TEXAS STATE BOARD OF DENTAL EXAMINERS



333 Guadalupe, Tower 3, Suite 800 Austin, Texas 78701-3942 Phone (512) 463-6400 Fax (512) 463-7452

<u>Instructions</u>: **Print in black ink or type**. Fill out the application form completely. If questions are not applicable, enter "NA". **Do not leave questions blank**. The State Board of Dental Examiners (SBDE) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability. This application becomes public record and is subject to disclosure in accordance with the Public Information Act. Acceptable forms of payment include: Personal Check, Cashiers Check, or Money Order.

\$100 NON-REFUNDABLE

PART	T I. GENERAL INFORMATION				
A.	Current Date:	_			
В.	Name of Program:				
C.	Type of Program: (Check one and complete either	er Part II or Part III belov	w, whichever applies and Part IV):		
	Dental Industry Organiza	ation	CODA Approved School		
D.	List other educational programs conducted by your organization/school (If none, put N/A):				
			(CODA = Commission on Dental Accreditation)		
PART	T II. INFORMATION SPECIFIC TO I SPONSORED PROGRAMS	DENTAL PROFESS	SIONAL ORGANIZATION		
A.	Sponsor's Name:				
В.	S. Address:(City)	(State)	(Zip Code)		
C.	. Business Telephone: ()	Extension:	_ FAX Number: ()		
E.	. Program Director's Name:				
F.	. Program Director's Qualifications:				
	Check One: Dentist Denta	al Hygienist	Dental Assistant		
	Other (Please Specify)				
G.	Does the program have a dental advisor? Yes No				
	If Yes, please provide the dentist's full name a	ınd Texas license num	ber:		
	Name:				
	Texas License Number:				
PART	T III. <u>INFORMATION SPECIFIC TO E</u>	EDUCATIONAL PI	ROGRAMS (CODA APPROVED)		
A.	. Name of Institution:				
В.					
	(Street) (City)	(Stat	e) (Zip Code)		

C.	Bus	iness Telephone: () Extension: FAX Number: ()
D.	List	agency(ies) which accredit the institution:
E.	Prog	gram Director's Name:
F.	Prog	gram Director's Qualifications:
	Che	ck One: Dentist Dental Hygienist Dental Assistant
	Oth	er (Please Specify)
G.	Doe	es the program have a dental advisor? Yes No
		es, please provide the dentist's full name and Texas license number:
	Nan	ne:
	Tex	as License Number:
PART	IV.	OTHER INFORMATION
You MU	ST s	ubmit the following documentation as part of your application packet:
•	All	course materials that you will be providing attendees
•	A co	opy of the pool of examination items from which you will generate forms of the exam
•	A co	opy of your plan for maintaining examination integrity (See attached Examination Integrity Plan Topics)
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PART		AGREEMENTS
approva	l wh	the with the rules adopted by the SBDE, the applicant program agrees to comply with the requirements for program pich include but are not limited to the following items: (Program Director or Independent Sponsor must be agreement to comply by initialing in the space provided to the left of each item.)
	_ A.	To teach and instruct the curriculum as submitted to and approved by the SBDE.
	_ B.	To abide by admissions policies and graduation requirements which accompany this application and which have been provided to all students upon course enrollment, including refund policies and conditions for dismissal and re-entrance.
	_ C.	To provide appropriate supervision by a licensed Texas dentist if the course has a clinical component involving live patients.
	_ D.	To require all students to complete the required number of hours of classroom instruction in accordance with SBDE Rules.
	_ E.	To maintain a record of each student's attendance, evaluation instruments, grades, and subjects completed for no less than five (5) years from the last date of the student's attendance, and make records available to the SBDE upon request.
	_ F.	To administer examinations in a safe, secure environment and to maintain exam integrity according to the plan submitted to the SBDE.

Month, day, year