DEPARTAMENTO DE SALUD

GOBIERNO DE PUERTO RICO
DIVISIÓN DE LICENCIAMIENTO DE MÉDICOS Y PROFESIONALES DE LA SALUD

PUERTO RICO BOARD OF DENTAL EXAMINERS

APPLICATION FOR EXAMINATION AND LICENSE TO PRACTICE THE PROFESSION OF DENTISTRY

AFFIDAVIT

ADD
RECENT
PHOTO
2 X 2

_____
Applicant's Full Name

Social Security No. XXX-XX-_____ identified by means of

_____ _____
Kind of Identification Number

AND DULY SWORN----------
States that he/she is the person referred to in this application, and that the statements contained herein are true in every respect; that the attached photograph is a true likeness of him/herself, and was taken within the last six (6) months.

Acknowledges that any false statement in this application or by way of attachment shall be sufficient grounds for the **PUERTO RICO BOARD OF DENTAL EXAMINERS** to deny said license, or to revoke a license after it has been granted, or to penalize a person for incurring in a false statement.

Authorizes the **PUERTO RICO BOARD OF DENTAL EXAMINERS** or any other person, employer, corporation, institution, agency, or public or private entity, to exchange any information required about his/her person or about his/her license status, as well as for expanding, clarifying or checking information offered in this application or by way of attachment.

_____
Applicant's Signature

Sworn and subscribed BEFORE ME, on this _____ day of _____ in _____.
Day Month / Year Town

AFFIDAVIT NO: _____

_____
Notary's Signature

SELLO DE ASISTENCIA LEGAL

NOTARY'S
SEAL

PERSONAL INFORMATION

APPLICANT'S NAME: _____ _____ _____ _____
Paternal Surname | Maternal Surname | Name | Middle Name

PERMANENT ADDRESS: _____ _____ _____ _____
No. and Street | Community or Housing Development | Town | Zip Code

POSTAL ADDRESS: _____

CONTACT INFO: RES. PHONE _____ CELLULAR: _____

EMAIL: _____

DESCRIPTION: HEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____ WEIGHT: _____

ANY PARTICULAR FEATURE: _____

DATE OF BIRTH: _____/_____/_____ **PLACE**: _____/_____
Month Day Year | City | State or Country

1. HAVE YOU SUFFERED OR ARE SUFFERING FROM ANY CONTAGIOUS DISEASE OR CONDITION? _____

*If your answer is Yes, submit a medical certificate explaining the disease and its status on filing date of application.

2. ARE YOU A CITIZEN OF THE UNITED STATES? _____ If your answer is No, please indicate if you are:

☐ NATURALIZED _____ or ☐ RESIDENT _____
Certificate Number | Card Number

3. HAVE YOU EVER CHANGED YOUR NAME OR LAST NAME? _____ If your answer is Yes, please indicate:

_____/_____ _____ _____
Date and Place of change | Reason for change | Original Name and/or Last Name

4. HAVE YOU BEEN CONVICTED OF ANY CRIME? _____ If your answer is Yes, please indicate:

_____ _____/_____ _____
Nature of Crime | Place and Date | Status

*Please attach document(s) providing additional information if needed.

5. HAVE YOU EVER BEEN LICENSED TO PRACTICE DENTISTRY IN ANOTHER STATE OR COUNTRY? _____

*If answer is (Yes) attach a separate sheet giving particulars, including license number, how licensed, date and number of years of practice in each jurisdiction and the present status of each, must submit a letter from the Licensing Board of teach Jurisdiction, certifying of your good standing. This certification must be sent directly to our Board by the Certifying Office.

6. HAVE YOU EVER BEEN OFFICIALLY REPRIMANDED, YOUR LICENSE SUSPENDED OR REVOKED, DISMISSED FROM OR REFUSED THE RIGHT TO BE EXAMINED, OR REFUSED A LICENSE TO PRACTICE DENTISTRY? _____

*If answer is (Yes), attach a separate sheet giving complete and full details supported by official records.

7. HAVE YOU READ CAREFULLY AND UNDERSTOOD FULLY THE LAWS AND REGULATIONS APPLICABLE TO LICENSURE EXAMINATIONS FOR THE PRACTICE OF DENTISTRY IN PUERTO RICO? _____

UNIVERSITY BACKGROUND

EDUCATIONAL INSTITUTION		STUDY PERIOD	
First Year	_____	**Period**	_____
Second Year	_____	**Period**	_____
Third Year	_____	**Period**	_____
Fourth Year	_____	**Period**	_____
Special Studies	_____	**Period**	_____

DENTAL BACKGROUND

EDUCATIONAL INSTITUTION		STUDY PERIOD
First Year	_____	_____
Second Year	_____	_____
Third Year	_____	_____
Fourth Year	_____	_____

_____	_____	_____
Degree Obtained	**Educational Institution**	**Date**

MEDICAL CERTIFICATE

I, _____ **, physician authorized to practice in** _____ **by virtue of**
Name of physician in legible writing — State/Country

license number _____ **, issued by** _____**, CERTIFY that I have examined**
License Number — License Issuer

_____ **and can attest to his/her being in good health and free of**
Name of Applicant in legible writing

any disease or contagious condition.

