## Indiana

### Initial Licensure Requirements
- CDCA, CITA, CRDTS, SRTA, WREB

### License by Credential: Clinical experience requirements (years and/or hours)
- Actively engaged in clinical patient contact for at least an average of twenty (20) hours per week for two (2) years. A maximum of one (1) year of the two (2) year requirement may have been in postdoctoral training in a program approved by the board.

### Other License by Credential Requirements
- Indiana Code IC 25-14-1-16 Applicant requirements; issuance of license; fee; rules for endorsement; appearance before board
- **Sec. 16.** (a) An applicant under this article must submit to the board proof satisfactory to the board that the applicant has not been convicted of a crime that has a direct bearing on the applicant's ability to practice competently.
- (b) The board may issue a license upon payment of a fee, set by the board under section 13 of this chapter, to an applicant who furnishes proof satisfactory to the board that the applicant is a dentist who:
  1. is licensed in another state or a province of Canada that has licensing requirements substantially equal to those in effect in Indiana on the date of application;
  2. has practiced dentistry for at least two (2) of the three (3) years preceding the date of application;
  3. passes the law examination administered by the board or an entity approved by the board;
  4. has completed the required hours of continuing education in the previous two (2) years; and
  5. meets all other requirements of this chapter.
- (c) The board shall have power to adopt rules under section 13 of this chapter for licensure by endorsement.
- (d) An applicant shall, at the request of the board, make an appearance before the board.

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Indiana Administrative Code 828 IAC 1-3-1.1 Dental licensure by endorsement; credentials
- **Authority:** IC 4-1-8-1; IC 25-14-1-13
- **Affected:** IC 25-14-1-16
- **Sec. 1.1.** (a) Persons seeking licensure to practice dentistry by endorsement shall do the following:
  1. File an application on a form supplied by the board.
  2. Submit the fees required by 828 IAC 0.5-2-3.
- (b) The applicant for a license shall provide the following:
  1. Where the name on any document differs from the applicant's name, one (1) of the following:
     - A notarized or certified copy of a marriage certificate.
     - Legal proof of a name change.
  2. Two (2) recent passport-type photographs of the applicant, taken within eight (8) weeks before filing of the application.
  3. An original transcript of the applicant's dental education, including the following:
(A) The degree or degrees conferred.
(B) The date each degree was conferred.

(4) If the applicant has been convicted of a criminal offense, excluding minor traffic violations, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations, for which the applicant has been convicted. This notarized statement must include the following:
   (A) The offense of which the applicant was convicted.
   (B) The court in which the applicant was convicted.
   (C) The cause number under which the applicant was convicted.
   (D) The penalty imposed by the court.

(5) An applicant who is now, or has been, licensed to practice any health profession in another state or Canadian province must submit verification of license status. This information must be sent by the state or province that issued the license directly to the Indiana board.

(6) The applicant shall submit a self-query form completed by the following:
   (A) The National Practitioner Data Bank (NPDB).
   (B) The Healthcare Integrity and Protection Data Bank (HIPDB) data bank.

(7) The applicant shall submit proof of the following:
   (A) Completion of at least twenty (20) hours of continuing dental education taken in the previous two (2) years. No more than two (2) hours of training in basic life support shall count toward this requirement.
   (B) That the applicant successfully completed the:
      (i) National Board Dental Examination provided by the Joint Commission on Dental Examinations; or
      (ii) National Dental Examining Board of Canada Written Examination provided by the National Dental Examining Board of Canada.

   (C) That the applicant satisfactorily completed a national, regional, state, or provincial clinical licensing examination in any other state or Canadian province having and maintaining a standard of examination for licensure and laws regulating the practice of dentistry within that state or province that is substantially equivalent to the examination and licensing requirements of Indiana.

   (D) That the applicant has been engaged in the active practice of dentistry for not less than two (2) years out of the three (3) years immediately preceding the submission of the application.

(8) The applicant shall submit the following:
   (A) Written statements from at least three (3) practicing dentists verifying the applicant’s active, moral, and ethical practice of dentistry. The statements must:
      (i) be originals; and
      (ii) have been written not more than eight (8) weeks before the submission of the application.
   (B) Proof that the applicant is currently certified in one (1) of the following:
      (i) Basic life support.
      (ii) Advanced cardiac life support.

(9) All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

(c) All applicants must submit the applicant’s United States Social Security number in order to be eligible for licensure.