

**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 REINSTATEMENT OF EXPIRED DENTAL RADIATION TECHNOLOGIST CERTIFICATE**

Authority: Md. Code Ann., Health Occ. Article, § 4-505 and Code of Maryland Regulations (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 2- hour Board-approved course on infection control; (A total of 10 hours); and
- 3) A separate sheet of paper for Character and Fitness Questions that required a written **signed and dated** explanation to questions answered "YES" (if applicable).
- 4) Pays to the Board a certification reinstatement fee of \$118.00. **(No Cash)**

**To apply for reinstatement of certification, submit the Application for Reinstatement of Dental Radiation Technologist Certificate and enclose the following with your application:**

**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 REINSTATEMENT OF EXPIRED DENTAL RADIATION TECHNOLOGIST CERTIFICATE CHECKLIST**

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

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> ).
<input type="checkbox"/>	Completion of <b><u>8 classroom</u></b> hours of dental continuing education from Board-approved courses: a) 4 hours of which must be in radiology and in addition, and proof of completion of a 2-hour Board-approved course on infection control. ( <b><u>A total of 10 classroom hours</u></b> ).
<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).



## **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 A SEPARATE PAGE WITH COMPLETE EXPLANATION. ALL ATTACHMENTS MUST HAVE YOUR NAME IN PRINT, SIGNATURE, AND DATE.

### **YES NO**

- a)** Have you exposed any dental radiographs since your dental radiation technologist certificate expired?
- b)** 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.
- c)** 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?
- d)** Has your application for a dental radiation technology certification in any jurisdiction been withdrawn for any reason?
- e)** Has an investigation or charge been brought against you by a hospital, related institution, or alternative health care system?
- f)** 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?
- g)** 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?
- h)** Have you pled guilty, nolo contendere, or receipt of probation before judgement 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?
- i)** Do you have criminal charges pending against you in any court of law, excluding minor traffic violations?
- j)** Do you have a physical condition that would impair your ability to practice dental radiation technology?
- k)** Do you have a mental health condition that would impair your ability to practice dental radiation technology?
- l)** Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dental radiation technology?
- m)** Have you illegally used drugs?
- n)** 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?
- o)** Have you been named as a defendant in a filing or settlement of a malpractice action?
- p)** 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 REINSTATEMENT**

Dental Continuing Education. Attach proof of completion of **8 classroom hours** of dental continuing education, 4 hours of which are on the subject radiation safety, taken within the one-year preceding application for reinstatement. In addition, I have attached completion of a 2-hour Board-approved course on infection control; and

**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**