

**Maryland State Board of Dental Examiners**  
**Spring Grove Hospital Center, Benjamin Rush Building**  
**55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228 • (410) 402-8501**

**APPLICATION FOR RENEWAL OF DENTAL RADIATION TECHNOLOGIST CERTIFICATE**

**RENEWAL PERIOD: January 2, 2024 through March 1, 2024**

Authority: Md. Code Ann., Health Occ. Article, § 4-505 and Code of Maryland Regulations (COMAR) 10.44.19.

Please carefully read and complete each section of the renewal application, detach the application portion, and return it to our office on or before March 1, 2024.

The Board **may not** process a renewal certification application until each provision or requirement is met and each document is received. Please ensure that your application is complete before it is submitted. All renewal applications **must** be received by **March 1, 2024** to avoid any additional fees and possible disciplinary action.

**Practicing without a current active certification issued by this Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.**

**Requirements for Renewal:** Please select a or b.

- a) I have actively practiced dental radiation technology for at least 600 hours within the 6 years preceding **March 1, 2024**. In addition, I have completed a 2-hour Board-approved course on Infection Control for this renewal;

**OR**

- b) I have not actively practiced dental radiation technology for at least 600 hours within the 6 years preceding **March 1, 2024**. I have completed within the 1-year period preceding the renewal, 8 classroom hours of dental continuing education, 4 hours of which must be in radiation safety. In addition, I have completed a 2-hour Board-approved course on infection control, which I took in a classroom or on-line.

**Failure to Renew:** Applications received on or after **April 1, 2024** will not be accepted for renewal. An individual holding an expired certification to practice dental radiation technology may apply for reinstatement if the individual:

- 1) Completes a dental radiation technology reinstatement application; and
- 2) Pays to the Board a certification reinstatement fee of \$118.00; and
- 3) Provides proof of completion within the 1-year period preceding reinstatement of 8 classroom hours of dental continuing education from Board-approved courses, 4 hours of which are on the subject of radiation safety. In addition, you must complete a 2-hour Board-approved course on infection control, which you may take in a classroom or on-line.

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

**Maryland State Board of Dental Examiners**  
**Spring Grove Hospital Center, Benjamin Rush Building**  
**55 Wade Avenue/Tulip, Drive Catonsville, MD 21228**

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**APPLICATION FOR 2024 RENEWAL DENTAL RADIATION TECHNOLOGIST CERTIFICATE**

Authority: Md. Code Ann., Health Occ. Article, § 4-505 and Code of Maryland Regulations (COMAR) 10.44.19.

All 2024 renewal dental radiation technologists applications received on or after April 1, 2024, must apply for reinstatement if they wish to obtain Maryland certification. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 19.

Please print clearly. The Dental Radiation Technologist Renewal Fee is \$68.00 payable to MARYLAND STATE BOARD OF DENTAL EXAMINERS. \*\*\*Late Fee: \$50.00 for renewals submitted between **March 1, 2024 - April 1, 2024**. Check and money orders accepted only. **NO CASH**.

Requested Certification Status: ☐ **ACTIVE RENEWAL** ☐ **NOT ACTIVE**

NAME: \_\_\_\_\_ Certificate #: \_\_\_\_\_ Expiration: \_\_\_\_\_  
First Middle Initial Last

**Non-Public Address:** The non-public (home) address will be the location to which the Board directs all correspondence. This address is confidential. Do not use your practice address. (Do not use a P.O. Box). If you change your address immediately notify the Board in writing.

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**Public Address:** The public address (business) address is your address of record, available to the public, and may be posted on the Board's website.

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**Non-Public Telephone Number:** The non-public telephone number is typically your home or cell number. It is confidential.

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**Public Telephone Number:** Your public telephone number (business) will be available to the public. and may be posted on the Board's website.

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**Non-Public Email Address:** The non-public e-mail address may be used by the Board and is confidential.

