

Readopt with amendment Den 301.01, effective 12-6-17 (Document # 12428), as amended effective 7-15-21 (Document #13232, Emergency), to read as follows;

Den 301.01 Application for Dental Hygienist Licensure.

(a) Each applicant for a license to practice dental hygiene in the state of New Hampshire shall provide the following on the "Dental Hygienist Application for Licensure" form:

- (1) Applicant's name;
- (2) Applicant's date of birth;
- (3) Applicant's place of birth;
- (4) Applicant's social security number, as required by RSA 161-B:11, VI-a;
- (5) Any other name by which the applicant has been known;
- (6) Applicant's current business and residential addresses, telephone numbers, and primary email address either business or personal;
- (7) Applicant's educational background, including the name of the school of dental hygiene attended with date of graduation;
- (8) Whether the applicant has taken and passed the examinations of the:
 - a. Joint Commission on National Dental Examinations; and
 - b. American Board of Dental Examiners (ADEX) dental hygiene examination or other similar U.S. regional or state board including clinical procedure components [~~and~~] or manikin examination [~~for applications submitted since the end of the state of emergency (June 12, 2021)"];~~
- (9) A listing of the following:
 - a. All places where the applicant has possessed a license to practice dental hygiene, including the state and license number, issue date, whether active or inactive and dates of practice; and
 - b. Professional employment history including the names of the employing dentists, the dates and locations;
- (10) Whether the applicant:
 - a. Has been convicted of a felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;
 - b. Has been convicted of illegally practicing dental hygiene;
 - c. Has ever been denied dental hygiene licensure;

d. Currently has or ever has had any professional license subjected by any professional licensing body in any jurisdiction or state to any investigation, sanction, or disciplinary action, including but not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntary or involuntary relinquishment, or required submission to care, counseling, supervision, or further education; or

e. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending;

(11) Whether the applicant has been advised by a health practitioner or mental health practitioner that a physical or mental illness impairs the ability to practice dental hygiene;

(12) Whether the applicant has a physical or mental illness, or other condition, or addiction to alcohol, narcotics or other mind altering drugs which impairs the applicant's ability to practice dental hygiene;

(13) A listing of the dental continuing education courses taken during the last 2 years;

(14) At least 2 signed certifications of good professional character, at least one of which is by a licensed dentist in good standing if the applicant has previous dental employment;

(15) Signed certification of graduation or, if not more than 3 months prior to the date the degree will be conferred, a certification of completion by the dean or registrar of the school of dental hygiene granting the applicant a degree; and

(16) Whether the applicant's basic life support for healthcare providers (BLS-HCP) is current, and if so, provide proof;

(b) An unmounted passport-type photograph of the applicant shall be:

(1) Attached to the form;

(2) Taken not more than 6 months before the date on the application;

(3) No smaller than 2 and 1/2 inches square; and

(4) Impressed or stamped by a portion of the seal of the dental hygiene school from which the applicant graduated.

(c) The form shall be signed by the applicant, notarized, and filed with the [board] **office of professional licensure and certification**. Deceptive or false statements, knowingly made by the applicant, shall result in denial of license. By signing the form, the applicant shall waive any confidentiality regarding disclosure to the board from any other jurisdiction about any pending complaints or action being taken against the applicant's license to practice dental hygiene and consents to a criminal background check.

(d) The form shall be accompanied by the following documents:

(1) A certified check or money order made payable to the “Treasurer, State of New Hampshire” for the application fee specified in Den 301.08~~[-or if presented in person, the payment may be in cash];[-and]~~

(2) Either of the following:

- a. An original or certified copy of the applicant's birth certificate written in English or translated to English; or
- b. A certified copy of the applicant’s valid passport written in English or translated to English~~[-];~~ **and**

(3) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

(e) The following documents shall be filed with the board directly by the issuing agency:

(1) An official copy of the applicant's school of dental hygiene transcript bearing the registrar's original signature and the school's seal;

(2) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations; and

(3) 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,

- a. Has been subject to disciplinary action;
- b. Has disciplinary action pending;
- c. Has been under stayed probation; or
- d. Is under investigation.

(f) The board shall verify directly with the CDCA or similar regional or state board that the applicant has taken and passed the board examination, including a clinical procedure component, within the 3 years immediately prior to submitting the application, and deposits the required credentials with the board. Applicants who have successfully passed other regional boards shall provide verification directly to the board.

(g) Endorsement certification shall be considered for any person holding a current, unsuspended, unrestricted license to practice dental hygiene in another state and who has practiced clinical dental hygiene in one or more states for not less than 3 years immediately prior to submitting the application, and deposits the required credentials with the board.

