

REINSTATEMENT APPLICATION

PLEASE READ CAREFULLY

THIS APPLICATION IS ONLY FOR THOSE LICENSEES WHO LAPSE IN 2016 AND MUST BE SUBMITTED BETWEEN MAY 1 AND NOVEMBER 1.

GENERAL INFORMATION

Each applicant for licensure to practice dentistry in the state of New Hampshire must complete all of the information on the attached "Dentist Reinstatement Application for Licensure" form. The Board must have each licensee's social security number on the "Dentist Reinstatement Application for Licensure" form to ensure accurate identification of the applicant's identity. Pursuant to Federal Law 42 U.S.C.A. §666(a)(13) and New Hampshire state law RSA 161-B:11, VI-a the Board may also:

1. Provide the licensee's social security number to the Department of Health and Human Services in conjunction with proceedings or actions to establish paternity or to establish or enforce child support.
2. Provide the licensee's social security number to the National Practitioner Data Bank (NPDB) in the event of final adverse action against the licensee and to inquire of NPDB of any final adverse actions against the licensee in other jurisdictions.

Under current law an applicant's or licensee's social security number is confidential and not subject to the right to know law.

REINSTATEMENT PROCESS AND FEES

For an Active License:

In order to reinstate a lapsed license, you must provide the following to the Board:

1. A reinstatement application form for licensure;
2. A certified check or money order in the amount of \$425 made payable to "TREASURER, STATE OF NEW HAMPSHIRE". If presented in person, payment may be made in cash. This will cover the reinstatement application fee (\$225) and the late fee (\$200);
3. After the reinstatement application is received, the application file will be reviewed by the New Hampshire Board of Dental Examiners. If the file is acceptable to the Board, the applicant will be contacted and given instructions regarding taking the online jurisprudence examination; and
4. Once the applicant has been notified by the Board that the applicant has successfully completed the examination, the applicant must complete the application for registration and license renewal form and provide it to the Board, with a certified check or money order in the amount of \$365 made payable to "TREASURER, STATE OF NEW HAMPSHIRE". If presented in person, payment may be made in cash.

For an Inactive License:

1. A reinstatement application form for licensure;
2. A certified check or money order in the amount of \$75 made payable to the "TREASURER, STATE OF NEW HAMPSHIRE". If presented in person, payment may be made in cash. This will cover the reinstatement fee (\$35) and late fee (\$40); and
3. After the reinstatement application is received, the application file will be reviewed by the New Hampshire Board of Dental Examiners. If the file is acceptable to the Board, the applicant must complete the application for registration and license renewal form and provide it to the Board, with a certified check or money order in the amount of \$145 made payable to "TREASURER, STATE OF NEW HAMPSHIRE". If presented in person, payment may be made in cash.

The biennial license period for dentists commences **MAY 1st** of even-numbered years. Biennial registration requires that registration forms be mailed by the Board before February 15th of even-numbered years. Licensees are required to report a change of business or residential address and phone number within 10 days of any change to the Board. **Written notification to the Board is required.**

JURISPRUDENCE EXAMINATION

After the application and **all** the supporting documents are received, the application file will be reviewed by the New Hampshire Board of Dental Examiners or its representative. If the file is acceptable to the Board, the applicant will be notified that the application is complete and that the jurisprudence examination may be taken. The examination will be based on the information contained in the New Hampshire Dental Practice Act, the New Hampshire Code of Administrative Rules, the American Dental Association Code of Ethics, and the Code of Ethics for Dental Hygienists.

LETTERS OF GOOD STANDING

The following documents shall be filed with the Board: A certified statement from the dental examining board of each state in which the applicant has been licensed as to whether the applicant's license to practice in that state, based on the records of the board, has been subject to disciplinary action, has disciplinary action pending, has been under stayed probation, or is under investigation. This statement must be submitted directly from the dental board of each state in which the applicant has ever had a license (whether active, inactive, or lapsed). This statement shall be updated if more than 4 months old.

FOR OFFICE USE ONLY

PAID \$ _____

CASH, CHECK OR MO# _____

Please check one of the following:

(ACTIVE) (INACTIVE)

**2016 NEW HAMPSHIRE BOARD OF DENTAL EXAMINERS
DENTIST REINSTATEMENT APPLICATION FOR LICENSURE**

Examination/Endorsement application (circle one) to practice dentistry.

False statements, knowingly made by the applicant, shall void any license issued. All questions must be completed or this application will be returned or rejected.