_____ _____
Date — Physician's Signature

CERTIFICATION FROM THE DEAN OF THE SCHOOL OF ODONTOLOGY

I, _____ , Dean of the School of Odontology of _____,
Dean's Name Name of Institution

CERTIFY that _____ was admitted to this institution on _____,
Applicant's Name Admission Date

and completed _____ years of study obtaining the degree of _____ on _____.
Years Degree Obtained Date of Graduation

I also certify that the photo attached to this application corresponds to the applicant who said photo refers to and who was granted said degree in this institution.

INSTITUTION'S SEAL

_____ _____
Date Dean's Signature

APPLICANT'S GOOD MORAL CONDUCT AFFIDAVIT

_____ , Social Security Number _____ and identified
Name of Deponent Dentist

by means of _____ , _____ , AND DULY SWORN, CERTIFIES: that he/she is in possession of
Type of Identification Number

dentist license number _____ , issued by _____ , of _____ ;
Name of Board of Examiners State or Country

that he/she has been personally acquainted with _____ , for as long as _____ years ; that
Name of Applicant

he/she attests to his/her good moral conduct, and thus recommends him/her before the PUERTO RICO BOARD OF DENTAL EXAMINERS as a person qualified for the practice of the profession of DENTISTRY in Puerto Rico.

_____ _____
Dentist's Address Dentist's Signature

Sworn and subscribed BEFORE ME, on this _____ day of _____ , _____ , in _____ .

AFFIDAVIT NO: _____

NOTARY'S SEAL

_____
Signature of Notary Public

ASSESSMENT CHECKLIST - FOR THE BOARD'S EXCLUSIVE USE ONLY

APPLICATION DATE OF RECEIPT: _____

THIS APPLICATION HAS BEEN:

APPROVED FOR EXAMINATION	**DENIED**
_____	_____
President	**President**
_____	_____
Member	**Member**
_____	_____
Member	**Member**
_____	_____
Member	**Member**

_____
Date of Assessment

REASON: _____

_____

_____

Exam Approval Date	**Issued License Number**	**Date of License**

COMMONWEALTH OF PUERTO RICO
BOARD OF EXAMINERS OF DENTISTRY

REQUIREMENTS FOR PRACTICING THE PROFESSION OF ODONTOLOGY IN PUERTO RICO
(Requirements applicable from February 22, 2008)

Public Law Number 75 of August 1925, as amended, regulates the profession of DENTISTRY in Puerto Rico, and establishes the following requirements:

1. To file, before the Board of Examiners of Dentistry, the official application provided by said entity, filled out in all its parts.
2. To submit documents accrediting the identity of the applicant, who must be of legal age.
3. To hold a bachelor's in science diploma or its equivalent or a pre-dental training from a university recognized by the Council on Higher Education of Puerto Rico and a Dental Surgeon diploma or its equivalent issued by the School of Dentistry of the Medical Science Campus of the University of Puerto Rico, or by any other university or college, in which case the Board shall accept said academic record provided:

   (a) the admissions requirements and the academic program for obtaining the diploma or its equivalent are analogous to those requested by the School of Odontology of the Medical Science Campus of the University of Puerto Rico for the same purpose. (See Pre-Dental Training Required from Dental Examination Applicants form.)

   (b) the applicant took at least the last two (2) years of the study years required for issuing said diploma at a university or college that, on the opinion of the Board, and based on its local and international reputation, can be reasonably considered as being an adequate educational institution, comparable to the School of Odontology of the Medical Science Campus of the University of Puerto Rico, insofar as the teaching of said courses.
4. To approve theoretical and clinical examinations on the basic sciences and clinical disciplines determined by the Board for the purpose of testing the applicant's abilities.

DOCUMENTS TO BE FILED BY THE APPLICANT TOGETHER WITH THE APPLICATION FORM

_____1. Official application filled out in all its parts, bearing a 2 X 2 recent high-quality photo adhered to the first page of the application. The photo must be in keeping with its purpose.

_____2. Original and Copy Birth Certificate (Puerto Rico's Birth Certificates issued after July 2010).

_____3. Criminal Record Certificate issued by the Police Department of Puerto Rico and/or the corresponding organism in the country of origin. (The Board may require both.) This document must have been issued within a term of 30 (30) days prior to filing date.

_____4. Proof of residence in Puerto Rico. Submit evidence of residence indicating that the applicant has been living in Puerto Rico for a period of six (6) months prior to the date of the license application.

_____5. Official transcript of credits to verify pre-dental training. Transcripts must be sent by the institution where the applicant completed said studies directly to the office of the Board. Those applicants with pre-dental studies from more than one educational institution must submit a transcription of credits from each institution.

