

**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 DENTIST LICENSE**  
**RENEWAL PERIOD: May 1, 2023 through June 30, 2023**

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, 2023. You may renew only if you have completed your continuing education requirements by December 31, 2022 or have requested a six-month extension to complete the requirements by June 30, 2023, as required by regulation. 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, 2023** 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.

**Continuing Education:** A licensee shall complete not less than 30 full hours of continuing education, including at least 2-hours of infection control, during the 2-year period from January 1, 2021 – December 31, 2022. A licensee must also maintain cardiopulmonary resuscitation (CPR) certification from the American Heart Association’s Basic Life Support for Healthcare Providers, the American Red Cross Cardiopulmonary Resuscitation for Professional Rescuers, or an equivalent program approved by the Board. The CPR certification does not count toward fulfilling the continuing education requirements. In addition, you must complete a 2hour Board-approved course on abuse and neglect as it relates to Maryland law, if required to do so, which you may take in a classroom or on-line. Also, licensees may complete a combined total of up to 4 hours of Board-approved courses in 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture.

**Licensees must complete the enclosed Statement of Continuing Education Courses Completed for License Renewal.** You need to list the name of the course, the number of credit hours, the date completed, the name of instructor or sponsor and check if self-study. **Do not submit course completion certificates.** Licensees selected for a continuing education audit received separate notification. If you received an audit notification letter you need not complete the enclosed Statement of Continuing Education Courses Completed for License Renewal.

**Failure to Renew:** Applications received on or after **July 31, 2023** will not be accepted for renewal. An individual holding an expired license to practice dental hygiene may apply for reinstatement if the individual:

- 1) Completes a dentist reinstatement application; and
- 2) Pays to the Board a license reinstatement fee of \$886.00; and
- 3) Provides proof of 30 hours of continuing education within the 2-year period preceding reinstatement.

**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**



**LICENSURE IN OTHER STATES:**

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

STATE	LICENSE/CERTIFICATE NO.	EXPIRATION

**CHARACTER AND FITNESS QUESTIONS**

CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION IF THE FOLLOWING OCCURRED **SINCE THE LAST RENEWAL CYCLE**. 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 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 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?

**OWNERSHIP OF A DENTAL PRACTICE**

Maryland Law Requires that Each Owner of a Dental Practice Hold an Active Maryland Dental License to Practice Dentistry.

1. Your Name and License Number: \_\_\_\_\_

Provide the address (es) at each Maryland office at which you practice dentistry. For each office, indicate the name(s) and license number(s) of each Maryland licensed dentist who holds an ownership interest in the practice at each location. If the dental office(s) are organized as a Professional Corporation, Professional Association, Limited Liability Company, or other business entity, provide the full name of the entity and the name(s) of the Maryland licensed dentist(s) who own the entity.

2. Address: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

\_\_\_\_\_

Maryland licensed dentist(s) who own the dental practice and their license number(s):

\_\_\_\_\_

\_\_\_\_\_

3. Address: \_\_\_\_\_

\_\_\_\_\_

Name of Practice: \_\_\_\_\_

\_\_\_\_\_

SECTION IV – OWNERSHIP OF A DENTAL PRACTICE (CONT'D)

Maryland licensed dentist(s) who own the dental practice and their license number(s):

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4.Address: \_\_\_\_\_

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Name of Practice: \_\_\_\_\_

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Maryland licensed dentist(s) who own the dental practice and their license number(s):

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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](http://www.dentistwellbeing.com).

**ANESTHESIA AND SEDATION**

**YES    NO**

- I administer general anesthesia.
- I have a permit to administer general anesthesia.
- I administer parental sedation.
- I have a permit to administer parenteral sedation.
- I administer a non-parenteral anesthetic. (Class I Permit Required).
- 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**

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 EDUCATION**

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

**CONTINUING EDUCATION REQUIREMENTS**

Choose one statement that applies to you. If you check d., you must include a written request for an extension with this application. All applicants for renewal of an active license must complete and return the enclosed form listing the names, dates, and credit hours of courses taken during the continuing education period.

**Noce Regarding 2-Hour Board-Approved Course on Abuse and Neglect:** Those who obtained an **initial** dental license in 2021 must complete a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law before their license will be renewed. **Those who renewed their license in 2019 are required to complete the course as a condition of license renewal in this 2023 renewal cycle. Those who renewed their license in 2021 are not required to complete the course as a condition of license renewal in this 2023 renewal cycle since the regulations require that the course be completed every other renewal cycle.** Therefore, those who completed the course as a condition of license renewal in 2021 must complete the course again as a condition of license renewal in 2023, 2025, 2027, etc.

**Noce Regarding Board-Approved Courses in 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture:** A licensee may earn a combined total of up to 4 continuing education hours for the following Board-approved courses: 1) Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and 2) Military Culture.

For additional information please visit the Board's website at [health.maryland.gov/dental](http://health.maryland.gov/dental) and click on the link under the topic Continuing Education – Courses in Cultural and Linguistic Competency, Health Disparities, and Health Literacy; and Courses in Military Culture.

- a. Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, and maintained my CPR certification during the Period from January 1, 2021 through December 31, 2022. I have also completed a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law (if required to do so).
- b. New graduate. I received a license within 6 months after graduation from an approved dental hygiene school and am not required to fulfill the continuing education requirements of the Board for the first 2-year renewal cycle following initial licensure.

- c. Inactive status. I have or am requesting an inactive dental hygiene license and am not subject to the continuing education required until or unless I request reactivation of the license.
- d. Continuing education requirement not met. I have not fulfilled the continuing education requirements of the Board and have attached a written request for an **extension to June 30, 2023** to satisfy the continuing education requirements. I understand that failure to include a written request for an extension may result in my not meeting the qualifications for renewal of my license.

**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 license. **You are required to complete the program only once. Go to <https://health.maryland.gov/mhhd>. Chose 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 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 LICENSE:**

Practice of dentistry 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 dental 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 practice as a certified dentist 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, §4333, 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.

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**Applicant Signature**

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**Date**

STATEMENT OF CONTINUING EDUCATION COURSES COMPLETED FOR 2023 LICENSE RENEWAL. CONTINUING EDUCATION PERIOD: JANUARY 1, 2021 – DECEMBER 31, 2022

Regulations require that in order to renew a dental license applicants complete 30-hours of Board-approved continuing education per renewal period, including 2-hours of infection control, maintain CPR Certification, and complete a 2-hour Board- approved course on abuse and neglect as it relates to Maryland law, if required to do so.

Licensees may complete a combined total of up to 4 hours of Board-approved courses in 1) cultural and linguistic competency, health disparities, and health literacy; and 2) military culture.

Up to 17 hours of self-study activity are permitted to meet the 30-hour requirement. Courses on money management, personal finance, personal business matters, including practice management, personal health and recreation, politics, memory training, speed reading, and HIPAA are not considered clinical and may not be applied toward the 30-hour continuing education requirement. For a copy of the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 22, Continuing Education, contact the Board at (410) 402-8501.

	COURSE TITLE OR NAME	CREDIT HOURS EARNED	DATE	NAME OF INSTRUCTOR OR SPONSOR	Check if Self Study
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					

<b><i>Infection Control Course:</i></b>			
<b><i>Abuse and Neglect (PANDA) Course:</i></b>			
<b><i>Current CPR Card:</i></b>	<b>No CE credit</b>		