

INSTRUCTIONS FOR ORAL & MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

Pursuant to **18VAC60-21-310** every licensed dentist who practices as an oral and maxillofacial surgeon, as defined in § 54.1-2700 of the Code, shall register his practice with the board. An oral and maxillofacial surgeon who fails to register and continues to practice oral and maxillofacial surgery may be subject to disciplinary action by the board.

A completed application shall include the following unless otherwise stated below. An incomplete application and/or fee will delay the processing of your application. Incomplete applications remain active for one year from the date of receipt. After one year from date of receipt, you would need to reapply for Virginia registration. Documents submitted with an application are the property of the Board of Dentistry and cannot be returned.

- _____ 1. **Application:** Please be sure that all information and questions are completed on the application.
- _____ 2. **Application Fee:** The fee for an **oral & maxillofacial surgeon registration of practice is \$175** and must be paid with a certified check, cashier's check or money order, made payable to **The Treasurer of Virginia**. The fee can be used for one year from date of receipt. Pursuant to 18VAC60-21-40(G), all fees are non-refundable. Your application will not be reviewed until you have submitted payment. Please mail the completed application and fee to the address noted above.
- _____ 3. Official documentation of completed OMS Residency Program

Pursuant to **18VAC60-21-320. Profile of information for oral and maxillofacial surgeons.**

- A. In compliance with requirements of § 54.1-2709.2 of the Code, an oral and maxillofacial surgeon registered with the board shall provide, upon initial request, the following information within 30 days:
1. The address of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
 2. Names of dental or medical schools with dates of graduation;
 3. Names of graduate medical or dental education programs attended at an institution approved by the Accreditation Council for Graduate Medical Education, the Commission on Dental Accreditation, and the American Dental Association with dates of completion of training;
 4. Names and dates of specialty board certification or board eligibility, if any, as recognized by the Council on Dental Education and Licensure of the American Dental Association;
 5. Number of years in active, clinical practice in the United States or Canada, following completion of medical or dental training and the number of years, if any, in active, clinical practice outside the United States or Canada;
 6. Names of insurance plans accepted or managed care plans in which the oral and maxillofacial surgeon participates and whether he is accepting new patients under such plans;
 7. Names of hospitals with which the oral and maxillofacial surgeon is affiliated;
 8. Appointments within the past 10 years to dental school faculties with the years of service and academic rank;
 9. Publications, not to exceed 10 in number, in peer-reviewed literature within the most recent five-year period;
 10. Whether there is access to translating services for non-English speaking patients at the primary practice setting and which, if any, foreign languages are spoken in the practice; and
 11. Whether the oral and maxillofacial surgeon participates in the Virginia Medicaid Program and whether he is accepting new Medicaid patients.
- B. The oral and maxillofacial surgeon may provide additional information on hours of continuing education earned, subspecialties obtained, and honors or awards received.
- C. Whenever there is a change in the information on record with the profile system, the oral and maxillofacial surgeon shall provide current information in any of the categories in subsection A of this section within 30 days.

Pursuant to **18VAC60-21-340. Noncompliance or falsification of profile.**

- A. The failure to provide the information required in 18VAC60-21-320 A may constitute unprofessional conduct and may subject the licensee to disciplinary action by the board.
- B. Intentionally providing false information to the board for the profile system shall constitute unprofessional conduct and shall subject the licensee to disciplinary action by the board.



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APPLICATION FOR ORAL AND MAXILLOFACIAL SURGEON REGISTRATION OF PRACTICE

INSTRUCTIONS: Type or print clearly. Complete all sections. If the space provided for any answer is insufficient, complete your answer on a separate page, specify the number of the question to which it relates, sign the page and enclose it with the application. Please mail the completed application and fee to the address noted above.

GENERAL INFORMATION: PLEASE COMPLETE ALL SECTIONS (PRINT OR TYPE)

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|-------------|-------|---------------|--------|
| Name: Last* | First | Middle/Maiden | Suffix |
|-------------|-------|---------------|--------|

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|------------------------------------|------|-------|----------|------------------|
| Address of record(Mailing Address) | City | State | Zip Code | Telephone Number |
|------------------------------------|------|-------|----------|------------------|

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|------------------------------|------|-------|----------|------------------|
| Publicly Disclosable Address | City | State | Zip Code | Telephone Number |
|------------------------------|------|-------|----------|------------------|

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| Email address | Fax # |
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|---|---|
| Date of Birth ____ / ____ / ____ Month Day Year | Social Security Number or Virginia DMV control Number** ____ - ____ - ____ |
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|---|--|
| Date of Completion of Residency ____ / ____ / ____ Month Day Year | Name of Completed OMS Residency Program. <u>Please attach a copy of the certificate of completion:</u> |
|---|--|

Virginia Dental License Number:

By signing below, I certify that I am the person referred to in the forgoing application and the attached supporting documents and that the information on this application and in the attachments is true, complete, and correct to the best of my knowledge. I further certify that I have carefully read the laws and regulations applicable to the registration of oral and maxillofacial surgeons and hereby agree to abide by and remain current with the applicable laws and regulations which are available online at www.dhp.virginia.gov/dentistry.

Signature of applicant

Date

APPLICANTS DO NOT USE SPACES BELOW THIS LINE – FOR OFFICE USE ONLY

***Name change:** Documentation must be provided to show name change(s) if name has ever been changed from the time you attended school or while you were licensed in other jurisdictions.

****In accordance with § 54.1-116 of the Code of Virginia, you are required to submit your Social Security Number or your control number issued by the Virginia Department of Motor Vehicles. If you fail to do so, the processing of your application will be suspended and fees will not be refunded. This number will be used by the Department of Health Professions for identification and will not be disclosed for other purposes except as provided by law. Federal and state law requires that this number be shared with other agencies for child support enforcement activities.**

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| Fee Amount | Applicant # | Registration # | Date Issued |
|------------|-------------|----------------|-------------|