Commonwealth of the Northern Mariana Islands
HEALTH CARE PROFESSIONS LICENSING BOARD
P.O. Box 502078, Bldg., 1242 Pohnpei Court
Capitol Hill, Saipan, MP 96950
Tel No: (670) 664-4809 Fax: (670) 664-4814
Email: cnmi@cnmibpl-hcplb.net
Website: cnmibpl-hcplb.net

General Information

Completion of the Application Forms
Help us to do a good job processing your application. Type or print legibly all application documents. Please read the instructions and give careful thought before answering the questions in the application. Remember, you are certifying that the information is truthful and correct. Make sure all documents are originals or a certified or notarized true copy of original documents. Provide all documents requested in the application; incomplete applications will delay processing. Application fees must accompany applications before initial review can begin.

Each question in the application must be answered. Attach separate sheets of paper, labeled with your name and signed by you, for any question for which you provided a "yes" response.

Failure to answer all questions completely and accurately, or the omission or falsification of information may be cause for denial of your application or disciplinary action if the board subsequently issues you a license.

The application cannot be altered, changed, modified or added to unless approved by the Board.

Confidentiality
The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

Documents sent by Fax or Email
Fax copies or documents sent via email are not accepted for documentation or verification in our licensing process. If copy of document is sent via fax or email, the original must be send via U.S. Postal Service to the Board's office.

Foreign Language Documents
All documents submitted in a foreign language shall be accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

National Practitioner Data Bank (NPDB)
Attach the original report from the NPDB. To obtain the report, go to the NPDB-HIPDB website at www.npdb-hipdb.com and click on Perform a Self-Query. If you are unable to go online, call NPDB at 1-800-767-6732 for assistance.

American Association of Dental Examiners Clearinghouse for Board Actions
Attach the original report from the Clearinghouse.

Personal Interviews
Applicants for licensure may be required to have a personal interview either with an individual board member or with the full board. Should an interview be required, you will be notified and an interview scheduled. An interview may be required if, during the processing of your application, a question arises for which the board determines it requires additional information from you.

Processing Time
In general, average processing time for a permanent license is 3 – 4 weeks. Application processing time depends to a large extent on the response time from other organizations, our workload and the volume of applications being processed.

License Renewal
All licenses issued by the Board expired every two years following its issuance or renewal and becomes invalid after that date. Notification for license renewal is mailed or emailed to licensees at least sixty (60) days before the expiration date. You are required by regulations to keep your current address on file with the Board. There is a late fee of $25.00 charged for every 1st of the month after the expiration date. Licenses, which have expired for failure to renew on or before the date required may be reinstated within one year of the expiration date. Each licensee whose license has expired and lapsed for more than one year by failure to renew must file a new application, meet present day requirements for licensure, and receive board approval.

Continuing Dental Education (CDE)
All dentists, dental hygienists or dental therapists licensed to practice in the CNMI are required to complete the following CDE hours as a prerequisite to the renewal of their biennial license ***during*** the 24 months prior to the expiration of his/her license:

- Dentist – Forty (40) CDE hours from courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Association (ADA), Academy of General Dentistry (AGD), or the World Dental Federation.

- Dental Hygienist – Twenty-four (24) CDE hours from courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation.

- Dental Therapist – Twelve (12) CDE hours from courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), American Dental Association (ADA), or the World Dental Federation.

It shall be the responsibility of the licensee to obtain documentation, satisfactory to the Board, from the organization or institution, of his or her participation in the CDE, and the number of credits earned. Licensure renewal shall be denied to any licensee who fails to provide satisfactory evidence of completion of CME requirements, or who falsely certifies attendance at and/or completion of the CDE, as required herein.

License Denial
If for any reason you are denied the license you are applying for, you are entitled to a hearing pursuant to the Commonwealth Administrative Procedures Act, 1 CMC § 9108-15.

