

SPECIALTY DESIGNATION

A licensed dentist must comply with the following requirements before being recognized as a specialist in Ohio:

(1) The indicated specialty(s) of dentistry must be those for which there are certifying boards recognized by the American dental association; and

(2) The practice of the licensed dentist seeking specialty recognition must be limited exclusively to the indicated specialty area(s); and

(3) The licensed dentist seeking specialty recognition must have successfully completed a post-doctoral education program for each specialty, which post-doctoral education program, at the time of completion, was accredited or held "preliminary provisional approval" or "accreditation eligible status" by the American dental association commission on dental accreditation; or

(4) The licensed dentist seeking specialty recognition must be a diplomate of the national certifying board of a specialty recognized by the American dental association.

(The requirements listed above shall not apply to otherwise qualified specialists who have announced their specialty or designation prior to August 1, 1974.)

The use of the terms "specialist", "specializes" or "practice limited to" or the terms **"orthodontist"**, **"oral and maxillofacial surgeon"**, **"oral and maxillofacial radiologist"**, **"periodontist"**, **"pediatric dentist"**, **"prosthodontist"**, **"endodontist"**, **"oral pathologist"**, or **"public health dentist"** or other similar terms which imply that the dentist is a specialist may only be used by licensed dentists meeting the above listed requirements.

All licensed dentists who advertise services must comport with rules 4715-13-01 through 4715-13-05 of the Administrative Code.

Rules regarding the advertising of specialty services are specifically set forth in rule 4715-13-05 of the Administrative Code.

Please complete the bottom portion of this form.

Name: _____ License number: _____

Main Practice Address: _____ Phone: _____

Please sign and date below if you understand the laws/rules stated above. And attach a copy of your formal request to declare your specialty in Ohio along with proof of successfully completing a post-doctoral education program.

Signature: _____ **Date:** _____