

# STATE OF IDAHO



## BOARD OF DENTISTRY

### INSTRUCTIONS FOR COMPLETING LICENSE RENEWAL FORMS AND METHODS OF PAYMENT

Renewal of your license is not complete until required forms and payment are received and processed by the Board of Dentistry. Please expect 3-5 business days for processing.

### LICENSE RENEWAL APPLICATION CHECKLIST

- License Renewal Application Form – completed and signed
- Continuing Education Record (active status only)
- Extended Access Continuing Education Record  
(active extended access and extended access with restorative endorsements only)
- Background Information form – completed and signed
- Payment of Renewal Fee - acceptable forms of payment submitted by mail include personal or business check, money order, or cashier's check.

**All forms and fees MUST be received or postmarked by April 1, 2017. Incomplete applications or insufficient fees will result in your renewal application being rejected.**



Idaho State Board of Dentistry  
 PO Box 83720 Boise, ID 83720-0021  
 Telephone: (208) 334-2369

<u>License Number</u>
<u>Current License Status</u>

## Biennial Dental Hygiene License Renewal

April 1, 2017 to March 31, 2019

Name/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide an email address for future notification of license renewal as well as other general Board correspondence.

Email Address \_\_\_\_\_

Your license to practice as a Dental Hygienist in the State of Idaho expires on March 31, 2017. To renew your license for the period from April 1, 2017 through March 31, 2019, submit a completed application, any other required forms as stated in this application along with a check or money order payable to the Idaho Board of Dentistry. Application and payment must be physically received by the Board of Dentistry on or before April 1, 2017 or received by mail postmarked by the U.S. Postal Service on or before April 1, 2017. Incomplete applications or insufficient fees will result in your renewal application being rejected. License renewal instructions and information is included on page 2 of this packet.

**#1. License Status and Fee:** Please check the appropriate box to indicate the status of the license to be renewed and the amount of the applicable renewal fee. Check the appropriate box and include payment of the late fee if applicable. **Any licensee serving in the armed forces of the United States is exempt from the payment of license fees during the period of active duty (must complete number 2 of the application).**

- Active status ..... \$175 (Complete numbers 3,4,5,7 below )
- Inactive status ..... \$ 85 (Complete numbers 5,7 below)
- Volunteer's status ..... \$ 0 (Complete numbers 4,5,7 below)
- Extended access dental hygiene endorsement ..... \$ 0 (Complete active status requirements plus number 3B)
- Extended access dental hygiene restorative endorsement \$ 0 (Complete active status requirements plus number 3B)
- Late renewal application fee ..... \$ 50 (See late fee information on next page)
- Voluntary Termination of License ..... \$ 0 (Sign number 6 below)
- Retirement status ..... \$ 10 (Sign number 7 below)

**#2. Declaration of Military Service:** I hereby declare that I am currently serving on active duty in the armed forces of the United States.

Name \_\_\_\_\_ Branch of Military Service \_\_\_\_\_

**#3. Continuing Education: Number 3A:** In order to renew an active status dental hygienist license, twenty-four (24) continuing education credit hours completed during the renewal period must be reported. One (1) hour of credit may be reported for each two (2) hours of volunteer practice up to a maximum of ten (10) credits. List continuing education credits completed on **Number 3A** of the enclosed form entitled "Dental Hygienist – Continuing Education Record". Active status renewal applications received without the Continuing Education Record form will be rejected. **Number 3B:** In order to renew an extended access dental hygiene license endorsement, an additional four (4) continuing education hours completed during the renewal period must be reported. List continuing education credits completed on **Number 3B** of the enclosed Continuing Education Record form.

**#4. CPR Certification:** I affirm that my cardiopulmonary resuscitation (CPR) certification is current. The expiration date of my current CPR certification is: \_\_\_\_\_

**#5. Background Information:** The enclosed form entitled "Background Information" must be completed and submitted with the renewal application. Renewal applications received without the Background Information form will be rejected.

**#6. Voluntary Termination of License:** I no longer intend to maintain my dental hygienist license and hereby voluntarily terminate my license. I understand that if I terminate my license, I will no longer be authorized to practice as a dental hygienist in Idaho.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**#7. Signature of Licensee:** I certify that the information reported on this renewal application is true and correct and I understand that if my application is incomplete, my license will not be renewed and my application and fee will be returned to me.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LICENSE RENEWAL INSTRUCTIONS AND INFORMATION

1. Your completed renewal application, applicable forms and renewal fee must be received or postmarked on or before April 1, 2017.
2. Applications are incomplete unless all required information including signatures is received or postmarked on or before April 1, 2017.
3. Applications are incomplete when checks are not honored by your bank. Pursuant to Idaho Code 54-920 there will be a \$50 administrative fee on all checks returned unpaid by the bank.
4. A late fee in the amount of \$50 will be imposed if the completed renewal application and license renewal fee is not received by April 1, 2017 but is received within the thirty (30) day grace period. The Board of Dentistry will accept renewal applications and license renewal fees during the aforementioned thirty (30) day grace period so long as the late fee is also paid. A failure to pay the required license fee when due shall result in the termination of the licensee's right to practice.
5. Checks should be made payable to the Idaho Board of Dentistry and mailed to P.O. Box 83720, Boise, ID 83720-0021. Express delivery should be addressed to 350 N. 9<sup>TH</sup> St., Suite M100, Boise, ID 83702.

