

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 AND DENTAL HYGIENE TEACHER LICENSE
RENEWAL PERIOD: May 1, 2025 through June 30, 2025

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 June 30, 2025. You may renew only if you have completed your continuing education requirements. or have requested an extension to complete the requirements. Your signature on the application attests to the successful completion of the required hours.

The Board **may not** process a renewal license 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 application **must** be received by **June 30, 2025** to avoid any additional fees and possible disciplinary action. **Practicing without a current active license issued by this Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.**

Address: The Board must, by law, have a valid address for you. The address you provide is the “address of record” that is available for public information requests and the address to which the Board will forward all correspondence. The Board does not send licenses, registrations, or certifications to post office boxes. You must provide a street address. Please provide a telephone number where you can be reached during the day in the event the Board needs to contact you regarding the processing of your application.

Failure to Renew: Applications received on or after **August 1, 2025** will not be accepted for renewal. An individual holding an expired license to teach dental or dental hygiene may apply for reinstatement if the individual:

- 1) Completes a dental or dental hygiene teacher reinstatement application; and
- 2) Pays to the Board a license reinstatement fee of \$275.00; and

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:
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APPLICATION FOR 2025 RENEWAL OF DENTAL AND DENTAL HYGIENE TEACHER LICENSES

Authority: Md. Code Ann., Health Occ. Article, § 4-302 and Code of Maryland Regulations (COMAR) 10.44.10.

All 2025 renewal of dental and dental hygiene teacher applications received on or after August 1, 2025, must apply for reinstatement if they wish to obtain Maryland license. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 10.

Please print clearly. The Dental and Dental Hygiene Fee is \$225.00 payable to MARYLAND STATE BOARD OF DENTAL EXAMINERS.
***Late Fee: \$50.00 for renewals submitted between July 1, 2025 - July 31, 2025. Check and money orders accepted only. **NO CASH.**

Requested License Status: ☐ **ACTIVE RENEWAL** ☐ **INACTIVE** ☐ **VOLUNTARILY NON-RENEW**

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.

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

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

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

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

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

SOCIAL SECURITY NO: _____ **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 _____

REQUESTED LICENSURE STATUS:

Check one: ☐ Dental Teacher ☐ Dental Hygiene Teacher

NAME OF INSTITUTION:

I am a full-time faculty member at _____
(Name and Address of Facility)

MARYLAND PRACTICE:

Since your last renewal have you taught dental or dental hygiene in the State of Maryland? YES ☐ NO ☐

LICENSURE IN OTHER STATES:

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

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

CHARACTER AND FITNESS QUESTIONS

The following questions pertain to the period beginning on July 1, 2023 and ending June 30, 2025. Any other timeframe is inadmissible.

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 SINCE JULY 1, 2023

- ☐ ☐ a) Has any licensing or disciplinary board of any jurisdiction, **including** Maryland, or any federal entity denied your application for license, 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 license 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 court of law in a malpractice action or have you, either personally or through an insurance carrier, settled a malpractice claim, regardless of whether that claim was filed in a court of law?
- ☐ ☐ **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?

The Well Being Committee assists dentists and their families who are experiencing personal problems. The Committee has helped many dentists over the years with problems such as stress, drug dependence, alcoholism, depression, medical problems, infectious diseases, neurological disorders and other illnesses that cause impairment. For more information, go to www.dentistwellbeing.com.

ANESTHESIA AND SEDATION

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I administer general anesthesia. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer general anesthesia. |
| <input type="checkbox"/> | <input type="checkbox"/> | I administer parental sedation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer parenteral sedation. |
| <input type="checkbox"/> | <input type="checkbox"/> | I administer a non-parenteral anesthetic. (Class I Permit Required). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a permit to administer a non-parenteral anesthetic. (Class I Permit Required). |

SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? ☐ Yes ☐ No
 If so, please indicate specialty? _____

WORKERS' COMPENSATION

This section must be completed by dentists only.

The Annotated Code of Maryland, Health Occupations Article, §1-202 requires that you verify compliance with the Workers' Compensation Law for your renewal to be issued. I hereby certify the following: (a) ☐ **I do not practice in Maryland;** OR (b) ☐ **I do practice, but do not employ anyone in my practice in Maryland;** OR (c) ☐ **I employ one or more persons in Maryland and have the following Workers' Compensation coverage:**

Insurance Company (Workers' Compensation only): _____

Policy Number: _____

Expiration Date: _____

DENTAL/DENTAL HYGIENE EDUCATION

- a. School of graduation: _____
- b. Date of graduation: _____
(Month, Day & Year)
- c. Degree earned: _____

LOCAL ANESTHESIA AND NITROUS OXIDE

This section must be completed by dental hygienists only.

YES NO

- ☐ ☐ I administer local anesthesia.
- ☐ ☐ I have received Board recognition to administer local anesthesia.
- ☐ ☐ I administer or monitor patients to whom nitrous oxide has been administered.
- ☐ ☐ I have received Board recognition to administer or monitor patients to whom nitrous oxide has been administered.

RELEASE AND LICENSE:

Practice of dentistry or dental hygiene without a current license 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 a dental or dental hygiene teacher's license 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 dental or dental hygienist teacher's license 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