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**Public Email Address:** The public e-mail address (business) is your address of record, available to the public, and may be posted on the Board's website.

**SOCIAL SECURITY NO or INDIVIDUAL TAX IDENTIFICATION NO:** \_\_\_\_\_

If you do not have a social security number or a tax identification number, please contact the Board for further instructions.

**BIRTHDATE:** \_\_\_\_\_

**GENDER IDENTIFICATION:** \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ PREFER NOT TO ANSWER

**RACE:**

Are you of Hispanic or Latino Origin? \_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ PREFER NOT TO ANSWER

(Please circle all applicable; for statistical purposes only)

1 – White 2 – Black or African American 3 – American Indian or Alaska Native 4 – Asian 5 – Native Hawaiian or other Pacific Islander 6 – Other \_\_\_\_\_

**MARYLAND PRACTICE:**

Since your last renewal have you practiced Dental Radiation Technology in the State of Maryland? YES ☐ NO ☐

**LICENSURE IN OTHER STATES:**

List other states or jurisdiction in which you hold a dental radiation technologist certification or license. Include certification/license number(s). N/A ☐

STATE	LICENSE/CERTIFICATE NO.	EXPIRATION
STATE	LICENSE/CERTIFICATE NO.	EXPIRATION
STATE	LICENSE/CERTIFICATE NO.	EXPIRATION

**CHARACTER AND FITNESS QUESTIONS**

FOR THE FOLLOWING, CHECK "YES" OR "NO" IN THE BOX NEXT TO EACH QUESTION. IF YOU ANSWER "YES" TO ANY QUESTION(S), ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ON A SEPARATE PAGE WITH COMPLETE EXPLANATION. ALL ATTACHMENTS MUST HAVE YOUR NAME IN PRINT, SIGNATURE, AND DATE.

**YES NO**

- ☐ ☐ a) Has any licensing or disciplinary board of any jurisdiction, **including** Maryland, or any federal entity denied your application for certification, reinstatement, or renewal, or taken any action against your license, including but not limited to reprimand, suspension, revocation, a fine, or non-judicial punishment? If you are under a Board Order or were ever under a Board Order in a state other than Maryland, you must enclose a certified legible copy of the entire Order with this application.
- ☐ ☐ b) Have any investigations or charges been brought against you or are any currently pending in any jurisdiction, **including** Maryland, by any licensing or disciplinary board or any federal or state entity?
- ☐ ☐ c) Has your application for a dental radiation technology certification in any jurisdiction been withdrawn for any reason?

- ☐ ☐ **d)** Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
- ☐ ☐ **e)** Have you had any denial of an application for privileges, been denied for failure to renew your privileges, or limitation, restriction, suspension, revocation, or loss of privileges in a hospital, related health care facility, or alternative health care system?
- ☐ ☐ **f)** Have you pled guilty, nolo contendere, had a conviction or receipt of probation before judgment or other diversionary disposition of any criminal act, excluding minor traffic violations?
- ☐ ☐ **g)** Have you pled guilty, nolo contendere, or receipt of probation before judgment or other diversionary disposition for an alcohol or controlled dangerous substance offense, including but not limited to driving while under the influence of alcohol or controlled substances?
- ☐ ☐ **h)** Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?
- ☐ ☐ **i)** Do you have a physical condition that would impair your ability to practice dental radiation technology?
- ☐ ☐ **j)** Do you have a mental health condition that would impair your ability to practice dental radiation technology?
- ☐ ☐ **k)** Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dental radiation technology?
- ☐ ☐ **l)** Have you illegally used drugs?
- ☐ ☐ **m)** Have you surrendered or allowed a license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, **including** Maryland, or any federal, state entity?
- ☐ ☐ **n)** Have you been named as a defendant in a filing or settlement of a malpractice action?
- ☐ ☐ **o)** Has your employment been affected, or have you voluntarily resigned from any employment, in any setting, or have you been terminated or suspended, from any hospital, related health care or other institution, or any federal entity for any disciplinary reasons or while under investigation for disciplinary reasons?

