



STATE OF MAINE
BOARD OF DENTAL EXAMINERS
143 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0143

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Dear Applicant for Extern Permit:

Please find enclosed an application for an extern permit in the State of Maine. Please read the instructions carefully before completing the application. The original application must be submitted.

A permit for an externship must be requested prior to the extern's arrival on site. Externships last for a period of thirty (30) days. Renewal of these permits may be done via communication with the Board accompanied by the appropriate request.

INSTRUCTIONS FOR APPLYING FOR AN EXTERN PERMIT
IN THE STATE OF MAINE

1. Answer all questions on application. Please include, both, your home/ mailing address and your extern permit site/ mailing address.
2. Documentation must be provided by your School of Dentistry showing your academic affiliation, good academic standing, and readiness to participate in an externship.
3. Documentation must be provided showing a compilation of your clinical experience.
4. The names of the Maine licensed dentists who will/might supervise your externship must be furnished to the Maine Board of Dental Examiners.
5. The Extern Director will provide a CV to the Board with the request for approval of the externship.

If you have any questions, please do not hesitate to contact the Board office.

Sincerely,

Lynn A. Warner

Lynn A. Warner, AS
Board Assistant

1. Have your practice privileges ever been restricted? Yes ___ No ___
2. Are you, or have you ever been, addicted to the use of alcohol, narcotics or other mind altering drugs? Yes ___ No ___
3. Have you ever been hospitalized or undergone treatment for alcohol or drug dependency? Yes ___ No ___
4. Have you ever been hospitalized for the treatment of mental illness? Yes ___ No ___
5. Have you ever had a disabling physical or mental illness(es) that resulted in any hospitalization that prevented you from working or carrying out your usual daily responsibilities for more than 30 days? Yes ___ No ___
6. Have you been arrested or convicted for anything other than a minor traffic violation? (OUI is not considered minor traffic violation) Yes ___ No ___
7. Are you currently the subject of any civil or criminal actions (including malpractice)? Yes ___ No ___
8. Are you currently in default on payment of student loans? Yes ___ No ___

**** Yes answers should be explained in detail on a separate sheet ****

7. Are you currently certified in CPR? Yes ___ No ___
(Please provide proof)
8. Maine dentists who will/might supervise your externship.

9. Compilation of your clinical experience.
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Notice:

Unless all pertinent information requested is answered, this application will be returned to the licensee.

I swear or affirm under penalties of perjury and false swearing and subject to the disciplinary laws and rules of the Board that all information requested in this registration form has been answered, and that all answers are accurate and truthful.

Date: _____ Signed: _____

Type or print: _____

SSN:

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

PRIVACY:

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number and credit card number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

The following affidavit must be completed by applicant after the previous portion is filled out.

Complete this Affidavit only after Application portion has been completed

AFFIDAVIT

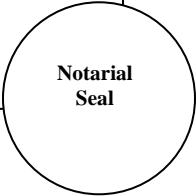
STATE OF _____

COUNTY OF _____

I, _____ of full age, being duly sworn according to the law, state that I am the person referred to in the foregoing application, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct as of this ____ day of _____ A.D. two thousand and _____.

Signature of Applicant

Attach a Current
Passport-Type
Photo Here



Sworn to before me and subscribed in my presence on this ____ day of _____ 20 ____.

Signature of Notary Public.....Place Notarial Seal Over Photo Where Indicated.....

AUTHORIZATION AND WAIVER

I hereby authorize all hospitals, institutions or organizations, personal physicians, employers (past and present), business and professional associations (past and present), and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Maine State Board of Dental Examiners, my references and information, files, or records requested by the Board in connection with processing of this application. I hereby authorize the Maine State Board of Dental Examiners to use photo copies of this authorization and waiver in lieu of the original.

I further authorize the Maine State Board of Dental Examiners to release to the organizations, individuals and groups listed above, any information which is material to my application.

SIGNATURE

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