

**BOARD OF DENTISTRY  
DENTIST  
NEW LICENSE APPLICATION BY EXAMINATION AND ENDORSEMENT**

**To expedite the processing of your NEW LICENSE APPLICATION, follow the instructions carefully before submitting your ONLINE application on the portal. It is important to submit all the required supporting documents listed below based on the method by which you are applying:**

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> and licensure fee of <b>\$430</b> are required and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., <b>name, date of birth, address, etc.</b> ) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you <b>do not have</b> social security number then you must submit a <b>Sworn Affidavit</b> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face</b>		
The original photo is required and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID (1) Recent and Identical Passport Type Photo (2x2 size) of the Applicant's Face</b>		
A U.S. driver's license or U.S. passport is acceptable.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (if applicable)</b>		
An applicant must provide a copy of a legal name change document for <b>EACH</b> time that it has changed. Acceptable documents are <b>Marriage Certificate, Divorce Decree or Court Order.</b>	<b>ONLINE</b>	<input type="checkbox"/>

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<b>7. Official Sealed School Transcript</b>  Certified official transcript showing a date conferred Doctor of Dentistry Surgery (DDS) or Doctor of Dental Medicine (DMD). <ul style="list-style-type: none"> <li>▪ <b>Send Official Transcripts via Email or Mail:</b> An official electronic transcript must be sent directly from the school/issuing institution/agency to the Board (<a href="mailto:dcbod@dc.gov">dcbod@dc.gov</a>) via their secure electronic network <u>or</u> mail transcripts to the DC Board of Dentistry, 2201 Shannon Place, SE, 1<sup>st</sup> Floor, Washington, DC 20020.</li> </ul>	<b>E-MAIL or MAIL</b> (Preferably via E-Mail and sent directly from the school/issuing institution)	<input type="checkbox"/>
<b>8. Three (3) Moral Character References</b>  An applicant is required to submit three Moral Character References <a href="#">Character Reference Form</a>	<b>ONLINE</b>	<input type="checkbox"/>
<b>10. Examination Scores (NERB &amp; NBDE Results)</b>		
You are required to request your National Board of Dentistry Examination ( <b>NBDE</b> ) <b>AND</b> <b>NERB</b> ( <b>CDCA/WREB/ADEX/CITA/CRDTS/SRTA</b> ) Dental results to be released to the DC Board of Dentistry to verify.	<b>ONLINE</b>	<input type="checkbox"/>
<b>11. Criminal Background Check (CBC)</b>		
CBC is completed at the time you submit your online application. A <b>\$50</b> payment is required online with the application. Upon completion of the payment, the applicant will receive an email with a code to schedule a fingerprint appointment.	<b>ONLINE</b>	<input type="checkbox"/>
<b>12. Screening Question Responses</b>		
Applicants must provide a detailed explanation for any Screening Questions and/or any Clean Hands question to which “ <b>YES</b> ” was the answer provided. The explanation must sufficiently describe the facts that led to the reason for the “ <b>YES</b> ” answer. In addition, submit all relevant documents related to the reason for the “ <b>YES</b> ” answer (e.g., <b>Court Records, Monitoring Agreements, Licensure Orders, Malpractice, etc.</b> )	<b>ONLINE</b>	<input type="checkbox"/>
<b>13. Verification(s) of Licensure (<a href="#">Endorsement Applicants Only</a>)</b>		
<ul style="list-style-type: none"> <li>• Checklist items listed above; <b>and</b></li> <li>• Official Verifications are required from the issuing state(s) and jurisdiction(s) for each license identified in the application. All states and jurisdictions in which you have <b>EVER</b> held a professional license, regardless of status, must be submitted. Website verifications may be acceptable if the website is considered “<b>primary source verified</b>” by the jurisdiction in question. <b><u>The verification(s) must be sent directly to the Board by email or mail by the issuing state of jurisdiction;</u></b> and</li> <li>• <b>National Practitioner Databank Report (NPDB Self Query)</b>            A current <b>NPDB</b> Self Query report (within the past two months) is required for the applicants licensed in another state(s) or jurisdiction(s).</li> </ul>	<b>E-MAIL or MAIL</b> (Preferably via E-Mail and sent directly from Licensing Board)  <b>ONLINE</b>	<input type="checkbox"/>

**Board Mailing Address:**

Board of Dentistry  
 2201 Shannon Place SE  
 First Floor  
 Washington, DC 20020

**Board Email Address:** [dcbod@dc.gov](mailto:dcbod@dc.gov)

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