



State of New Hampshire
Office of Professional Licensure & Certification

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:

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 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](#)
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 \(nh.gov\)](#)).



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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;
2. 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](#)
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.

FOR OFFICE USE ONLY
 PAID \$ _____
 CHECK OR MO# _____



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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)	Month and Year
_____	_____, 19__ to _____, 19__
_____	_____, 19__ to _____, 19__

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



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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.

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: _____



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APPROVED BY _____