(h) Applicants for endorsement certification shall have taken and passed the American Board of Dental Examiners (ADEX) dental hygiene examination, or other similar U.S. regional or state board for

dental hygienists examination, including a clinical procedure component, with a passing score on each part of the examination.

(i) The education requirements, specified in RSA 317-A:21 shall apply to all applicants for licensure under this section.

(j) Pursuant to RSA 317-A:8, an applicant shall be a graduate of a dental hygiene school general dentistry program which:

- (1) Is of at least 2 years duration;
- (2) Is accredited by CODA; and
- (3) Awards the minimum degree of Associates in Science with a major in dental hygiene.

(k) When the required materials have been approved by the board, the applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

(l) After passage of the test in (k) above, the board shall issue an active New Hampshire dental hygiene license upon payment of the full registration fee adopted in Den 301.08.

(m) Required materials that are subject to change shall be updated if more than 4 months old at time of completion of application.

(n) After 6 months, the board shall discard the applications of applicants who choose not to complete the application process.

Readopt with amendment Den 301.02, effective 12-6-17 (Document # 12428), as amended effective 7-15-21 (Document #13233, Emergency), to read as follows;

Den 301.02 Application for Dental Licensure.

(a) Each applicant for a license to practice dentistry in the state of New Hampshire shall provide the following on the "Dentist Application for Licensure" form:

- (1) Applicant's name;
- (2) Applicant's date of birth;
- (3) Applicant's place of birth;
- (4) Applicant's social security number, pursuant to RSA 161-B:11, VI-a;
- (5) Any other name by which the applicant has been known;
- (6) Applicant's current residential address, telephone number, and primary email address either business or personal;

- (7) Applicant's educational background, including:
- a. The names of the colleges attended;
 - b. The date of graduation and degree, if any;
 - c. The names of the dental schools attended;
 - d. The dates of attendance and graduations;
 - e. The types of post graduate dental programs completed; and
 - f. The certificates or degrees, if any, including specialty training certificate;
- (8) Whether the applicant has taken and passed the examinations of the:
- a. Joint Commission on National Dental Examinations; and
 - b. American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a clinical periodontal/scaling component ~~and/~~ or manikin examination~~[for applications submitted since the end of the state of emergency (June 12, 2021)]~~;
- (9) A listing of the following:
- a. All places where the applicant has possessed a license to practice dentistry, including the state and license number, issue date, whether active or inactive and dates of practice; and
 - b. Professional employment history including the dates, locations, and status;
- (10) Whether the applicant:
- a. Has been convicted of a felony, misdemeanor, or driving under the influence of alcohol or drugs which has not been annulled;
 - b. Has been convicted of the illegal practice of dentistry;
 - c. Has ever been denied dental licensure;
 - d. Currently has or ever has had any professional license subjected by any professional licensing body in any jurisdiction or state to any investigation, sanction, or disciplinary action, including but not limited to revocation, suspension, probation or stayed probation, limitation or restriction, fine, reprimand, denied renewal, voluntary or involuntary relinquishment, or required submission to care, counseling, supervision, or further education;
 - e. Possessed a dental license that has been revoked, suspended, placed under probation or stayed probation, restricted, not renewed, involuntarily relinquished, or otherwise sanctioned, or is currently under review in any jurisdiction or state;

- f. Has had any physical or mental illness that impairs the ability to practice dentistry;
- g. Has been advised by a health practitioner or mental health practitioner that a physical or mental illness impairs the ability to practice dentistry;
- h. Has investigations or disciplinary actions pending against the applicant's dental license;
- i. Has ever been or is currently named as a party in any malpractice or professional liability claim or lawsuit or has any pending;
- j. Has had hospital privileges revoked, suspended, restricted, denied, not renewed, or involuntarily relinquished; or
- k. Has ever had a DEA license revoked, suspended, denied, placed on probation, restricted or otherwise sanctioned by a state or federal licensing[?] regulatory board or agency, or which is currently involved in an investigation or disciplinary process;

(11) Whether the applicant has an addiction to alcohol, narcotics or other mind altering drugs which impairs the applicant's ability to practice dentistry;

(12) A listing of the dental continuing education courses taken during the last 2 years;

(13) At least 3 signed certifications of good professional character, with at least 2 by licensed dentists in good standing, if the applicant has previous dental employment;

(14) Signed certification of graduation or, if not more than 3 months prior to the date the degree will be conferred, a certification of completion by the dean or registrar of the dental college granting the applicant a degree; and

(15) Whether the applicant's CPR certification is current, and if so, provide proof.

