



GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HEALTH
Virgin Islands Board of Dental Examiners
PO Box 222995 – Christiansted, VI 00822-2995
Ph. 340-718-1311 XT 3647/3849 (STX) 340-774-7477 xt 5694 (STT)

Dear Applicant:

We received your request for dental/dental hygiene licensure requirements in the U.S. Virgin Islands. The following documents are required for licensure and must be submitted for consideration:

- VI Board of Dental Examiners license application;
- Applications are reviewed Quarterly;
- An original recent color photograph of passport size autographed and across the front;
- A non-refundable application fee by certified check, bank money order or U.S. Postal money order in the amount of \$100.00, payable to Government of the Virgin Islands or one time credit card authorization payment;
- Chronology of professional activities from graduation to time of application;
- Proof of graduation from an ADA accredited school of Dentistry (copy of diploma);
- Copy of birth certificate or similar proof of age (must be twenty-one years of age or older) required;
- Two original and currently (dated) character reference letters on official letterhead;
- VI notarized non addiction form, included in application package;
- Official proof of National Board Exam (NBDE) scores sent electronically from the American Dental Association to the Board.
- Successful completion of all sections of the **American Dental Examination (ADEX) Clinical Exam**; official proof must be sent directly to Board office by mail or electronically.
- Notarized Authorization for Release of Information;
- Licensure History: List all dentist licenses currently and previously held in any US State, Territory, or the District of Columbia. Submit copy (copies) of all current state license(s);
- Primary source verification required for all state licenses **currently** and **previously** held; utilize verification form enclosed if needed;
- National Practitioner Data Bank self query;
- Pass the VI Dental license jurisprudence exam;

- Mandatory background check by Professional Background Information Services (PBIS). Applicant is responsible for contacting PBIS to initiate processing and paying processing fees. PBIS contact information is as follows:

Professional Background Information Services
23460,N 19th Ave., #225
Phoenix, Arizona 85027
Telephone: 602-861-5867 -Fax: 602-861-9656

- **License by credential candidates must also meet the following criteria:**

- Must be actively licensed and practicing for the last Five (5) consecutive years prior to date of application

- **Foreign trained applicants must also submit the following:**

1. Evidence of having completed either a clinical specialty recognized by the American Dental Association, or a program in clinical dentistry resulting in a doctorate of dental surgery or a doctorate of dental medicine at an accredited school;
 2. Pass the examination administered by the U.S. Joint Commission on National Dental Examinations of the American Dental Association;
 3. Pass an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency as approved by the board; and
 4. Pass a jurisprudence examination, approved by the Board, designed to test the applicant's knowledge of the provisions of this subchapter.
- Any foreign documents must be translated to English by an official authority.
 - All applicants are required to complete a fingerprinted background check.
 - An application is considered complete when all required documents, background information and fees are on file with the Board's office.
 - **Residency program candidates must also meet the following:**
 - Must furnish copy of residency program acceptance letter

Additional information may be obtained from the Office of Professional Licensure & Health Planning by emailing .

Sincerely,

VI Board of Dental Examiners



VIRGIN ISLANDS BOARD OF DENTAL EXAMINERS
APPLICATION FOR LICENSURE

Print Full Name

Last Name, First Name & Middle Name

(Please check one) ___DENTIST or ___DENTAL HYGIENIST

(Please check one) LICENSE BY: ___CREDENTIAL or ___EXAMINATION or
___RESIDENCY

Mailing Address

City State Zip Code

Birth date ____ / ____ / ____ Birthplace _____

Home Phone Cell Phone Other

Social Security No. Email

_____ Citizen of (If you were not born in the United States, A notarized copy
your own original certificate of Citizenship or of Declaration of Intention or
Derivative Citizenship must be submitted. Document will be returned by
certified mail).

Dental School Location

Date graduated _____ Degree(s) received _____

If employed, give name and address of employer

Has any State rejected your application or revoked your professional license? (Yes or _____
No) (if "Yes" attach explanation)

Have you ever been convicted of any crime or unprofessional conduct? (Yes or No) _____
(If "Yes" attach explanation)

Are you aware of any current or potential actions against any license you hold? (Yes or _____
No) (If "yes" attach explanation)

AFFIDAVIT

**PASTE PHOTOGRAPH
SECURELY IN THIS SPACE**

Write signature on light portion
of photograph, not across
features

Note: Any false or misleading information in or in connection with this application
may be cause. debarment on the ground of lack of good moral character.

