Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228
(410) 402-8501

Dentist License Renewal

License Number _____

Notice For Mailing List:
The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 4. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

SECTION I – CHANGE OF NAME AND ADDRESS
Law requires licensees to notify the Board of a name or address change within 60 days.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board.

2006 RENEWAL FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS
Active Dentist: $415 renewal fee and $27 Maryland Health Care Commission assessment fee-**total fee $442**
Inactive Dentist: $150 renewal fee and $27 Maryland Health Care Commission assessment fee-**total fee $177**

Please note that a late fee is due for renewals submitted during the period from July 1, 2006 through July 31, 2006. The late fee is $150 for dentists.

On or after August 1, 2006, all dentists who have not renewed their license must apply for reinstatement if they wish to maintain Maryland licensure. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 10.

SECTION II – GENERAL INFORMATION

A. Social Security Number: ☐☐☐-☐☐-☐☐☐☐
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

C. Work Phone Number: ☐☐☐-☐☐☐-☐☐☐☐

SECTION II – GENERAL INFORMATION (cont'd)

D. E-Mail Address:

E. Requested licensure status:

Check one of the following:

- ❒ Active
- ❒ Inactive
- ❒ Do not renew
- ❒ Retired Volunteer (Please contact the Board's office for a Retired Volunteer Application)

F. Present Maryland licensure status:

❒ Active Inactive

G. Maryland practice:

Since your last renewal have you practiced in the State of Maryland? ❒ Yes ❒ No

H. Licensure in other states:

State	License Number

SECTION III - CHARACTER AND FITNESS:

The following questions pertain to the period starting on July 1, 2004 and ending June 30, 2006.

If you answer "YES" to any question(s) in Section III – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment must have your name in print, signature, and date.

YES	NO	SINCE JULY 1, 2004
❒	❒	a. Has any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity denied your application for licensure, reinstatement or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non judicial punishment? If you are under a Board Order in a state other than Maryland and the Order was effective on or after July 1, 2004, you must enclose a certified copy of the Order with this application.
❒	❒	b. Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, including Maryland, by any licensing or disciplinary board or any federal entity?
❒	❒	c. Has your application for a dentist license been withdrawn for any reason?
❒	❒	d. Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
❒	❒	e. Have you had any denial of application for privileges, failure to renew your privileges or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system?
❒	❒	f. Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?
❒	❒	g. Have you pled guilty, nolo contendere, had a conviction, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled dangerous substances?
❒	❒	h. Are there any criminal charges against you in any court of law, excluding minor traffic violations?
❒	❒	i. Do you have a physical or mental condition that currently impairs your ability to practice dentistry?

❒ ❒ j. Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?

❒ ❒ k. Do you illegally use drugs?

❒ ❒ l. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal entity?

❒ ❒ m. Have you been named as a defendant in a filing or settlement of a malpractice action? **If yes, submit a current copy of your National Practitioner Data Bank report. (You may call 1-800-767-6732 to obtain information.)**

❒ ❒ n. Has your employment been affected or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

SECTION IV - ANESTHESIA
Please answer the following:

YES	NO	
❒	❒	I administer general anesthesia.
❒	❒	I have a permit to administer general anesthesia.
❒	❒	General anesthesia is administered at my facility.
❒	❒	I have a permit for my facility.
❒	❒	I administer parenteral sedation.
❒	❒	I have a permit to administer parenteral sedation.
❒	❒	Parenteral sedation is administered at my facility.
❒	❒	I have a permit for my facility.

SECTION V - SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ❒ Yes ❒ No
If so, please indicate specialty? _____

SECTION VI – WORKERS' COMPENSATION

The Health Occupations Article §1-202 requires that you verify compliance with the Workers' Compensation Law for your renewal to be issued. I hereby certify the following: (a) ❒ I do not practice in Maryland; OR (b) ❒ I do practice, but do not employ anyone in my practice in Maryland; OR (c) ❒ I employ one or more persons in Maryland and have the following Workers' Compensation coverage:

Insurance Company (Workers' Compensation only): _____ Policy Number: _____ Expiration Date: _____

SECTION VII - CONTINUING EDUCATION REQUIREMENTS
Choose one statement that applies to you. If you check e., you must include a written request for an extension with this application. All applicants for renewal of an active license must complete and return the enclosed form listing the names, dates, and credit hours of courses taken during the continuing education period.

❒ a. Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, and maintained my CPR certification during the period from January 1, 2004 through December 31, 2005.

❒ b. New graduate. I received a license within 6 months after graduation from an approved dental school and am not required to fulfill the continuing education requirements of the Board for the first 2-year renewal cycle following initial licensure.

❒ c. Graduate /Resident student. I am currently enrolled in a graduate/specialty program. Please specify program and location.

_____

❒ d. Inactive status. I have or am requesting an inactive dental license and am not subject to the continuing education required until or unless I request reactivation of the license.

❒ e. Continuing education requirement not met. I have not fulfilled the continuing education requirements of the Board and have attached a written request for an extension to satisfy the continuing education requirements. I understand that failure to include a written request for an extension may not meet the qualifications for renewal of my license.

