

---

## SECTION 1: GENERAL PRINCIPLES

---

- One standard of competency for dental licensure must be in place in order to provide quality oral health care to the public.
- Provisions for freedom of movement across state lines for all dental professionals should exist to facilitate the provision of quality oral health care to the public.
- Federal licensure and federal intervention in the state dental licensure system are strongly opposed.
- Efforts of unlicensed and unqualified persons to gain a right to serve the public directly in the field of dental practice are strongly opposed.
- Elimination of patients in the clinical licensure examination process is strongly supported to address ethical and psychometric concerns. State dental societies and dental boards are urged to work toward acceptance of valid and reliable clinical assessments that do not require single-encounter performance of procedures on patients.
- The state boards of dentistry in each state, territory or jurisdiction of the United States are the sole licensure and regulating authorities for all dentists and allied dental personnel.
- State dental boards should ensure that all dental board members are free from conflicts of interest for all decision-making and deliberations.
- Unless mandated by statute or state regulation, dental board members should not serve simultaneously as examiners for testing agencies to avoid conflict of interest concerns.
- State dental boards are encouraged to require verification of completion of continuing dental education as a condition for re-registration of dental licenses.
- Dentists identified as deficient through properly constituted peer review mechanisms should undergo assessment and corrective competency-based education, and such provisions should be included in laws, rules, and regulations.

---

## SECTION 2: INITIAL LICENSURE FOR GRADUATES OF CODA-ACCREDITED DENTAL EDUCATION PROGRAMS

---

States are urged to accept the following core of requirements for initial licensure:

1. Education: Completion of a DDS or DMD degree from a university-based dental education program accredited by the Commission on Dental Accreditation.
2. National Board Examination: Successful completion of the Integrated National Board Dental Examination.
3. Clinical Competency: Successful completion of a state-approved clinical competency assessment that is valid and reliable, which may include graduation from a CODA accredited PGY-1 program and/or successful completion of at least one year of a CODA approved specialty residency program.

---

## SECTION 3: LICENSURE FOR INTERNATIONALLY EDUCATED DENTISTS

---

### Initial Licensure for International Graduates of Non-CODA Accredited Dental Education Programs

Internationally educated graduates who did not complete a CODA-accredited dental education program shall possess the following for dental licensure:

1. Education: Completion of a CODA-accredited dental education program, including: a CODA-accredited advanced standing program resulting in a DDS/DMD degree or a CODA-accredited advanced dental education program of at least two years.
2. National Board Examination: Successful completion of the Integrated National Board Dental Examination.
3. Clinical Competency: Successful completion of a state-approved clinical competency assessment that is valid and reliable, which may include graduation from a CODA accredited PGY-1 program and/or successful completion of at least one year of a CODA approved specialty residency program.

### Internationally Educated Dentists Employed as Faculty

States should have specific provisions for licensure of internationally educated dentists who are full- or part-time faculty at an accredited dental education program.

---

## SECTION 4: LICENSURE PORTABILITY

---

### Licensure Compact

A licensure compact should allow freedom of movement for practitioners across state lines. A dental licensure compact increases licensees' mobility, facilitates quality oral health care for the public, supports relocating challenges for federal dental services dentists, spouses of uniformed service members and/or veterans of the federal dental services and their families, and is cost-effective for the practitioner. A licensure compact benefits licensing boards by providing agreement on uniform licensure requirements, a shared data system for access to primary source documentation of applicant credentials and tracking adverse actions. It enhances cooperation and immediate availability of information between state boards, which is critical to protecting the public, while preserving state sovereignty over dental practice.

### Licensure by Credentials

In addition to a licensure compact, states should have provisions for licensing dentists and dental specialists who demonstrate they are currently licensed in good standing and have not been the subject of final or pending disciplinary action in any state, territory or jurisdiction in which they have been licensed without requiring completion of an additional competency assessment. The ADA urges dental boards to adopt a standardized set of credentials that are acceptable for licensure among states.

State dental boards should have credentialing provisions available for limited and/or volunteer licenses for dentists wishing to provide services to underserved populations within a state in which they are not already licensed and for dentist faculty members teaching in programs accredited by the Commission on Dental Accreditation.