

**STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063**

APPLICATION FOR DENTURITRY LICENSURE

INSTRUCTIONS

All requested information must be provided and all questions must be answered. Failure to complete the application will result in its return to you. Fees are non-refundable.

Licensure applications must be received in the Bureau of Occupational Licenses 90 days prior to the scheduled examinations. Applications received after that date will be held over for the board's next scheduled exam.

To be eligible for examination, applicants must have completed formal training of not less than two (2) years duration at an educational institution accredited by a national or regional accrediting agency recognized by the Idaho State Board of Higher Education, the curriculum of which includes courses in oral pathology, physiology, head and oral anatomy, clinical microbiology, clinical jurisprudence, asepsis, and first aid for minor office emergencies. Applicants must also have completed at least two (2) years internship under the supervision of a licensed denturist or have equivalent experience as established by board rule prior to filing an application.

Internship Equivalency. A person shall be considered to have the equivalent of 2 years internship under a licensed denturist who has, within the 5 years immediately preceding application, met and verifies either:

- a. Two (2) years internship as a denture lab technician under a licensed dentist; or
- b. Two (2) years in the military as a denture lab technician; or
- c. Three (3) years experience as a denturist under licensure in another state or Canada.

Documentation of internship equivalency, including business name and address, supervisor name and qualifications, dates of experience (both beginning and ending month and year) must be attached.

The Board does not issue licenses by endorsement or reciprocity. All returned checks are subject to a \$20.00 fee.

APPLICATION & EXAMINATION FEE	\$300.00
INITIAL LICENSE FEE	\$300.00

A.D.A. NOTICE

If you have a disability as defined under the Americans with Disabilities Act, and you require special accommodation, please attach a written request for special accommodation that identifies the specific services that are being requested to meet your special needs. A request for special accommodation must be accompanied by current & historical medical documentation identifying your disability and supporting the need for the accommodations being requested.

Questions regarding this application or the requirements for licensure may be addressed to:

**IDAHO BOARD OF DENTURITRY
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
den@ibol.idaho.gov**