### **REQUIREMENTS FOR RENEWAL**

- ☐ **Active Practice Requirement.** I have actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2024. In addition, I have completed a 2-hour Board -approved course on Infection Control for this renewal.

**OR**

- ☐ **Not Actively Practiced Requirement.** I have not actively practiced dental radiation technology for at least 600 hours within the 1-year preceding March 1, 2024. I have completed within the 1-year period preceding the renewal, 8 classroom hours of dental continuing education, 4 hours of which must be in radiation safety. In addition, I have completed a 2-hour Board-approved course on infection control, which I took in a classroom or online. **(NO 1-hour certificates accepted.)**

- ☐ **Infection Control Requirements.** (Submit a copy of certificate)

FULL NAME OF COURSE: \_\_\_\_\_

FULL NAME OF INSTRUCTOR: \_\_\_\_\_

CREDIT HOURS EARNED: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

**COMPLETION OF IMPLICIT BIAS TRAINING PROGRAM:**

Senate Bill 5 and House Bill 28 passed by the Maryland General Assembly in 2021 requires all applicants for renewal of health occupations boards' licenses and certificates in Maryland to complete an Implicit Bias Training Program approved by the Cultural and Linguistic Health Care Competency Program of the Maryland Department of Health. You must attest that you have completed the program in order to be eligible to renew your certificate. **You are required to complete the program only once. Go to <https://health.maryland.gov/mhhd>. Choose Implicit Bias Training on the left side vertical menu. Choose one of the listed courses and successfully complete the course. Other courses do not qualify. You need not obtain a certificate of completion. You are asked on this application to "attest" that you successfully completed one of the listed courses.**

☐ **I attest that I have successfully** completed an Implicit Bias Training Program approved by the Cultural and Linguistic Health Care Competency Program of the Maryland Department of Health.

☐ **I attest that I have successfully** completed an Implicit Bias Training Program approved by the Cultural and Linguistic Health Care Competency Program of the Maryland Department of Health for 2022 Dental Radiation Technologist renewal.

☐ **I have not successfully** completed an Implicit Bias Training Program approved by the Cultural and Linguistic Health Care Competency Program of the Maryland Department of Health. **I understand that I will not be eligible to renew my license until I successfully complete the approved program.**

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**Applicant Signature**

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**Date**

**RELEASE AND CERTIFICATION:**

Practice of dental radiation technology without a current certification issued by the Maryland State Board of Dental Examiners is a violation of the Maryland Dentistry Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental radiation technologist certification in Maryland from any person or agency, including but not limited to postgraduate program directors, individual dentists, government agencies, the National Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, hospitals and other licensing bodies, and I agree that any person or agency may release to the Board the information requested. I also agree to sign any subsequent release for information that may be requested by the Board.

I agree that I will fully cooperate with any request for information or with any investigation related to my practice as a certified dental radiation technologist in the State of Maryland, including the subpoena of documents or records.

During the period in which my application is being processed, I shall inform the Board within 30 days of any change to any answer I originally gave in this application, any arrest or conviction, any change of address or any action that occurs based on accusations that would be grounds for disciplinary action under the Code of Maryland Regulations (COMAR) 10.44.19.12.

**Notice for Mailing List:**

The information collected on this application form is collected for the purposes of the Board's functions under Annotated Code of Maryland, Health Occupations Article, Title 4. Failure to provide the information may result in the denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by federal and State law. Under the Maryland Public Information Act, Annotated Code of Maryland, General Provisions Article, §4-333, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

**Applicant Signature****Date****NOTARY SECTION**

State of \_\_\_\_\_, County of \_\_\_\_\_, then personally appeared the above named \_\_\_\_\_, and signed and sworn to the truth of the foregoing statements in my presence.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

**SEAL****Revised 11-17-23.**