Release and Certification:

Practice of dentistry without an active license is a violation of the Dental Practice Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental licensure in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my dental practice as a licensed dentist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental practice.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Annotated Code of Maryland, Health Occupations §4-315.

_____ _____

Applicant Signature **Date**

STATEMENT OF CONTINUING EDUCATION COURSES COMPLETED FOR 2006 LICENSE RENEWAL
CONTINUING EDUCATION PERIOD: JANUARY 1, 2004 – DECEMBER 31, 2005

Regulations require that licensees complete 30 hours of clinical continuing education per renewal period, including two hours of infection control and maintain CPR Certification in order to renew a license. Up to 15 hours of self-study activity is permitted to meet the 30-hour requirement. Courses on money management, personal finance, personal business matters, including practice management, personal health and recreation, politics, memory training, speed reading, and HIPAA are not considered clinical and may not be applied toward the 30 hours continuing education requirement. For a copy of the Code of Maryland Regulations, Title 22, Continuing Education, contact the Board at 410-402-8501.

	COURSE TITLE OR NAME	CREDIT HOURS EARNED	DATE	NAME OF INSTRUCTOR OR SPONSOR	Check if Self Study
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

Infection Control Course :			
Current CPR Card:	No CE credit		

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2006 RENEWAL INSTRUCTIONS
RENEWAL DEADLINE JUNE 30, 2006

Renewal Instructions:
This is your renewal package for the July 1, 2006 through June 30, 2008 renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application that pertains to your licensure type and return it to our office on or before June 30, 2006. You may renew only if you have completed your continuing education requirements by December 31, 2005 or have requested a six-month extension to complete the requirements by June 30, 2006, as required by regulation. Your signature on the application attests to the successful completion of the required hours by the deadline. Submission of any false statement regarding continuing education may result in formal disciplinary action by the Board.

Your application must be fully completed and signed in order to be processed. **Incomplete forms will be returned and will cause your renewal to be delayed and subject you to a reprocessing fee of $50.** Applications that are not fully completed, signed, and received by the Board before the expiration date will subject you to additional fees and possible disciplinary action. **Practicing without a current active license, registration, or certification is a violation of the Dentistry Act and could result in disciplinary action, including suspension.**

Address: The Board must, by law, have a valid address for you. The address you provide is the "address of record" that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.

Continuing Education: The Board's Continuing Education requirements have changed beginning with the 2006 renewal cycle. A licensee shall complete not less than 30 full hours of continuing education, including at least 2 hours of infection control, during the 2-year period from January 1, 2004 – December 31, 2005. A licensee must also maintain cardiopulmonary resuscitation (CPR) certification from the American Heart Association's Basic Life Support for Healthcare Providers, the American Red Cross Cardiopulmonary Resuscitation for Professional Rescuers, or an equivalent program approved by the Board. The CPR certification does not count toward fulfilling the continuing education requirements.

Beginning with the 2006 renewal cycle, licensees must complete the enclosed Statement of Continuing Education Courses Completed for License Renewal. You need only list the name of the course, the date completed, and the number of credit hours. Do not submit course completion certificates. Licensees selected for a continuing education audit received separate notification. If you received an audit notification letter you need not complete the enclosed Statement of Continuing Education Courses Completed for License Renewal.

Not all courses and programs are accepted by the Board. The course or program must be designed to enhance the licensee's clinical knowledge and ability to treat dental patients and it must be offered by a Board approved sponsor. Only clinically related subject matter that is given by approved sponsors will qualify for continuing education credit. Up to 15 credit hours of clinically related subject matter, including infection control, may be gained through self-study activities during any renewal cycle. Exercise caution when selecting courses for continuing education credit. Board approved sponsors sometimes offer courses that are not clinically related and may claim the course is Board approved though it may not be approved. It is your responsibility to ensure that the course qualifies for continuing education credit. If you have questions about whether a course will meet the continuing education requirements please contact the Board. Please also remember that a licensee must maintain accurate records of continuing education courses or programs for the preceding 5 years, and must make the records available to the Board or its representatives upon request.

FAILURE TO COMPLY WITH CONTINUING EDUCATION REQUIREMENTS BY DECEMBER 31, 2005 OR, IF AN EXTENSION HAS BEEN GRANTED, JUNE 30, 2006 WILL RESULT IN NON-RENEWAL OF THE DENTAL LICENSE.

Continuing education for license renewal is governed by the Code of Maryland Regulations (COMAR) 10.44.22. COMAR regulations are available on the web at www.dsd.state.md.us. Statutes governing the Board are available on the web at www.mlis.state.md.us.

Fees for 2006 Renewal: Please note the current renewal fees on the application form. Please also note that pursuant to Senate Bill 786, each Health Occupation Board is required to collect a user fee for the Maryland Health Care Commission (MHCC). The fee funds the cost of services and information the MHCC provides to consumers and healthcare practitioners. The user fee is $27 biannually and assessed to dentists only. Dental hygienists are not subject to this fee. Please be aware that the Dental Board collects and submits these fees to the MHCC. We do not retain these funds. For more information on the MHCC, please visit their website at www.mhcc.state.md.us.