



## NON-PROFIT CORPORATION PERMIT APPLICATION

Applications will be accepted only if completed by an officer of the non-profit organization. Any questions not applicable must be indicated accordingly (N/A). Copies may be made by the non-profit organization as needed. This application is pursuant to Chapter 466.025(3), Florida Statutes and Rule 64B5-7.006, Florida Administrative Code. Please type or print.

### PART I – PROFILE DATA

<sup>1</sup> Name of non-profit organization:		
<sup>2</sup> Mailing address:		
<sup>3</sup> Physical address:		
<sup>4</sup> Telephone: Day (    )		Alternate Telephone (    )
<sup>5</sup> Name of officer of non-profit organization completing this application:	Name:	Title:
<sup>6</sup> Will you be utilizing non-Florida licensed dentist(s)?		YES      NO
<sup>7</sup> If yes, provide name and date of birth of non-Florida licensed dentist. <sup>*</sup> Pages 3 and 4 must be completed by each non-Florida licensed dentist you intend to utilize. <i>Attach a copy of their current CPR card in basic life support, and their certificates of completion of HIV/Aids &amp; Domestic Violence from a Florida approved provider.</i>		
<sup>8</sup> NAME (Non-Florida Licensed Dentist):	Date of Birth:	
<sup>9</sup> NAME (Non-Florida Licensed Dentist):	Date of Birth:	
<sup>10</sup> NAME (Non-Florida Licensed Dentist):	Date of Birth:	
<sup>11</sup> List the state(s) in which the non-Florida licensed dentist holds a license:		
<sup>12</sup> Indicate the name and license number of the supervising Florida licensed dentist:	NAME (Please Type or Print):	LICENSE NUMBER:
<sup>13</sup> I agree to provide general supervision to non-Florida licensed dentists employed by this organization.		
_____ Signature of Florida licensed dentist		_____ Date



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Rule 64B5-7.006(2) requires the following:

1. Certified copy of your 501(c)(3) Registration with the Internal Revenue Service.
2. Justification for the employment of non-Florida licensed dentists.
3. "Plan of Operation" for the practice of the utilized dentist under the supervision of a Florida licensed dentist.

Non-Profit corporations providing care to the indigent must ALSO provide the following:

1. Statistics establishing only the treatment of indigent patients and/or
2. Admission criteria for indigent patients treated.
3. Description of the physical plant, available equipment and resources establishing the practice of minimum standard of dentistry at said facility. (i.e. floor space, number operatories, dental chairs, etc.).

Note: Individuals with a household income at or below 200% of the Federal Poverty Index shall be construed as indigent for the purpose of this application. Non-profit permit holders are required to operate as specified in Florida Statutes, Chapter 466.025(3) and Florida Administrative Code, Rule 64B5-7.006.

I declare under the penalty of perjury that the answers provided on this application are true and accurate. Furthermore, I certify on behalf of this non-profit organization that all copies are true reproductions of the original documents.

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Signature of Director

Date



**PART II – PERSONAL AND LICENSURE HISTORY**

NON-FLORIDA LICENSED DENTIST HISTORY – GENERAL (HISTORY IS REQUIRED FOR EACH NON-FLORIDA LICENSED DENTIST; ATTACH ADDITIONAL SHEETS IF NECESSARY)

NAME: \_\_\_\_\_

ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED.

If you answer "YES" to ANY of the following questions, explain in full by addendum to the application. You must make a statement that includes, but is not limited to, the date(s), location(s), specific circumstances, practitioners and/or treatment involved, etc., pertaining to the "YES" answer. Any "YES" answer must be substantiated by either official documents sent directly to the board office from the respective state licensing board or official copies of court records. A "YES" answer is NOT an automatic cause for denial of licensure.