_____))
County or City of _____)) ss
State of _____)

The undersigned, being duly sworn deposes and says that he/she is the person who
executed this application; that the statements herein contained are true in every
respect; that he/she has never been convicted of a crime; that he/she has never been
expelled from any professional society; that he/she has not suppressed any
information that might affect this application; that he/she will conform to the ethical
standards of conduct in his/her profession; and that he/she has read and understands
this affidavit.

*A crime would include either a felony or a misdemeanor.

(Signature of Applicant)

Date of photograph

Sworn to before me this _____ day of _____ 20____

Notary Public Commissioner of Deeds

My Commission expires on ____/____/____

PERSONAL SIGNATURE OF PERSONS RECOMMENDING APPLICANT

This certifies that I have been personally acquainted with the applicant since the year(s) indicated opposite my name;
that I believe him/her to be of a good moral character and worthy of licensure in the U.S. Virgin Islands; and that any
reservations I may have about the applicant I agree to send by certified mail in a confidential letter to the Virgin
Islands Board of Dental Examiners.

<u>Please Print Name</u>	<u>Personal Signature</u>	<u>P.O. Address (Including street & city)</u>	<u>Known Since</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signatures are required) Not fewer than three citizens unrelated to applicant who must be licensed in the profession for which an applicant
wishes to be examined or who are members of the staff of the professional school.)

Mail Application to: V.I. Board of Dental Examiners :
VI Department of Health
PO Box 222995
Christiansted, V.I. 00822-2995



AUTHORIZATION FOR RELEASE OF INFORMATION

In order for the Virgin Islands Board of Dental Examiners to assess and verify my educational background and professional qualifications, I hereby authorize the Board to:

- make inquiries concerning such information about me to my employers (past and present), hospital(s), institution(s) or organization(s), my references, all governmental agencies and instrumentalities (local, state, federal or foreign);
- authorize the release of such information and copies of related records and documents to the Virgin Islands Board of Dental Examiners;
- authorize the Board to disclose to such persons, employers, hospitals, institutions, organizations, references, governmental agencies and instrumentalities identifying and other information about me sufficient to enable the Board to make such inquiries;
- release from liability all persons who provide information to the Virgin Islands Board of Dental Examiners in good faith and without malice in response to such inquiries.

Signature

Date

Print Name

Subscribed and sworn to before me this day of _____ 20

Notary Public

My Commission Expires



VERIFICATION OF LICENSURE

APPLICANT IS REQUIRED TO COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH HE/SHE ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE DENTISTRY. IF NEEDED, YOU MAY MAKE ADDITIONAL COPIES OF THIS FORM.

To Whom It May Concern:

I am being considered for Dental/Dental Hygiene licensure in the Territory of the U.S. Virgin Islands. The V.I. Board of Dental Examiners requires that this form be completed by each state in which, I am now or have ever been licensed to practice my profession. Enclosed is my authorization for release of information. Please mail this form directly to: VI Board of Dental Examiners at PO Box 222995- Christiansted, VI 00822-2995.

Applicant's Signature

Date

Print Name

My License No. in your State: _____

THIS SECTION IS TO BE COMPLETED AND SIGNED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE VI BOARD OF DENTAL EXAMINERS.

State of: _____

Full Name of Licensee: _____

License No.: _____

Issuance Date: _____

Has licensee held your state license for the last five (5) consecutive years? (If NO, furnish details).

YES _____

Is license current and in good standing? If No furnish details. _____

Has any disciplinary action ever been taken against the above named Dentist/Dental Hygienist? _____ If

YES, furnish details.

Comments, if any:

Signed:

BOARD SEAL

Title:

State Board:

Date:

LICENSURE HISTORY

STATE	LICENSE #	DATES	CURRENT STATUS



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NOTARIZED NON-ADDICTION AFFIDAVIT

I, _____ am not addicted to the intemperate use of alcohol, illicit drugs, any
(first, middle, last, suffix)

prescription medications including controlled substances or any mind altering substances that may alter or impair my

judgement and ability to carry out the duties of the profession.