### LICENSE STATUS

**Active Status:** The Board may issue a license with active status to any person who is an active practitioner of dentistry or dental hygiene in the state of Idaho or who signifies to the Board, in writing, that upon issuance he/she intends to be an active practitioner in this state within two (2) years from date of licensure [I.C. 54-920]. **EXCEPTIONS:** A practitioner may also qualify for active licensure if he/she absences his/her practice by reason of illness or vacation not exceeding two (2) years, or serves in the Dental Department of the Armed Forces or Public Health Service of the United States, or is taking a Board approved post-graduate educational courses, either within or without the State of Idaho [I.C. 54-920].

**Inactive Status:** This license is issued to practitioners who practice in a state other than Idaho. A license with inactive status does not entitle a dentist or dental hygienist to practice in the State of Idaho.

**Retirement Status:** This license does not permit the holder to practice in Idaho, but does assure communication from the Idaho State Board of Dentistry. There is no conversion from retirement status to active or any other license status other than filing an application for licensure as required of a first time applicant.

**Volunteer's Status:** The Board may issue a volunteer's license to a dentist or dental hygienist who is retired from the active practice of dentistry or dental hygiene to enable the retired dentist or dental hygienist to provide dental or dental hygiene services at specified locations to persons who, due to age, infirmity, handicap, indigence or disability, are unable to receive regular dental treatment.

### CONVERTING THE STATUS OF A LICENSE

**Active to Inactive:** A practitioner who is considering conversion from active status to inactive status should be aware of the requirements to return to active practice. These requirements are listed below. Before converting from active to inactive status, a practitioner should consider whether he or she qualified to maintain an active license under the exceptions as listed in I.C. 54-920 as specified above. For example, a practitioner considering retirement may wish to remain active and absent his practice for two years by reason of "vacation" rather than convert to inactive as he would not be able to meet the proof of active practice requirement if he sought conversion back to active status. On the other hand, for a practitioner who is leaving Idaho to practice in another state it would be appropriate to convert to inactive status as he could meet the "proof of active practice" requirement if he returns to Idaho.

**Inactive to Active:** A practitioner who holds an inactive license can apply for conversion from inactive to active status at any time. Before active status can be granted, however, the following requirements must be met: 1) payment of the license fee for active status (may be subject to adjustment as determined by the Board of Dentistry); 2) certification of licensure in good standing from the state dental board of the state in which licensee has been actively practicing; and 3) evidence of one thousand (1,000) hours of clinical practice of dentistry or dental hygiene during the previous two (2) years or full-time employment as a dental or dental hygiene instructor. Persons unable to otherwise fully meet the requirements for conversion to active status may convert their license upon Board approval. [I.C. 54-920]

**Retirement to Active:** There is no conversion from retirement status to active, inactive, provisional or special status other than filing an application as a first time applicant. [I.C. 54-920]



**Number 3A:**

**IDAHO BOARD OF DENTISTRY  
Dental Hygienist – Continuing Education Record**

Applicants for renewal of an active status dental hygienist license shall file with the renewal application this signed statement of the continuing education (CE) for which you claim credit. Responsibility for documenting attendance and acceptability of the program rests with the applicant. **Do not send any supporting documentation with this form. Supporting documentation must be retained by the applicant.**

**YOUR NAME:** \_\_\_\_\_

**LICENSE NUMBER:** \_\_\_\_\_

Twenty-four (24) continuing education credits are required for renewal of an active status license unless otherwise designated below. Continuing education requirements for new licensees are as follows:

Date of Initial Licensure	# of CEs required by 4/1/2017 Renewal Date
4/1/2015 through 6/30/2015	24
7/1/2015 through 9/30/2015	21
10/1/2015 through 12/31/2015	18
1/1/2016 through 3/31/2016	15
4/1/2016 through 6/30/2016	12
7/1/2016 through 9/30/2016	9
10/1/2016 through 12/31/2016	6
1/1/2017 through 3/31/2017	3

Itemize the continuing education courses you have taken over the past two years, April 1, 2015 through March 31, 2017. If additional space is needed please include information on a separate sheet and add the number of hours to the total hours reported on this form.