*NOTE: Obtaining or attempting to obtain a license by bribery, fraud, or knowing misrepresentation is a violation of the Dental Practice Act and may result in the denial of licensure, suspension or revocation of license, and/or other penalty under section 466.028, Florida Statutes, or Rule Chapter 64B5-13, F.A.C.*

<sup>1</sup> Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if adjudication was withheld by the court so that you would not have a record or conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.  If yes, please list date, jurisdiction (state and county), offense, disposition, and all other relevant information On reverse side or an attached sheet	YES	NO
<sup>2</sup> Have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?	YES	NO
<sup>3</sup> Have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice dentistry/dental hygiene within the past five years?	YES	NO
<sup>4</sup> Were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?	YES	NO
<sup>5</sup> Have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice dentistry within the last five years?	YES	NO
<sup>6</sup> Pursuant to Section 456.0635(2), Florida Statutes, the following questions are being asked. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation.		
<sup>7</sup> a. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, Chapter 817, or Chapter 893, Florida Statutes; or 21 U.S.C. ss. 801-970 or 42 U.S.C. ss. 1395-1396? (If no, do not answer 7b.)	YES	NO
<sup>7</sup> b. Has it been more than 15 years prior to the date of this application since the sentence and completion of any subsequent period of probation for such conviction?	YES	NO
<sup>7</sup> c. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 7d.)	YES	NO



<sup>7</sup> d. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?	YES	NO
<sup>7</sup> e. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state or federal government, from any other state Medicaid program or the federal Medicare program? (If no, do not answer 7f and 7g)	YES	NO
<sup>7</sup> f. Have you been in good standing with a state Medicaid program or the federal Medicare program for the most recent five years?	YES	NO
<sup>7</sup> g. Did the termination occur at least 20 years prior to the date of this application?	YES	NO
<sup>8</sup> Have you ever been denied the right to take a Dental or any other licensure examination in any state?	YES	NO
<sup>9</sup> Have you ever been refused a license to practice Dentistry or any other license or the renewal thereof in any state?	YES	NO
<sup>10</sup> Have you ever had a license revoked or a certificate of registration to practice Dentistry or any other licensed profession revoked, suspended or otherwise acted against (including probation, fine or reprimand) in a disciplinary proceeding in any state?	YES	NO
<sup>11</sup> Are you now or have you ever been a defendant in civil litigation in which the basis of the complaint against you was in alleged negligence, malpractice or lack of professional competence?	YES	NO
<sup>12</sup> Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a Dentist or other licensed professional?  • If Questions 8-12 above are answered "YES", you must provide complete details as to state(s), license number(s), dates, and relevant circumstances on reverse side or on attached sheets.	YES	NO

**PART III – APPLICANT LICENSURE STATUS**

<sup>1</sup> a. Do you now hold or have you ever held a license to practice Dentistry or healthcare profession in any state, U.S. territory or foreign country? (List most recent first)  • If "YES", list ALL such licenses below		YES	NO
<sup>1</sup> b. State:	<sup>1</sup> c. License #:	<sup>1</sup> d. If license is not in force, how and when was validity ceased?	
<sup>2</sup> Do you have any applications for Dental or Dental Hygiene Licensure currently pending in any state or foreign country?  • If "YES", list ALL such state or jurisdictions below		YES	NO



**PART IV - APPLICANT RELEASE AND AFFIDAVIT**

**THE FOLLOWING STATEMENT MUST BE COMPLETED:**

**APPLICANT RELEASE AND AFFIDAVIT:**

I, \_\_\_\_\_, state that I am the person referred to in the foregoing Non-Profit Permit application and supporting documentation, that said application and any supporting documentation are true and accurate.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal and foreign) to release to the Florida Department of Health any information, files, or records requested by the agency in connection with the processing of this application. I further authorize the Florida Department of Health to release to any organization, individual or group listed above any information which is material to my application.

I understand that it is my responsibility to supplement my application as needed to reflect any material changes in any circumstance or condition stated in the application which might affect the decision of the department and which takes place between the initial filing of the application and the final granting or denial of the Non-Profit Permit application.

I have carefully read the instructions and questions in the foregoing application and have answered them completely, without reservations of any kind. Should I furnish any false information in this application, or in any supporting documentation, I acknowledge that such an act constitutes cause for denial, disciplinary action, suspension or revocation of the Non-Profit Permit under Chapter 466, Florida Statutes, Chapter 456, Florida Statutes, and Chapter 64B5, Florida Administrative Code, in the State of Florida.

I hereby affirm that I have received, read and understood Chapter 466, Florida Statutes, Chapter 456, Florida Statutes, and Chapter 64B5, Florida Administrative Code, and acknowledge that I must abide by them.

**Signature of applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