Affidavit - NOTE: Any false or misleading information in or in connection with any application may be cause for debarment on the ground of lack of good moral character.

Signature

Date

Print Name

Subscribed and sworn to before me this ____ day of _____ 20____

Notary Public

My Commission Expire

Updated October 17, 2020



VIRGIN ISLANDS BOARD OF DENTAL EXAMINERS

JURISPRUDENCE EXAM

NAME: _____

Last

First

Middle

Suffix

Last 4 Digits SS#: - - - - _____

Signature

Date

TRUE (T) OR FALSE (F):

T or F	1. "Dental assistant" means a person who may perform basic supportive procedures as authorized by this subchapter under direct supervision of a licensed dentist.
T or F	2. "Dental hygiene" or "practice of supervised dental hygiene" means that portion of dentistry that includes the rendering of educational, preventive and therapeutic dental services in general, but specifically, diagnosis, scaling, root planing, curettage and any related intraoral or extra-oral procedure required in the performance of such services;
T or F	3. "Direct supervision" means the supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation, treatment and evaluation.
T or F	4. The Board has the duty of determining a person's initial and continuing qualification and fitness for the practice of dentistry or dental hygiene, of proceeding against the unprofessional, improper, incompetent, unlawful, fraudulent, deceptive or unlicensed practice of dentistry or dental hygiene, and of enforcing this subchapter. The Board shall discharge this duty in accordance with this subchapter.

T or F	<p>5. An applicant for a license to practice dentistry who is a graduate of a foreign dental school not accredited by the joint commission on dental accreditation shall:</p> <ul style="list-style-type: none"> • Present evidence of having completed either a clinical specialty recognized by the American Dental Association, or a program in clinical dentistry resulting in a doctorate of dental surgery or a doctorate of dental medicine at an accredited dental school; • Pass the examination administered by the U.S. Joint Commission on National Dental Examinations of The American Dental Association; • Pass an examination designed to test the applicant's clinical skills and knowledge administered by a regional testing agency as approved by the Board; and • Pass a jurisprudence examination, approved by the Board, designed to test the applicant's knowledge of the provisions of this subchapter.
T or F	<p>6. License Requirements. Every person who desires to practice dental hygiene in this Territory shall file with the Board an application for a license on a form provided by the Board, verified by the oath of the applicant, and accompanied by a reasonable fee as established by the regulations of the Board.</p>
T or F	<p>7. Three members of the Board constitute a quorum.</p>
T or F	<p>8. The Board may issue a license to practice dental hygiene, by credentials, without a practical or clinical examination to an applicant who is duly licensed by a clinical examination as a dental hygienist under the laws of a state or territory of the United States.</p>
T or F	<p>9. Licenses must be renewed or reinstated pursuant to a schedule established by the Board by regulations. The Board may by regulations establish renewal fees, delinquency fees and continuing education requirements for renewal and reinstatement. If a person fails to renew the license pursuant to the schedule established by the Board, the license expires. Any person whose license has expired and continues to practice is subject to the penalties provided in this subchapter.</p>
T or F	<p>10. Any dentist or dental hygienist who wishes to retire from the practice of dentistry or dental hygiene shall meet all requirements for retirement as set forth in regulations by Board _____ and the committee. The licensee shall notify the Board in writing before the expiration of the licensee's current license, and the Board shall acknowledge and record the receipt of notice. If, within a period of three years from the date of retirement, the dentist or dental hygienist wishes to resume practice, the applicant shall so notify the Board in writing and give proof of completing all requirements as prescribed by regulations of the Board to reactivate the license. The Board may reactivate the license and the licensee may resume the practice of dentistry or dental hygiene in accordance with the regulations of the Board.</p>
T or F	<p>11. Ownership of dental practice - limitations. Only a dentist licensed to practice dentistry in the Territory pursuant to this subchapter may be the proprietor of a dental practice in the Territory. A corporate entity that has a dental practice or dental office in the Territory must be owned by a dentist licensed pursuant to this subchapter who owns at least a majority interest in that corporate entity.</p>