(b) An unmounted passport-type photograph of the applicant shall be:

- (1) Attached to the form;
- (2) Taken not more than 6 months before the date on the application;
- (3) No smaller than 2 and 1/2 inches square; and
- (4) Impressed or stamped by a portion of the seal of the dental school from which the applicant graduated.

(c) The form shall be signed by the applicant, notarized and filed with the [~~board~~] **office of professional licensure and certification**. Deceptive or false statements, knowingly made by the applicant shall result in denial of license. By signing the form, the applicant shall waive any confidentiality regarding disclosure to the board from any other jurisdiction about any pending complaints or action being taken against his or her license to practice dentistry and consents to a criminal background check.

(d) The form shall be accompanied by the following documents:

(1) A certified check or money order made payable to the “Treasurer, State of New Hampshire” for the application fee specified in Den 301.08~~[-or if presented in person, the payment may be in cash];[-and]~~

(2) Either of the following:

- a. An original or certified copy of the applicant's birth certificate written in English or translated to English; or
- b. A certified copy of the applicant’s valid passport written in English or translated to English[-]; **and**

(3) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

(e) The following documents shall be filed with the board directly by the issuing agency:

(1) An official copy of the applicant's dental school transcript and, if applicable, a copy of a specialty training certificate bearing the registrar's original signature and the school's seal or a letter on school letterhead sent directly to the board’s office. An unofficial transcript and a diploma stamped with the dental school seal may be provided until the official transcript is ready;

(2) The applicant's original grade card denoting successful completion of the examination of the Joint Commission on National Dental Examinations; and

(3) 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, as follows:

- a. Has been subject to disciplinary action;
- b. Has disciplinary action pending;
- c. Has been under stayed probation; or
- d. Is under investigation.

(f) The board shall verify directly with the CDCA or other similar U.S. regional or state board that the applicant has taken and passed the board clinical examination for dentists, including a clinical periodontal/scaling component, within the 3 years immediately prior to submitting the application.

(g) Endorsement certification shall be considered for each applicant who holds a current, unsuspended, unrestricted license to practice dentistry who deposits with the board the required credentials if:

(1) The applicant has taken and passed the American Board of Dental Examiners (ADEX) examination, or other similar U.S. regional or state board clinical examination for dentists, including a periodontal/scaling exam; and

(2) Throughout the 3 years immediately prior to submitting the application, the applicant:

- a. Has practiced clinical dentistry in one or more states;
- b. Has been in dental specialty training;
- c. Has been in active military dental service; or
- d. Has been in any combination thereof.

(h) The education requirements specified in RSA 317-A:8 shall apply to all applicants for licensure under this section.

(i) Pursuant to RSA 317-A:8, an applicant shall be a graduate of a dental school general dentistry program which:

- (1) Is of at least 2 years duration;
- (2) Is accredited by the Commission on Dental Accreditation (CODA); and
- (3) Awards the degree of Doctor of Dental Medicine (DMD) or Doctor of Dental Surgery (DDS).

(j) When the required materials have been approved by the board, the applicant shall take a test on the contents of RSA 317-A Dental Practice Act, administrative rules Den 100 through Den 500, the American Dental Association's Principles of Ethics and Code of Professional Conduct, and the American Dental Hygienists' Association Code of Ethics for Dental Hygienists.

(k) After passage of the test in (j) above, the board shall issue an active New Hampshire dental license upon payment of the full registration fee adopted in Den 301.08.

(l) Required materials that are subject to change shall be updated if more than 4 months old at the time of completion of application.

(m) After 6 months, the board shall discard the applications of applicants who choose not to complete the application process.

(n) If an applicant possesses a DEA number to prescribe schedules II-IV controlled substances pursuant to RSA 318-B:33, the applicant for licensure shall register with the New Hampshire Controlled Drug Prescription Health and Safety Program (PDMP), pursuant to RSA 318-B:33, II and Ph 1503.01 (a). If the applicant possesses a DEA number, the applicant shall provide it to the board. Failure to register within 90 days of the initial issuance of a license shall constitute professional misconduct within the meaning of RSA 317-A:17, II and shall be grounds for disciplinary action. A licensee shall not engage in the prescribing or dispensing of controlled substances in schedules II-IV without having registered with the New Hampshire PDMP.

