

**Maryland State Board of Dental Examiners**  
**Spring Grove Hospital Center, Benjamin Rush Building**  
**55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228 • (410) 402-8500**

**APPLICATION FOR REINSTATEMENT OF EXPIRED DENTAL RADIATION TECHNOLOGIST CERTIFICATE**

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

The Board **may not** process a 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.

**Reinstatement of Dental Radiation Technologist Certification**

**An individual holding an expired certificate to practice dental radiation technology may apply for reinstatement if the applicant:**

- 1) Completes a dental radiation technology reinstatement application; and
- 2) Provides proof of completion of 8 classroom hours of dental continuing education from Board - approved course:
  - a. 4 hours of which must be in radiology and in addition,
  - b. proof of completion of a 3- hour Board-approved course on infection control; (A total of 11 hours); and
- 3) A Maryland-approved **Implicit Bias Training Program** through Minority Health and Health Disparities.
- 4) A Maryland-approved **Structural Racism Training Program** through Minority Health and Health Disparities.
- 5) A separate sheet of paper for Character and Fitness Questions that required a written **signed and dated** explanation to questions answered "YES" (if applicable).
- 6) Pays to the Board a certification reinstatement fee of \$118.00 – must be a check or money order made payable to the Maryland State Board of Dental Examiners **(NO CASH)**.
- 7) Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change – if applicable).
- 8) If you relocate during the time that your application is being processed, you must notify the Board of your new address in writing by fax 410-402-8505 or email to [mdh.md.dentalboard@maryland.gov](mailto:mdh.md.dentalboard@maryland.gov). This will enable you to receive Board correspondence. Should you relocate after receiving your license, you must notify the Board within 60 days. A fine of \$10 will be assessed after 60 days.

**MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

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**SOCIAL SECURITY NUMBER or INDIVIDUAL TAX IDENTIFICATION NUMBER:**

\_\_\_\_\_

There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only. 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 (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 \_\_\_\_\_    **7** – Prefer Not To Say

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

**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.                                      ISSUED DATE                                      EXPIRATION DATE

\_\_\_\_\_  
STATE                                      LICENSE/CERTIFICATE NO.                                      ISSUED DATE                                      EXPIRATION DATE

\_\_\_\_\_  
STATE                                      LICENSE/CERTIFICATE NO.                                      ISSUED DATE                                      EXPIRATION DATE

## **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 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 settled 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?

**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 licensed 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**

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### APPLICATION FOR REINSTATEMENT OF EXPIRED DENTAL RADIATION TECHNOLOGIST CERTIFICATE CHECKLIST

Authority: Md. Code Ann., Health Occ. Article, § 4-505, Annotated Code of Maryland  
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INCLUDED	REQUIRED DOCUMENTS
<input type="checkbox"/>	Completed <b><u>Notarized</u></b> Application (front and back)
<input type="checkbox"/>	Reinstatement Fee – \$118.00 Check or Money Order payable to Maryland State Board of Dental Examiners ( <b>NO CASH</b> ). The licensure process could take up to a minimum of <b>4 weeks</b> after submission of a completed application.
<input type="checkbox"/>	Completion of 8 classroom hours of dental continuing education from Board-approved courses: a) 4 hours of which must be in radiology and 4 hours in dental related courses. Proof of completion of a 3-hour Board-approved course on infection control. ( <b>A total of 11 classroom hours</b> ).
<input type="checkbox"/>	Proof of a Maryland-approved Implicit Bias Training Program through Minority Health and Health Disparities.
<input type="checkbox"/>	Proof of a Maryland-approved Structural Racism Training Program through Minority Health and Health Disparities.
<input type="checkbox"/>	Completion of a Maryland approved Implicit Bias Training Program through Minority Health and Health Disparities
<input type="checkbox"/>	Completion of a Maryland-approved Structural Racism Training Program through Minority Health and Health Disparities
<input type="checkbox"/>	A separate sheet of paper for Character and Fitness Questions that required a written <b><i>signed and dated</i></b> explanation to questions answered “YES” (if applicable).
<input type="checkbox"/>	Documentation of legal name change (i.e., marriage certificate, divorce decree, legal name change – if applicable).
<input type="checkbox"/>	If you relocate during the time that your application is being processed, you must notify the Board of your new address in writing by fax 410-402-8505 or email to <a href="mailto:mdh.md.dentalboard@maryland.gov">mdh.md.dentalboard@maryland.gov</a> . This will enable you to receive Board correspondence. Should you relocate after receiving your license, you must notify the Board within 60 days. A fine of \$10 will be assessed after 60 days.

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