No

Wyoming Board of Dental Examiners

2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Onsite Clinical Inspector Application - No Application Fee

1. Legal Name & Personal Information

Last Name	*First Name*	*Middle Initial*

Are you a military service member as defined in W.S. 33-1-116(a)(ii)? ▢ Yes ▢ No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? ▢ Yes ▢ No

2. Contact Information

Business Name		
Business Mailing Address		
City	*State*	*Zip*
Home/Cell Phone	*Business Phone*	

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:

4. Upcoming Inspections

I will be inspecting the office(s) of the following dentists. (If no inspections are scheduled, leave this blank)

Dentist Name

Dentist Name

Dentist Name

5. Practice History	
If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.	
1 Have you ever, or are you now, providing any of the services regulated by W.S. 33-15-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-15-115?	▢ Yes ▢ No
2 Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
3 Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
4 Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed fine or civil penalty, required continuing education, or otherwise disciplined you, your license, or your membership?	▢ Yes ▢ No
5 Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
6 To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
7 Have you ever been arrested?	▢ Yes ▢ No
8 Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
9 Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
10 Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No
11 Have you ever filed a voluntary petition for bankruptcy?	▢ Yes ▢ No
12 Have you ever been suspended from staff membership or denied staff privileges by a hospital?	▢ Yes ▢ No
13 Have your hospital privileges ever been restricted, conditioned, suspended, or revoked?	▢ Yes ▢ No

6. Experience

I hold an active license/permit as a:

- ▢ Deep Sedation / General Anesthesia Permitted Dentist
- ▢ Dental Specialist
- ▢ Dental Anesthesiologist
- ▢ Anesthesiologist*
- ▢ Certified Nurse Anesthetist*

**Attach a verification of your license from your Board's website*

7. Inspection Agreement

I will not inspect offices where I have a conflict of interest with the applicant, including but not limited to financial, personal, or business relationships.	*Initial Here*

8. Inspection Availability

Initial here if you would like to be added to a list of inspectors available to do inspections throughout the state of Wyoming.	*Initial Here*

9. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the Board of Dental Examiners, and W.S. § 33-15-101 through 133. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*