Readopt with amendment Den 301.06, effective 10-7-14 (Document # 10689), to read as follows;

Den 301.06 License Activation. Pursuant to RSA 317-A:16, any dentist or dental hygienist holding an inactive license shall be restored to active status by the board upon:

- (a) Filing a written request with the board;
- (b) Furnishing evidence of continuing professional character and competence as follows:
 - (1) Having a letter of good standing sent directly to the New Hampshire dental board from any dental board where the applicant has practiced; and
 - (2) If the applicant has not been practicing for:
 - a. Three years or less, submitting evidence of current continuing education equivalent to 20 hours per year for dentists and 10 hours per year for dental hygienists;
 - b. More than 3 years but less than 5 years, submitting evidence of current continuing education and completion of a refresher course approved by the board; and
 - c. Five years or more, the applicant shall pass the entire American Board of Dental Examiners (ADEX) examination, including a periodontal/scaling exam, within 6 months prior to license activation; and
- (c) Payment of the full registration fee adopted in Den 301.08.

(d) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

Readopt with amendment Den 301.08, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.08 Board Fees. The board of dental examiners shall establish the following fees cited in Table 3.1.1 below:

Table 3.1.1 Fees

Type of Fee	Fee
<u>Dentist</u>	
Application and examination fee for dental license	\$200.00
Active dental registration fee	365.00
Inactive dental registration fee	145.00
Reinstatement fee for lapsed active dental license	225.00
Reinstatement fee for lapsed inactive dental license	35.00
[Late biennial registration fee – active dental license	200.00
Late biennial registration fee – inactive dental license	-40.00]

Application to administer general anesthesia and sedation, per dentist and per location	35.00
<u>Dental Hygienist</u>	
Application and examination fee for dental hygienist license	100.00
Active dental hygienist registration fee	165.00
Inactive dental hygienist registration fee	65.00
Reinstatement fee for lapsed active dental hygienist license	100.00
Reinstatement fee for lapsed inactive dental hygienist license	35.00
[Late biennial registration fee – active dental hygienist license	100.00
Late biennial registration fee – inactive dental hygienist license	–40.00]
Application for dental hygienist to administer local anesthesia	25.00
Application for dental hygienist to administer nitrous oxide	25.00
<u>Certified Public Health Dental Hygienist (CPHDH)</u>	
Application for CPHDH certificate	25.00
Biennial certificate renewal fee for CPHDH	25.00
[Late renewal fee for CPHDH	25.00]
Reinstatement fee for lapsed CPHDH certification	25.00
<u>Expanded Function Dental Auxiliary (EFDA)</u>	
Application and certificate for EFDA	25.00
<u>Other</u>	
[Duplicate license certificate (dentists and dental hygienists)	25.00
Duplicate registration (wall) certificate (dentists and dental hygienists)	25.00
Letter of good standing	25.00
List of dentists or dental hygienists	50.00
Other copying per page	0.25]

Readopt with amendment Den 301.12, effective 12-6-17 (Document # 12428), to read as follows;

Den 301.12 Reinstatement of Lapsed Licenses.

(a) When a license has lapsed as a result of failure of the applicant to submit a completed renewal application, the applicant shall, no later than November 1 of the year the license lapsed, print or type on the reinstatement form the following:

(1) Den For dental hygienist reinstatement, the information required for initial dental hygienist licensure, pursuant to Den 301.01 (a)(1) - (7), (9) - (12), and (16), Den 301.01 (b), (c), (d), and documentation showing that the applicant has completed 20 CEUs for the biennium; and

(2) For dentist reinstatement, the information required by initial dentist licensure, pursuant to Den 301.02 (a)(1) - (7), (9) - (11), (15), Den 301.02 (b), (c), (d), (o), and documentation showing that the applicant has completed 40 CEUs for the biennium[-];

(b) The applicant shall submit a registration fee, reinstatement fee and late fee with the reinstatement application, as set forth in Den 301.08[-];

(c) If reinstating to active status, the applicant shall retake the NH dental jurisprudence examination[-]; **and**

(d) A completed criminal history records check form and fingerprint card, seeking both a New Hampshire and a federal records check, in accordance with the procedure and payment requirements specified by the NH department of safety at Saf-C 5700, and if the federal criminal history records check shows the existence of a criminal record in another state, the applicant shall obtain a detailed criminal record check directly from that state and provide it to the board.

APPENDIX I

RULE	STATUTE
Den 301.01	RSA 317-A:12, III; RSA 541-A:16, I(b) intro.
Den 301.01 (k)	RSA 317-A:12 III, and IV
Den 301.01 (i)	RSA 317-A:12, III and IV
Den 301.02	RSA 317-A:12, III; RSA 541-A:16, I(b) intro.
Den 301.02 (h) (1)	RSA 317-A:12, III and IV
Den 301.02 (o)	RSA 318-B:33, II
Den 301.06	RSA 317-A:12, III; RSA 317-A:12, XIV; RSA 317-A:16
Den 301.08	RSA 317-A:12, III; RSA 317-A:12, XIV; RSA 541-A:16, I(b) intro.
Den 301.12	RSA 317-A:15-a