

INFORMATION CONCERNING FORMATION OF A  
PROFESSIONAL LIMITED LIABILITY COMPANY  
FOR THE PRACTICE OF DENTISTRY

1. The attached application to form a P. L. L. C. shall be completed.
2. Only duly licensed dentists shall form or become incorporators for a P. L. L. C. for dentistry.
3. The name of a dental limited liability company shall comply with the rules concerning the practice of dentistry under trade name as follows:

A person shall not practice, or offer or undertake to practice, dentistry under any name other than his or her own true name. This section may not prohibit the practice of dentistry by a partnership under a trade name, or a licensed dentist from practicing dentistry as the employee of a licensed dentist, practicing under his own name or under a trade name, or as the employee of a professional corporation, or as a member, manager, employee, or agent of a professional limited liability company or as the employee of a dental clinic operated as specified.

A dentist, partnership, professional corporation, or professional limited liability company that owns a dental practice may adopt a trade name for that practice so long as the trade name meets the following requirements:

(1) The trade name incorporates one or more of the following: (i) a geographic location, e.g., to include, but not be limited to, a street name, shopping center, neighborhood, city, or county location; (ii) type of practice; or (iii) a derivative of the dentist's name.

(2) Derivatives of American Dental Association approved specialty board certifications may be used to describe the type of practice if one or more dentists in the practice are certified in the specialty or if the specialty name is accompanied by the conspicuous disclosure that services are provided by a general dentist in every advertising medium in which the trade name is used.

(3) The trade name is used in conjunction with either (i) the name of the dentist or (ii) the name of the sole proprietorship, partnership, professional corporation, or professional limited liability company that owns the practice. The owner's name shall be conspicuously displayed along with the trade name used for the practice in all advertisements in any medium.

(4) Marquee signage, web page addresses, and email addresses are not considered to be advertisements and may be limited to the trade name adopted for the practice.

False or misleading trade names may be subject to disciplinary actions by the Board.

4. All applications to form a P. L. L. C. shall have two copies of the Articles of Organization attached, unless filed online with the Secretary of State's Office and one complete copy of that filing will be sufficient.
5. Fee of \$250.00 payable to the West Virginia Board of Dentistry must accompany application.
6. Annually, each P. L. L. C. shall register on a form provided by the West Virginia Board of Dentistry and pay an annual registration fee of \$175.00.
7. The insurance necessary for a professional limited liability company is \$1,000,000.00 for the company (not for each dentist). Proof of insurance is required with the application.

**APPLICATION TO FORM P. L. L. C. FOR THE PRACTICE OF DENTISTRY**

NAME OR NAMES OF DULY LICENSED DENTISTS	WEST VIRGINIA LICENSE NO.	DATE ISSUED
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- (1)
  - (2)
  - (3)
  - (4)
  - (5)

If there are more than five applicants, please use reverse side of application.

The above named applicants hereby certify that they are duly licensed to practice dentistry in the State of West Virginia and desire to form a P. L. L. C. for the practice of dentistry.

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(Above personal signatures of applicants are to be certified by a notary public.)

Taken, subscribed, and sworn to before the undersigned this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires \_\_\_\_\_.

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NOTARY PUBLIC

Two original copies of the Articles of Organization shall be attached to and made a part of this application, unless filed online with the Secretary of State's office and one complete copy of that filing will be sufficient. Further, please enclose a check or money order in the amount of \$250.00 payable to the West Virginia Board of Dentistry, no part of which is refundable. Also enclose the check made payable to the Secretary of State's office unless it has already been paid to the Secretary of State. Please return application and necessary papers to Susan Combs, Executive Director, West Virginia Board of Dentistry, PO Box 1447, Crab Orchard, WV 25827.