_____6. Official transcription of credits and Graduate Certificate in Dentistry must be sent by the institution where the applicant completed his/her doctorate directly to the office of the Board. The Graduate Certificate (from the Registrar's) is required in addition to the Certificate of the Dean of the School of Odontology, which is a part of the application and must be signed by said officer.

_____7. **Payment of application dues, by ATM, VISA, MasterCard, or by money order payable to the Secretary of the Treasury of Puerto Rico. The amount of fifty dollars ($50.00) (Not refundable) is required.**

GENERAL INFORMATION

1. **INFORMATION BOOKLET:** All applicants must make sure to obtain the **INFORMATION BOOKLET FOR THE PRACTICE OF DENTAL SURGERY IN PUERTO RICO**, available in the office of the Board for five dollars **($5.00) (Not refundable)**. This amount may be included in the payment of examination dues.

2. **THEORETICAL EXAMINATION:** The Board of Examiners of Dentistry employs the theoretical exams from the National Board of Dental Examinations of the American Dental Association **(NATIONAL BOARDS)** as the theoretical component of the final examination. The approval of these exams within a term of five (5) years prior to the filing of this application is required.

   Applicants must show the outcome report. This document must be sent by the National Board directly to the office of the Puerto Rico Board of Dental Examiners.

3. **CLINICAL EXAMINATION:** The Board makes use of the clinical exams of the "Council of Interstate Testing Agencies (CITA)" as the clinical component of the final examination.

   Applicants who have been approved said exams must show the outcome report. This document must be sent by the "Council of Interstate Testing Agencies **(CITA)**" or **ADEX**, directly to the office of the Board of Examiners of Dentistry.

4. **ETHICS AND JURISPRUDENCE EXAMINATION:** The final examination includes an Ethics and Jurisprudence Examination to be offered by the Board on a twice-a-year call.

5. No application shall be processed until ALL documents accrediting the applicant's compliance with all the admissions requirements, as listed in this document, have been filed. Make sure to check the print media to learn about call dates, or request information from the office of the Board of Examiners of Dentistry. (Calls are ordinarily scheduled between the months of January-February, and July-August of each year.)

Postal Address:	**PUERTO RICO BOARD OF DENTAL EXAMINERS** **P. O. BOX 10200** **SAN JUAN, P.R. 00908-0200**
Telephone:	**(787) 765-2929 Ext. 6605**
Localization:	**GM GROUP PLAZA BUILDING / Third Floor** **#1590 Ponce De León St.** **Rio Piedras, Puerto Rico**
Secretary:	**Cindy L. Reyes**
Email address:	**cindy.reyes@salud.pr.gov**

To visit our office, please use the information below:

For appointments:

Link: https://profesionalesdelasalud.turnospr.com/

To access our portal:

Link https://www.salud.pr.gov/CMS/444

PRE-DENTAL TRAINING REQUIRED FROM CANDIDATES WHO ASPIRE TO PRACTICE THE PROFESSION OF ODONTOLOGY IN PUERTO RICO

REQUIREMENTS FOR THOSE WHO GRADUATED FROM REGULAR FOUR (4) YEAR DOCTORAL PROGRAMS

Spanish	**12 credits**	**(1)**
English	**12 credits**	**(2)**
Biology and Zoology	**8 credits**	
Physics	**8 credits**	
Inorganic Chemistry	**8 credits**	
Organic Chemistry	**8 credits**	
Social and Behavioral Sciences	**6 credits**	
Elective Credits	**28 credits**	**(3)**

MINIMUM OF CREDITS REQUIRED **90 CREDITS**
(or a bachelor's in science degree including credits listed above)

REQUIREMENTS FOR THOSE WHO GRADUATED FROM SPECIAL DOCTORAL PROGRAMS ("ADVANCED PLACEMENT")

1. Pre-dental training requirements, as listed above.
2. To be in possession of a Doctorate in Dental Surgery or a Doctorate in Dental Medicine under a special advanced placement program, from an educational institution recognized by the Puerto Rico Board of Dental Examiners.

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(1) The Spanish-subject requirements may be reduced to 6 credits in the event the candidate has obtained honor ratings in this subject.

(2) The English-subject requirements may be reduced to 6 credits in the event the candidate has obtained honor ratings in this subject or studied at institutions in the USA.

(3) Elective credits may be accepted if they are in subjects that can contribute to the comprehensive training of the candidate and to improving his/her knowledge in the field of science.

CANDIDATES WITH A REDUCTION OF CREDITS IN SPANISH OR ENGLISH ARE NOT EXEMPT FROM COMPLYING WITH THE MINIMUM OF 90 PRE-DENTAL CREDITS REQUIREMENT

The Board may accept transfer credits for subject matters studied in renowned universities or colleges, if the approval of said credits can be verified against the transcription of credits provided by the institution where the courses were taken and approved with a minimum score.