



# BEFORE THE IOWA DENTAL BOARD

**PETITIONER:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PETITION FOR DETERMINATION OF ELIGIBILITY FOR LICENSURE**Case No. \_\_\_\_\_  
(Official Use Only)**COMES NOW** \_\_\_\_\_ and  
(Last Name, First Name, Middle Name)seeks a determination by this Board as to whether the following offenses, for which Petitioner has been convicted by a court of law, disqualify Petitioner for licensure/registration as a \_\_\_\_\_  
(Profession)  
by the Iowa Dental Board.**Petitioner:** Fill in the information below about each conviction for which you are seeking an eligibility determination by the Board. Include additional sheets if necessary. Pursuant to Iowa Administrative Code rule 650—50.3, you must also include with this Petition the following information and documentation for each conviction listed below:

1. The criminal complaint and judgment of conviction for each offense;
2. A personal statement regarding whether each conviction directly relates to the duties and responsibilities of your profession and why the Board should deem Petitioner rehabilitated; and
3. All evidence of rehabilitation that Petitioner wishes the Board to consider, including evidence of the following: mitigating circumstances or social conditions surrounding the commission of the offense, any treatment undertaken, a certificate of employability, letters of reference, and any other relevant evidence of rehabilitation and present fitness to practice.

You must also include with this Petition the payment of a nonrefundable \$25 fee by cash or check payable to Iowa Dental Board.

**Conviction 1:**Case Number: \_\_\_\_\_ Federal or State Crime?  Federal  StateState & County of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 2:**

Case Number: \_\_\_\_\_ Federal or State Crime?  Federal  State

State & County of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 3:**

Case Number: \_\_\_\_\_ Federal or State Crime?  Federal  State

State & County of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 4:**

Case Number: \_\_\_\_\_ Federal or State Crime?  Federal  State

State & County of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

**Conviction 5:**

Case Number: \_\_\_\_\_ Federal or State Crime?  Federal  State

State & County of Conviction: \_\_\_\_\_ Date of Conviction: \_\_\_\_\_  
(MM / DD / YYYY)

Name of offense: \_\_\_\_\_

Sentence: \_\_\_\_\_

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**ATTESTATION:** I swear or affirm under penalty of perjury that this form and the associated documentation provided are true and accurate to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_