Course Name	Sponsoring Organization	Location	Dates Attended	Total Number of Hours Earned
<i>Total hours this page</i>				



**Number 3B:**

**IDAHO BOARD OF DENTISTRY  
Dental Hygienist Extended Access License Endorsement  
Continuing Education Record**

The Administrative Rules of the Idaho Board of Dentistry established the continuing education reporting requirement to renew an extended access dental hygiene license endorsement (there is no fee for renewal). The continuing education reporting requirement for renewal of an extended access license endorsement is in addition to the continuing education reporting requirement for renewal of a dental hygiene license (do not report the same continuing education on your dental hygienist's continuing education record and this continuing education record). The deadline to renew an extended access dental hygiene license endorsement is April 1, 2017. **Do not send any supporting documentation with this form. Supporting documentation must be retained by the applicant.**

Reporting Requirement: All continuing education reported must be in the specific practice areas of medical emergencies, local anesthesia, oral pathology, care and treatment of geriatric, medically compromised or disabled patients and treatment of children. Based upon the date of issuance, the continuing education reporting requirement to renew an extended access dental hygiene license endorsement is as follows:

Endorsements issued prior to April 1, 2015 must report four (4) credit hours. Endorsements issued subsequent to April 1, 2015 are prorated as follows:

<b>Date of Issuance</b>	<b># of CEs required by 4/1/2017 Renewal Date</b>
04/01/2015 through 03/31/2016	3
04/01/2016 through 03/31/2017	2

Itemize the continuing education courses you have taken.

<b>Course Name</b>	<b>Sponsoring Organization</b>	<b>Location</b>	<b>Dates Attended</b>	<b>Total Number of Hours Earned</b>
<i>Total Hours Reported =</i>				



# IDAHO BOARD OF DENTISTRY

## **Number 5: LICENSE RENEWAL–REQUIRED BACKGROUND INFORMATION**

**Important! The following information is required in order to renew your active, inactive, or volunteer’s status dentist/dental hygienist license. Please answer each question and return this form along with your renewal application. Read the following definitions before completing the questions.**

**“Ability to practice dentistry/dental hygiene safely and competently”** means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;
2. The ability to communicate clinical judgments and information to patients and other health care providers;
3. The capability to perform clinical tasks such as dental/dental hygiene examinations and dental/dental hygiene procedures.

**“Medical condition”** means any physiological or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

**“Drugs or chemical substances”** means alcohol, controlled substances, prescription drugs, illegal drugs, over-the-counter medications, nitrous oxide, petroleum products, adhesive products and other chemical substances taken for mood alteration.

**“Improper use of drugs or other chemical substances”** means ANY of the following:

1. The use of any controlled substance and/or prescription drug in an addictive manner and/or for any purpose and to any extent other than as directed by a licensed health care practitioner;
2. The use of any over-the-counter medication in an addictive manner and/or in a manner prohibited by law;
3. The use of alcohol in an addictive manner and/or to the extent that the use of alcohol impairs a person’s ability to safely and competently practice as a dentist/dental hygienist;
4. The manufacture, possession, distribution or use of any drug, medication or chemical substance in a manner prohibited by law.

In answering each of the following questions, please check the appropriate box next to each question. **FOR EACH “YES” ANSWER TO ANY OF THE FOLLOWING QUESTIONS, YOU MUST PROVIDE A SEPARATE, SIGNED STATEMENT PROVIDING A COMPLETE EXPLANATION OF THE EVENT OR CIRCUMSTANCE, INCLUDING DATE(S), LOCATION(S), ORGANIZATION(S) OR PARTIES INVOLVED, AND SPECIFIC OUTCOMES OR RESULTS.**

- | <b>YES</b>               | <b>NO</b>                |                                                                                                                                                                                                                                  |
|--------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I understand the following questions relate only to the period of time from <b>April 1, 2015 to the present</b> .                                                                                                             |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Have you had or do you currently have a medical condition that in any way impairs or limits your ability to currently practice dentistry/dental hygiene safely and competently?                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you used or do you currently use alcohol, drugs, or other chemical substances in a manner that would in any way impair or limit your ability to safely and competently practice dentistry/dental hygiene?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you been arrested, cited, indicted, charged with, convicted or found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you received a withheld judgment or suspended sentence for any felony or misdemeanor in a criminal proceeding?                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any felony or misdemeanor criminal charges currently pending against you in any jurisdiction?                                                                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you been denied a license to practice dentistry/dental hygiene or any other profession or occupation?                                                                                                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you voluntarily surrendered a license to practice dentistry/dental hygiene and/or have you ever agreed to voluntarily restrict or limit your practice of dentistry/dental hygiene?                                       |

**YES**    **NO**

- 8a. If you answered "YES" to the previous question, was a disciplinary action pending against you, were you under investigation by a licensing agency at that time or did you surrender or agree to restrict or limit your practice of dentistry/dental hygiene in lieu of disciplinary action being taken against you? N/A
  
- 9. Have you been the subject of any proceeding by a licensing authority which either sought or resulted in censure, reprimand, probation, suspension, surrender, revocation, fine or other discipline/penalty in connection with any dental/dental hygiene or other professional license you held?
  
- 10. Are any professional liability or malpractice claims or complaints currently in process/pending against you?
  
- 11. Have any settlement agreements been entered into or any judgments entered against you resulting from your practice of dentistry/dental hygiene?
  
- 12. Have any judgments or settlements been paid on your behalf as a result of a professional liability or malpractice case(s)?
  
- 13. Are charges or an investigation currently pending in connection with your dental/dental hygiene license in any other state?

I affirm that my answers and all statements made by me on this renewal application and accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also declare that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application. I understand that if my application is incomplete, my license will not be renewed and my license renewal fee will be returned to me.

*Signature*

*Date*