

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).
 - 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
- 1 photocopy of an **Israeli ID/ Current Passport** (if you don't have an Israeli ID)
 - Including the address slip and statement of status in Israel (citizen or resident).
- Final diploma (BA/BSC and MA/MS) or an official letter from the university for eligibility for a diploma.**
 - 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.
- 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

REQUIRED DOCUMENTS - CONTINUED

- 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.
 - 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
- 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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