Abandonment of Application
Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for one (1) year. If the application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

Schedule of Fees

Application Fee	$100.00	Delinquent Fee (each month)	$25.00
License Fee (dentist)	$200.00	Replacement of License	$75.00
License Fee (DH & DT)	$100.00	Replacement of Card	$25.00
Temporary License Fee	$100.00	Registration of Dental Assistants	$100.00
Renewal License Fee (dentist)	$200.00	Verification of License	$25.00
Renewal License Fee (DH & DT)	$100.00	Letter of Good Standing	$25.00

<u>Requirements for Licensing of Dentists, Dental Hygienists, or Dental Therapists</u>

Dentists
- Applicant is a graduate of a dental school accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and
- Applicant has taken and passed the examination administered by the Joint Commission on National Dental Examinations or the written examination and the Objective Structured Clinical Examination (OSCE) administered by the National Dental Examiner Board of Canada; or the applicant has a current and active license to practice as a dentist in any U.S. state or Canada; and
- Applicant is not the subject of any adverse action against their license to practice dentistry in any U.S. State or territory, or Canada and is not the subject of any pending litigation in regard to their practice of dentistry; and
- Applicant provides proof of cardiopulmonary resuscitation (CPR) certification by a Board-approved institution or organization.
- Items/Documents required when applying:
  - Application form
  - Application non-refundable fee of $100 (Cashier's Check or Money Order made payable to "CNMI Treasurer")
  - Evidence of Dental degree
  - Evidence of Examination scores, or
  - Current and active dental license from any U.S. state or Canada
  - Curriculum vitae
  - Proof of cardiopulmonary resuscitation (CPR) certification
  - Current DEA registration certificate
  - NPDB Report (within 60 days of application date), or
  - American Association of Dental Examiners Clearinghouse

Dental Hygienists
- Applicant is a graduate of an accredited program for dental hygiene accredited by the Commission on Dental Accreditation (CODA) of the American Dental Association (ADA) or the Commission on Dental Accreditation of Canada; and
- Applicant has taken and passed the National Board Dental Hygiene Examination administered by the Joint Commission on National Dental Examinations or the Canadian National Board Dental Hygiene Examination; or the applicant has a current and active license to practice dental hygiene in any U.S. state or Canada; and

- Applicant has no adverse action against their license to practice dental hygiene in any U.S. State, Canada, or other foreign jurisdiction, and is not the subject of any pending litigation in regard to their practice of dental hygiene; and
- Applicant must specify in the application the dentist(s) by whom the applicant is to be employed.
- Items/Documents required when applying:
  - Application form
  - Application non-refundable fee of $100 (Cashier's Check or Money Order made payable to "CNMI Treasurer")
  - Evidence of Dental Hygiene degree
  - Evidence of Examination scores, or
  - Current and active dental hygiene license from any U.S. state or Canada
  - Curriculum vitae

Dental Therapists

- Applicant is a graduate of an accredited dental therapy educational program in the U.S. or Canada or is a foreign trained dentist having graduated from a school of dentistry recognized by the department of health in that respective country; and
- Applicant can communicate proficiently in the English language. If proficiency in the English language is in question, the applicant may be required by the Board to show a passing score on the TOEFL test; and
- Applicant has a current and active license to practice as a dental therapist in any U.S. state or Canada, or as a dentist in any foreign country; and
- Applicant is not the subject of any adverse action against their license to practice as a dental therapist in any U.S. State or Canada, or as a dentist in any foreign country, and is not the subject of any pending litigation in regard to their practice as a dental therapist or dentist; and
- Applicant must specify in the application the dentist(s) by whom the applicant is to be employed; and
- Applicant provides proof of cardiopulmonary resuscitation (CPR) certification by a Board-approved institution or organization.
- Items/Documents required when applying:
  - Application form
  - Application non-refundable fee of $100 (Cashier's Check or Money Order made payable to "CNMI Treasurer")
  - Evidence of Dental Therapy degree or dental degree from a foreign school of dentistry
  - Current and active dental therapy license from any U.S. state or Canada or
  - current/active dental license from a foreign country
  - Curriculum vitae

Dental Assistant—Registration

All persons wishing to perform the duties and functions of a dental assistant must register with the Board within three (3) months of employment or change of employment status with any dental office or clinic. An applicant to practice as a dental assistant must be a U.S. citizen or a foreign national lawfully entitled to remain and work in the CNMI. An application for registration shall be on a form provided by the Board accompanied with the following information and documentation:

- The applicant's full name and all aliases or other names ever used, current address, date and place of birth, and social security number; and
- Proof that the applicant is a U.S. citizen or a foreign national. If foreign, applicant must provide a copy of a valid immigration status allowing for legal work in the CNMI; and
- Name and business address of employer and the name of the supervising dentist; and
- A curriculum vitae including a detailed education and experience history which shall include dates, places, institutions, educational programs and description of all prior education and work experience.

