proposed, impending or threatened civil or criminal action against you? This includes whether or not a claim, charge or filing was actually made with a court.	<input type="checkbox"/> <input type="checkbox"/>
4. Do you currently, or have you had within the past 5 years, any physical, mental, or emotional condition which impaired, or does impair your ability to practice your profession safely and competently?	<input type="checkbox"/> <input type="checkbox"/>
5. Do you currently have, or have you had within the past 5 years, a dependency on the use of alcohol or drugs which impaired, or does impair, your ability to practice your health care profession safely and competently?	<input type="checkbox"/> <input type="checkbox"/>
6. Within the past five years, have you entered into a diversion program for evaluation, treatment or monitoring for substance abuse or dependency, or for correction of communication or boundary issues, in lieu of or as a condition of resolving a matter before a health care program or facility, regulatory or licensing Board, or criminal or civil court; or have you been notified that such action is pending or proposed?	<input type="checkbox"/> <input type="checkbox"/>

6. Pathway – Select the pathway you are using to seek licensure.

PATHWAY ONE – Approved education and training with an Oregon examination.

An applicant may qualify for licensure by demonstrating:

(a) Completion of an educational program that has been approved by the agency. This option would be applicable if you completed a denture technology program at the Northern Alberta Institute of Technology (NAIT), George Brown, Bates or Vancouver British Columbia Community College. This option would be applicable when piecing classes together from many different accredited schools or when going through a program at an accredited college/university that does not have their course work pre-approved. A minimum of 103 credit hours related to denture technology must be completed. Have all educational transcripts mailed to the Health Licensing Agency directly from the college(s) or university(s). See application checklist for the required course breakdown.

(b) Completion of 1,000 hours of practice in denture technology under direct supervision of an approved school or the equivalent supervised experience. When using supervised experience you will need to complete the Intern Supervisor form and Trainee Registration agreement before the 1,000 hours will begin to count. Once the 1,000 hours is complete, complete and submit Work Experience Certification form.

(c) Successful completion of the Oregon written and practical examination. Once qualifications for examination have been met submit the examination application to the Health Licensing Agency. The written examination can be taken at the agency Monday through Friday beginning at 8:30 am. The practical examination is given once a year; qualified applicants will be schedule and notified in advance for this exam.

OR

PATHWAY TWO – Approved education and training with an examination recognized or approved by the Board.

An applicant may qualify for licensure by demonstrating:

(a) Completion of a program of education that has been approved by the agency. This option would be applicable if you completed a denture technology program at the Northern Alberta Institute of Technology (NAIT), George Brown, Bates Technical College or Vancouver British Columbia Community College.

(b) Completion of 1,000 hours of practice in denture technology under direct supervision of an approved school or the equivalent supervised experience described. Same as pathway one under (b) unless you are a Bates graduate, which has the 1000 hour requirement within their associate degree program.

(c) Successful completion of a written and practical examination approved or recognized by the Board. Practical examination only required for Bates Technical College graduates. Written examination is required for NAIT, Bates Technical College, and Vancouver B.C. Community College graduates.

7. Applicant's Attestation

I, _____, certify that I am the person described and identified in this application;
NAME OF APPLICANT

I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Oregon Health Licensing Agency (OHLA) may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases. I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the OHLA any information, files or records required by OHLA in connection with processing this application. I further affirm that I will keep the OHLA informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public. Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Oregon.

As part of your application for initial or renewed occupational, professional or recreational license, certification, or registration issued by the Oregon Health Licensing Agency, you are required to provide your Social Security number to the Oregon Health Licensing Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), and 42 USC § 666(a)(13). Failure to provide your Social Security number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number is used for child support enforcement and tax administration purposes (including identification) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Health Licensing Agency, your Social Security number will remain on file with the Oregon Health Licensing Agency.

Signature of Applicant: _____ Date: _____

Do Not Write In This Section – Official Use Only

Initials _____ OTC Verified ID

Method of Payment: Cash Check Money Order Purchase Order

Payment by Credit Card: Visa Master Card Discover -(Card owner must either be the applicant or present with the application.)

Name on Card: _____ Credit Card Number: _____

Expiration Date: _____ CVV2 Number: _____ Authorized Amount: _____

Card Holder Signature: _____

Application Checklist

- Application fee - \$350
- Front and back valid verification of one of the following:
 - Drivers License
 - State ID card
 - Passport
 - Military ID card
- Pathway for licensure has been selected.
- Transcript - (Official transcript(s) must be received directly from all Colleges or Universities; Transcript(s) will be filed with the Oregon Health Licensing Agency.)
- Completed, dated and signed application.

Affirmative Action – Voluntary Question

The State of Oregon has an Affirmative Action Policy. If you choose to provide this information, it will help us evaluate the effectiveness of our affirmative action programs. This will also be used for research and statistical purposes.

Ethnic Background (check only one)

- (A) **Asian or Pacific Islander:** Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- (B) **African American (not of Hispanic origin):** Persons having origins in any of the black ethnic groups.
- (H) **Hispanic:** Persons having origins in any of the Mexican, Puerto Rican, Cuban, Central or South American or other Spanish cultures, regardless of ethnicity.
- (I) **Native American or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- (W) **Caucasian (not of Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.