

Board of Dental Examiners 7 Eagle Square, Concord, NH 03301-4980 Phone: 603-271-2152

REINSTATEMENT APPLICATION

PLEASE READ CAREFULLY

THIS APPLICATION IS ONLY FOR THOSE LICENSEES WHO LAPSE IN 2022 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:

- 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;
- A certified check or money order made payable to "TREASURER, STATE OF NEW HAMPSHIRE".
 Refer to our fees page for amount (fees are non-refundable): <u>Board of Dental Examiners License</u>
 Fees | NH Office of Professional Licensure and Certification
- NH and Federal background check: go to https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/2022-01/how-to-obtain-cbc.pdf for instructions on obtaining a background check (hyperlinked here: how-to-obtain-cbc.pdf (nh.gov)).

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State of New Hampshire Office of Professional Licensure & Certification

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- 4. 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
- 5. 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 made payable to "TREASURER, STATE OF NEW HAMPSHIRE". Refer to our fees page for amount (fees are non-refundable): Board of Dental Examiners License Fees | NH Office of Professional Licensure and Certification

For an Inactive License:

- 1. A reinstatement application form for licensure;
- A certified check or money order made payable to "TREASURER, STATE OF NEW HAMPSHIRE".
 Refer to our fees page for amount (fees are non-refundable): <u>Board of Dental Examiners License</u>
 Fees | NH Office of Professional Licensure and Certification
- 3. NH and Federal background check: go to https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/2022-01/how-to-obtain-cbc.pdf for instructions on obtaining a background check. (hyperlinked here: how-to-obtain-cbc.pdf (nh.gov)).
- 4. 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 made payable to "TREASURER, STATE OF NEW HAMPSHIRE". Refer to our fees page for amount (fees are non-refundable): Board of Dental Examiners License Fees | NH Office of Professional Licensure and Certification

The biennial license period for dentists commences **MAY 1st** of even-numbered years.

Licensees are required to report a change of business, residential or primary email address and phone number within 30 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



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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.

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Office of Professional Licensure & Certification

Please check one of	the following:
☐ (ACTIVE)	☐ (INACTIVE)

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)
	, 19 to, 19
	I received the degree ofon(date)
	from



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8. Post Graduate Dental Pro	gram: Type			
Location		Dates		
Degree or Specialty Train	ing Certificate			
9. Are you currently certified (Please provide proof.)	d in BLS-HCP, wit	th hands-on component?	? yes no	
10. List all places where you If none, so state:			try.	
State and License No.	Issue Date	Active/Inactive	Dates of Practice	
11. Professional Employmen	t History			
<u>Dates</u>	<u>Location</u>		Status (e.g., Military, Residency, Private Practice)	
Fromto				
From to			- 	
From to				
From to	_			
12. Have you ever been conv drugs which has not been		, misdemeanor, or drivi	ng under the influence of alcohol or yes no	
13. Have you ever been conv	icted of the illegal	practice of dentistry?	yes no	
14. Have you ever been deni	ed dental licensure	?	yes no	
professional licensing bo disciplinary action include	dy to any investiga ling but not limite	tion (excluding dismissed to probation or stayed	or are you currently subjected by any ed complaints), sanction, or probation, limitation or restriction, pervision or further education?	
inc, repriming or being	, required to bubin	ar to care, compening, su	yes no	

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16.	Has your license to practice dentistry ever been revoked, suspended, placed under prol	bation or	staved
	probation, restricted, not renewed, voluntarily or involuntarily relinquished, or otherw		ioned, or
17.	Have you ever been or are you currently named as a party in any malpractice or profe claim or lawsuit or is there any pending?	ssional lia	•
18.	Have your hospital privileges been revoked, suspended, restricted, denied, not renewed relinquished?	l, or invo yes	•
19.	a. Have you had a DEA license that has been revoked, suspended, denied, placed on proof or otherwise sanctioned by a state or federal board or agency?	robation, yes	
	b. Is your DEA license currently involved in an investigation or disciplinary process?	yes	no
	Do you have any physical or mental illness or other condition or addiction to alcohol, nend altering drugs which impairs your ability to practice dentistry?	narcotics yes	
If y full	you have answered yes to any questions #12 through #20, attach a statement explaining t ly.	the circur	nstances
	Do you have a DEA number associated with New Hampshire to prescribe schedule II-lostances? yes no	IV contro	lled
	If yes, provide DEA number: DEA #		
	Will this DEA number be associated with your New Hampshire dental license?	yes	
	CONTINUING EDUCATION		
Dei	n 403.04 <u>RENEWAL AND MONITORING</u> .		
	"A renewal license shall not be issued to an active licensee if the continuing educat were not met."	ion requi	rements
	Anyone who initially licensed between 04/01/2020 and 03/31/2022 does not need to rep CEUs obtained during that period <u>cannot</u> be used for the next registration.	oort CEUs	s. Any
NO	OTE:		
	1. Dentists with an active license are required to report 40 CEUs biennially – at l clinical in nature.	east 30 sh	all be

10% (4 CEUs) can be used only once for general attendance during the biennium.

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- 3. Basic life support for healthcare providers (BLS-HCP) is considered clinical, limited to 3 CEUs per biennium for this biennial renewal (Den 403.03 and 403.07(b)). The BLS-HCP course shall include a hands-on component.
- 4. Audio visual or online is limited to 40% (15 CEUs) of the required total (Den 403.07 (g)). Audio visual or online programs must include the successful completion of a written examination.
- 5. 2 CEUs shall be earned in infection control during the biennium. The infection control course shall include the CDC Infection Prevention and Control Guidelines and Recommendations in its syllabus. An online course is acceptable.

Please provide documentation of CEUs for the two year period preceding the receipt of this application:

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
	(Please provide proof.)



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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.

(day)	of	(month)		
(uay)		(month)		
			Signature of App	olicant
				ATTACH PHOTOGRAPH
				Photograph must be a passport Photo no smaller than 2 ½ inche squared and not more than 6 months old.
Sworn to befo	re me and subs	scribed in my pres	ence	
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