Applicants for Licensure by Endorsement

The Board may grant a license to a person to practice as a dentist, dental hygienist, dental therapist or specialist without examination if:

- Person holds a valid, active license to practice as a dentist, dental hygienist, dental therapist, or specialist in any U.S. state or Canada; and
- Person substantially complies with the requirements for licensure in § 140-50.3-002605(a), 2605(c),2615(a),2620(a); and
- The requirements in the jurisdiction of licensure are at least as stringent as those under these regulations;
- Applicant is not the subject of an adverse report from the National Practitioner Data Bank, the American Association of Dental Examiners Clearinghouse for Board Actions, or the licensing/regulatory entity of any jurisdiction, including foreign countries; and
- Applicant provides proof of cardiopulmonary resuscitation (CPR) certification by a Board-approved institution or organization.

The Board may deny a license by endorsement to a person to practice dentistry, dental hygiene, or dental therapy if the person has been the subject of an adverse action in which his/her license was suspended, revoked, placed on probation, conditioned, or renewal denied.

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Website: cnmibpl-hcplb.net

Attach a recent 2x2 ID photo here taken within 6 months of the application.

APPLICATION FOR DENTISTS, DENTAL HYGIENISTS and DENTAL THERAPISTS

☐ Initial	☐ Endorsement	☐ Temporary

Type of License Applying for:

☐ Dentist	☐ Dental Hygienist	☐ Dental Therapist

APPLICATION INFORMATION – Please Type or Print

1. Last:	First:	Middle:	**2.** Social Security No:
3. Birthdate: (Mo/Day/Yr)	**4.** Color of Eyes: Color of Hair:	**5.** Height: Weight:	**6.** Sex:
7. Mailing Address:		**8.** Email Address:	
9. Residence Address:		**10.** Phone No: (W): (H):	
11. NPI # (if available):		**12.** Citizenship: ____U.S. ____Other Specify:	

13. EDUCATION – (*Provide an original, notarized or certified copy of your degree*)

Name of Schools	Location (City/State or Country)	Degree Earned	Dates (Mo/Yr) From	To

14. EXAMINATION – (*List examination(s) you have taken and passed*)

Examination	Date	Result (Pass/Fail)

15. LICENSES – (*List of all jurisdiction where you are licensed or applied for a license.*)

Name of Jurisdiction	Date Issued	Expiration Date	License Number	Current Status

16. DENTAL AFFILIATIONS (if none state "None")

Name of Clinic	Location (City/State or Country)	Dates (Mo/Yr) From	To

17. Name/Address of Intended Employment within the CNMI:

If you answer "yes" for any of items 18-35 you must attach a detailed explanation on a separate sheet, which includes state or country where action is pending or took place, relevant dates, action taken and reasons for such action. (Include Findings of Fact, Conclusion of Law, Final Order and whether you have been reinstated. If reinstated, date and conditions of license.)