<p>T or F</p>	<p>12. Practicing without a license; penalty.</p> <ul style="list-style-type: none"> • Any person who practices dentistry or who attempts to practice dentistry without first complying with the provisions of this subchapter or without being the holder of a license entitling the practitioner to practice dentistry in the Territory is guilty of a misdemeanor for the first offense. Subsequent offenses constitute a misdemeanor. Each occurrence of practicing dentistry or attempting to practice dentistry without complying with this subchapter constitutes a separate violation. • Any person who practices as a dental hygienist or who attempts to practice as a dental hygienist without first complying with the provisions of this subchapter and without being the holder of a license entitling the practitioner to practice as a dental hygienist in the Territory is guilty of a misdemeanor for the first offense. Subsequent offenses constitute a felony. Each occurrence of practicing as a dental hygienist or attempting to practice as a dental hygienist without complying with this subchapter constitutes a separate violation. • A person or entity that functions or attempts to function as a dental practice without first complying with the provisions of this chapter is guilty of a misdemeanor. A subsequent offense constitutes a felony. Each occurrence of noncompliance with this chapter constitutes a separate violation.
<p>T or F</p>	<p>13. Practicing without a license; penalty.</p> <ul style="list-style-type: none"> • Any person who practices dentistry or who attempts to practice dentistry without first complying with the provisions of this subchapter or without being the holder of a license entitling the practitioner to practice dentistry in the Territory is guilty of a misdemeanor for the first offense. Subsequent offenses constitute a felony. Each occurrence of practicing dentistry or attempting to practice dentistry without complying with this subchapter constitutes a separate violation. • Any person who practices as a dental hygienist or who attempts to practice as a dental hygienist without first complying with the provisions of this subchapter and without being the holder of a license entitling the practitioner to practice as a dental hygienist in the Territory is guilty of a misdemeanor for the first offense. Subsequent offenses constitute a felony. Each occurrence of practicing as a dental hygienist or attempting to practice as a dental hygienist without complying with this subchapter constitutes a separate violation. • A person or entity that functions or attempts to function as a dental practice without first complying with the provisions of this chapter is guilty of a misdemeanor. A subsequent offense constitutes a felony. Each occurrence of noncompliance with this chapter constitutes a separate violation.

T or F	14. The Board may summarily suspend a license prior to a formal hearing when it determines such action is required due to imminent threat to public health and safety. The Board may summarily suspend a license by means of a vote conducted by telephone conference call or other electronic means if a simple majority of the membership determines such prompt action is required. Proceedings for a formal hearing must be instituted simultaneously with the summary suspension.
T or F	15. Procedures for enforcement of disciplinary action. The Board may commence legal action to enforce the provisions of this subchapter and may exercise full discretion and authority with respect to disciplinary actions.
T or F	16. Professional Misconduct. The Board may refuse to license, otherwise restrict a license, or suspend or revoke a license that has been issued by the Board and may fine, censure or reprimand a licensee upon satisfactory proof that the applicant for or holder of the license is guilty of unprofessional or dishonorable conduct.
T or F	17. Professional Misconduct. The Board may in its discretion and for good cause shown, for protection of the public, for the purpose of rehabilitation of the licensee or both, place the licensee on probation on such terms and conditions as it determines. Upon expiration of the term of probation, further proceedings may be abated by the Board if the holder of the license furnishes the Board with evidence that the licensee is competent to practice, is of good moral character and has complied with the terms of probation.

MULTIPLE CHOICE:

18. Direct supervision means

- the supervision of those tasks or procedures that require the presence of the dentist in the room where performed.
- the supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation, treatment and evaluation.
- The supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's knowledge of what is to be done.

19. Indirect supervision means

- a. The supervision of those tasks or procedures that do not require the presence of the dentist in the office or on the premises at the time such tasks or procedures are being performed, but do require that the tasks be performed with the prior knowledge and consent of the dentist
- b. The supervision of those tasks or procedures that do not require the dentist in the room where performed but require the dentist's knowledge of what is to be done
- c. The supervision of those tasks or procedures that do not require the presence of the dentist in the room where performed but require the dentist's presence on the premises and availability for prompt consultation, treatment and evaluation.

20. Inactive licenses must be:

- reactivated or permanently retired within two years of having been placed in inactive status.
- reactivated or permanently retired within six years of having been placed in inactive status.
- reactivated or permanently retired within five years of having been placed in inactive status.