

REQUIRED DOCUMENTS – DENTISTRY

- Questionnaire for Health Care Professionals.**
 - Please note you must provide an ISRAELI address and cell phone# (can be of friends/family).
- Application Form for taking the dental licensing examinations** (if applicable, attached below).
 - For information about submitting this document, please reach out to medpro@nbn.org.il
 - If you're planning to take your licensing exam PRIOR to making Aliyah, please fill out this document. Once you've completed the document, please download a copy, complete it, and send it to medpro@nbn.org.il
- A copy of your Israeli identification card**
 - including the attachment showing your address, if applicable
 - if you don't yet have an Israeli ID, then include a copy of your current passport
- Final diploma in dentistry from a recognized university**
 - or a confirmation of graduation from the university, completion of all requirements to the university and eligibility for a diploma in the profession that will be awarded at a certain time.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Official transcript including confirmation of start and end dates of study.** If the studies were conducted at more than one institute, provide official confirmations on the chronology of the studies and the courses taken in each institute.
 - To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

If the start and end dates have not been mentioned in your transcript, please have your university email a separate letter with this information directly to hagai.zilberman@moh.gov.il.
- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
 - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.

REQUIRED DOCUMENTS - CONTINUED

- To be sent directly from the medical board of the state in which you are licensed via email to hagai.zilberman@moh.gov.il at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002

Valid dentistry license.

- To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il

Official proof of work history from the appropriate medical institutions, stating the start and end date of employment at each institution.

- To be authenticated OR sent from the issuing body directly to hagai.zilberman@moh.gov.il
- Documentation of legal name change, if relevant.
- This is required if some of your documentation has one set of first/last name, and the rest has your new name.

Documents for exemption from the licensing exam

- A letter from an employer(s) proving 5 years of work experience within the last 7 years, official work permits from the appropriate medical institutions, and indication of the start and end date of work at each institution.
- Proof that your license has been continuously registered with the relevant authorities for the 5 years prior to making the request for exemption.

If you're an independent contractor

- A letter from your accountant on official letterhead and signed with wet ink which includes the following details:
- Dates when work was performed
- Confirmation that you're a dentist (just needs to specifically say the word dentist!)
- Registration number of your practice from the issuing state or province
Your license number

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