18. Have you ever been charged with, or been found to have committed dishonorable, unprofessional conduct, negligence, incompetence, misconduct, or repeated negligent acts by any licensing board, other agency, or clinic?	Yes ☐	No ☐
19. Has a claim or an action ever been filed against you for the practice of dentistry which resulted in a settlement, judgment, or arbitration award of $25.000 or more?	Yes ☐	No ☐
20. Has any licensing board, other agency, or disciplinary authority refused to issue you a license, renew your license, suspended, revoked, accepted surrender of your license, placed on probation or conditioned your license, held by you now or previously, or ever fined or otherwise disciplined you ?	Yes ☐	No ☐
21. Is there any ongoing or pending investigation against you?	Yes ☐	No ☐
22. Is there any disciplinary action pending against you?	Yes ☐	No ☐
23. Has any clinic or licensed facility restricted or terminated your professional training, employment, or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	Yes ☐	No ☐
24. Have your DEA or state controlled substance registration ever been denied, suspended, restricted, or terminated?	Yes ☐	No ☐
25. Have you ever entered into any arrangement or plea or agreement in lieu of a federal prosecution for a drug violation regulated by the DEA?	Yes ☐	No ☐
26. Have you ever been terminated, sanctioned, and penalized, had to repay monies to or been denied provider participation in any Medicaid, Medicare or other publicly funded healthcare program?	Yes ☐	No ☐
27. Has your ability to practice dentistry in a competent and safe manner ever been impaired or limited by any condition, behavior, impairment, or limitation of a physical, mental, or emotional nature?	Yes ☐	No ☐
28. Have you used or are you currently using any chemical substance(s), legal or illegal, that in any way impaired or limited, or is currently impairing or limiting, your ability to practice dentistry in a safe and competent manner?	Yes ☐	No ☐
29. Have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program?	Yes ☐	No ☐
30. Have you been treated for or had a recurrence or a diagnosed addictive disorder?	Yes ☐	No ☐
31. Have you ever been diagnosed with a neurological or other physical condition that would impair your ability to practice dentistry safely?	Yes ☐	No ☐
32. Do you have any other condition in which in any way impairs or limits your ability to practice dentistry safely?	Yes ☐	No ☐

33. Have you ever been found guilty, pleaded guilty, no contest, or nolo contendere to a crime involving moral turpitude or crime related to the dental profession, or felony in any court?	Yes ☐	No ☐
34. Is criminal action pending against you in any court?	Yes ☐	No ☐
35. Are you required to register as a Sex Offender?	Yes ☐	No ☐

36. **DECLARATION:**
I hereby certify that I am the person herein named subscribing to this application. I have read the complete application, and I know the full content hereof. I declare that all of the information contained herein and evidence or other credentials submitted herewith are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification on misrepresentation of credentials to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license to practice medicine in the Commonwealth of the Northern Mariana Islands. I further certify that I have read and will abide by P.L. 15-105 and the Regulations for Dentists, Specialists, Dental Hygienists, Dental Therapists, and Dental Assistants.

_____ _____
Signature of Applicant Date

Please complete the application form and attach all original, certified or notarized documents and a non-refundable application fee of $100.00 (money order or cashier's check make payable to "CNMI Treasurer"). Do not send cash.

Eff 8/2018

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), do hereby authorize a disclosure of records concerning myself to the Health Care Professions Licensing Board (HCPLB). This release includes records of a public, private or confidential nature.

I acknowledge that the information released to the HCPLB may include material that is protected by federal and/or state laws applicable to substance abuse and mental health information. If applicable, I specifically authorize the release of confidential information to and from the HCPLB relating to substance abuse or dependence and/or mental health.

I further agree that the HCPLB may receive confidential information and records, including, but not limited to the following records:

- Medical Records
- Education Records
- Personnel or employment records, including records of any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Post-graduate training (internship, residency, and fellowship) records, including records or any remedial, probationary, disciplinary, or any other adverse information contained in those records.
- Any information the HCPLB deems reasonably necessary for the purposes set forth in this release.

Release of Liability:
I do hereby irrevocably and unconditionally release, covenant not to sue, and forever discharge any person or entity, including but not limited to any medical school, residency or fellowship training program, hospital, health care provider, health care facility, licensing board, impaired practitioner program, agency, or organization, which releases information to the HCPLB pursuant to this release from any liability, claim, or cause of action arising out of the release of such information. I further irrevocably and unconditionally release, covenant not to sue, and forever discharge the HCPLB, the Commonwealth of the Northern Mariana Islands, and its employees and agents from any liability, claim, or cause of action arising out of the collection or release of information pursuant to this release.

A photocopy of this release form will be valid as an original thereof, even though the photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization to Release Information".

_____ _____
Signature of Applicant Date

AFFIVDAVIT

I, the undersigned, being duly sworn, say that I am the person referred to in the foregoing application for license to practice _____ in the Commonwealth of the Northern Marianas, that the statements therein are true to the best of my knowledge and belief.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice as a _____ in the Commonwealth of the Northern Marianas.

_____
Signature of Applicant

FOR NOTARY PUBLIC ONLY

Subscribed and sworn to before me this _____ day of _____, 20_____.

_____
Signature of Notary Public

My commission expires _____