PRINT OR TYPE

1. Name in Full (first, middle, last) _____

2. Date of Birth (month, day, year) _____

3. Place of Birth (city, county, state) _____

4. Social Security Number _____

5. Have you ever been known by any other name? yes _____ no _____ If yes, give other name(s) _____

6. Current residential address: _____

Primary email address (either business or personal): _____

Day Time Telephone: _____

7. Educational background:

College _____ Date of Graduation _____

Degree, if any _____

Dental School(s) _____ Month and Year _____, 19__ to _____, 19__

_____ , 19__ to _____, 19__

I received the degree of _____ on _____ (date)
from _____

8. Post Graduate Dental Program: Type _____

Location _____ Dates _____

Degree or Specialty Training Certificate _____

9. Are you currently certified in BLS-HCP? yes _____ no _____ (Please provide proof.)
By April 1, 2016, applicants shall be certified in basic life support for healthcare providers (BLS-HCP).

10. List all places where you have possessed a license to practice dentistry.

If none, so state: _____

| State and License No. | Issue Date | Active/Inactive | Dates of Practice |
|-----------------------|------------|-----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. Professional Employment History

| <u>Dates</u> | <u>Location</u> | <u>Status (e.g., Military, Residency, Private Practice)</u> |
|---------------------|-----------------|---|
| From _____ to _____ | _____ | _____ |
| From _____ to _____ | _____ | _____ |
| From _____ to _____ | _____ | _____ |
| From _____ to _____ | _____ | _____ |

- 12. Have you ever been convicted of any felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled? yes ___ no ___
- 13. Have you ever been convicted of the illegal practice of dentistry? yes ___ no ___
- 14. Have you ever been denied dental licensure? yes ___ no ___
- 15. Have you ever been or are you currently subjected by a professional licensing body to any investigation (excluding dismissed complaints), sanction, or disciplinary action including but not limited to probation or stayed probation, limitation or restriction, fine, reprimand, or being required to submit to care, counseling, supervision or further education? yes ___ no ___
- 16. Has your license to practice dentistry ever been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, voluntarily or involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state? yes ___ no ___
- 17. Have you ever been or are you currently named as a party in any malpractice or professional liability claim or lawsuit or is there any pending? yes ___ no ___
- 18. Have your hospital privileges been revoked, suspended, restricted, denied, not renewed, or involuntarily relinquished? yes ___ no ___
- 19. a. Have you had a DEA license that has been revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by a state or federal board or agency? yes ___ no ___
 b. Is your DEA license currently involved in an investigation or disciplinary process? yes ___ no ___
- 20. Do you have any physical or mental illness or other condition or addiction to alcohol, narcotics or other mind altering drugs which impairs your ability to practice dentistry? yes ___ no ___

If you have answered yes to any questions #12 through #20, attach a statement explaining the circumstances fully.

21. Do you have a DEA number to prescribe schedule II-IV controlled substances? yes ___ no ___

If yes, provide DEA number: DEA # _____

Have you registered with the New Hampshire PDMP as required in RSA 318-B:33, II and Ph 1503.01 (a)?
yes ___ no ___

CONTINUING EDUCATION

Den 403.04 RENEWAL AND MONITORING.

“A renewal license shall not be issued to an active licensee if the continuing education requirements were not met.”

Anyone who initially licensed between 04/01/2014 and 03/31/2016 does not need to report CEUs. Any CEUs obtained during that period cannot be used for the next registration.

NOTE:

1. Dentists with an active license are required to report 40 CEUs biennially – at least 30 shall be clinical in nature.
2. 10% (4 CEUs) can be used only once for general attendance during the biennium.
3. Basic life support for healthcare providers (BLS-HCP) is considered clinical, limited to 3 CEUs each year and is required with a maximum of 6 CEU’s (Den 403.03 and 403.07(b)).
4. Audio visual is limited to 30% (12 CEUs) of the required total (Den 403.07 (g)). Audio visual programs must include the successful completion of a written examination.
5. 2 CEUs shall be earned in infection control during the biennium.

Please provide and attest by your signature the following information for the period April 1, 2014 – March 31, 2016:

1. I have completed 40 or more CEUs, at least 30 of which were “clinical” in nature (see Den 403.02, Definition of Terms)

Yes _____ No _____

Clinical hrs _____ Non-clinical hrs _____

2. My BLS-HCP training is current. Yes _____ No _____

Signature

The following affidavit must be completed by the applicant after the previous portion is filled out.

STATEMENT BY APPLICANT
(Must be sworn to before a notary public)

I understand that by signing the application I am:

1. Waiving any confidentiality regarding disclosure to the Board from any other jurisdiction about any pending complaints or action being taken against my license to practice dentistry.
2. Giving consent for a criminal background check.

I, _____,
of full age, under the penalties for falsification pursuant to RSA 641:1 through RSA 641:3, state that I am the person referred to in the foregoing application, that I have carefully read the instructions given and questions asked in the application form, and that all statements made therein are true and correct as of this

_____ of _____, 20____.
(day) (month)

Signature of Applicant

ATTACH PHOTOGRAPH

**Photograph must be a passport
Photo no smaller than 2 ½ inches
squared and not more than 6
months old.**

Sworn to before me and subscribed in my presence

on this _____ day of _____, 20____

my commission expires: _____

FOR OFFICE USE ONLY

APPROVED BY _____