

J. Requested license reinstatement type:

- Check one: General Dentist License
 Teacher's Dentist License
 General Dental Hygiene License
 Teacher's Dental Hygiene License

K. Active practice:

Since the last renewal of your Maryland license have you practiced in the state of Maryland? Yes No
 Since the last renewal of your Maryland license have you practiced in a state other than Maryland? Yes No
 If yes, list states. _____

L. Licensure in other states:

List other states or jurisdictions in which you hold or have held a dental or dental hygiene license. Include license number(s).

State	License Number

SECTION II - CHARACTER AND FITNESS

If you answer "YES" to any question(s) in Section II – Character and Fitness, attach a separate page with a complete explanation of each occasion. Each attachment 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 licensure, 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- c. Has your application for a dentist or dental hygiene license been withdrawn for any reason?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 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, had a conviction, 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 dangerous substances?
- h. Do you have any criminal charges pending against you in any court of law, excluding minor traffic violations?
- i. Do you have a physical condition that impairs your ability to practice dentistry/dental hygiene?
- j. Do you have a mental health condition that impairs your ability to practice dentistry/dental hygiene?
- k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dentistry/dental hygiene?
- l. Have you illegally use drugs?
- m. Have you surrendered or allowed your license to lapse while under investigation by any licensing or disciplinary board of any jurisdiction, including Maryland, or any federal or state entity?
- n. Have you been named as a defendant in a filing or settlement of a malpractice action?

SECTION II - CHARACTER AND FITNESS (CONT'D)

YES NO

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 or state entity for any disciplinary reasons or while under investigation for disciplinary reasons?

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

SECTION III - CONTINUING EDUCATION REQUIREMENTS

YES NO

a. Continuing education requirement met. I have completed 30 hours of continuing education, including two (2) hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (pharmacology) and maintained my CPR certification during the two years prior to this reinstatement and have enclosed documentation to support that I have met the Board's continuing education requirements.

SECTION IV – SPECIALTIES

Does the Maryland State Board of Dental Examiners recognize you as a specialist? YES NO

If so, please indicate specialty? _____

Release and Certification:

I hereby affirm that I have read and followed the above instructions. I hereby certify that all information in this application is accurate and correct.

I agree that the Maryland State Board of Dental Examiners (the Board) may request any information necessary to process my application for dental or dental hygiene licensure 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 of dental hygiene or dental practice as a licensed dentist or dental hygienist in the State of Maryland, including the subpoena of documents or records or the inspection of my dental or dental hygiene practice.

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 Annotated Code of Maryland, Health Occupations §4-315.

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

MARYLAND STATE BOARD OF DENTAL EXAMINERS

Application for Reinstatement of Expired Dental or Dental Hygiene General or Teacher's License

Checklist

Please review prior to sending your application package to the Board.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

- 1. Is your application completed front and back?
 - Did you sign and have the application notarized?
- 2. Did you enclose the non-refundable fee in a check or money order made payable to the Maryland State Board of Dental Examiners?
- 3. Did you enclose a notarized affidavit(s), or other evidence satisfactory to the Board, that you have actively practiced dentistry or dental hygiene in the 3 years immediately preceding the date of application for reinstatement?
(Not applicable for the reinstatement of a dentist or dental hygiene teacher's license.)
- 4. Did you enclose a certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license?
- 5. Did you enclose a written explanation if you answered "YES" to any question(s) in Section II Character and Fitness?
- 6. Did you enclose documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, a 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology), and proof of current cardiopulmonary resuscitation (CPR) certification?
- 7. Did you enclose documentation of legal name change (i.e. marriage certificate or court documents) if the documents sent with the application are in another name?
- 8. Did you enclose the Maryland Jurisprudence Examination and the notarized affidavit form along with the \$50.00 non-refundable fee in a check or money order payable to the Maryland State Board of Dental Examiners?

**MARYLAND STATE BOARD OF DENTAL EXAMINERS
GUIDELINES FOR REINSTATEMENT OF EXPIRED
DENTAL OR DENTAL HYGIENE LICENSE**

The Board may not process a licensure 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 General Dental License

An individual holding an expired general license to practice dentistry may apply for reinstatement if the applicant:

- a. Submits to the Board a notarized affidavit(s), or other evidence satisfactory to the Board, that the applicant has actively practiced dentistry within the 3 years immediately preceding the date of application for reinstatement; and
- b. Submits to the Board satisfactory proof of licensure and good standing from all states in which the applicant is currently licensed; and
- c. Submits to the Board an application for reinstatement on a form provided by the Board; and
- d. Has fulfilled the continuing education requirements of the Board; and
- e. Passes a written Maryland Law Examination given by the Board with at least a score of 75%; and
- f. Is otherwise entitled to be licensed.

Reinstatement of General Dental Hygiene License

An individual holding an expired general license to practice dental hygiene may apply for reinstatement if the applicant:

- a. Submits to the Board notarized affidavit(s), or other evidence satisfactory to the Board, that the applicant has actively practiced dental hygiene within the 3 years immediately preceding the date of application for reinstatement; and
- b. Submits to the Board satisfactory proof of licensure and good standing from all states in which the applicant is currently licensed; and
- c. Submits to the Board an application for reinstatement on a form provided by the Board; and
- d. Has fulfilled the continuing education requirements of the Board; and
- e. Passes a written Maryland Law Examination given by the Board with at least a score of 75%; and
- f. Is otherwise entitled to be licensed.

Reinstatement of Dental or Dental Hygiene Teacher's License

An individual holding an expired teacher's license to practice dentistry or dental hygiene may apply for reinstatement if the applicant:

- a. Submits to the Board satisfactory proof of licensure and good standing from all states in which the applicant is currently licensed; and
- b. Submits to the Board an application for reinstatement on a form provided by the Board; and
- c. Has fulfilled the continuing education requirements of the Board; and
- d. Passes a written Maryland Law Examination given by the Board with at least a score of 75%; and
- e. Is otherwise entitled to be licensed.

To apply for reinstatement of licensure, submit the Application for Reinstatement of Dental or Dental Hygiene License and enclose the following with your application:

Reinstatement of General Dental License

- A \$860 non-refundable fee.
- A notarized affidavit(s), or other evidence satisfactory to the Board, that the applicant has actively practiced dentistry within the 3 years immediately preceding the date of application for reinstatement. **The affidavit must include the full name, address, telephone number, and date of employment for each place employed.**
- A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.
- Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology) during the two-year period before the date of application and proof of current cardiopulmonary resuscitation (CPR) certification.

Reinstatement of General Dental Hygiene License

- A \$332 non-refundable fee.
- A notarized affidavit(s), or other evidence satisfactory to the Board, that the applicant has actively practiced dental hygiene within the 3 years immediately preceding the date of application for reinstatement. **The affidavit must include the full name, address, telephone number, and date of employment for each place employed.**

A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.

- Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law during the two-year period before the date of application and proof of current cardiopulmonary resuscitation (CPR) certification.

Reinstatement of Dental or Dental Hygiene Teacher's License

- A \$225 non-refundable fee.
- A certified letter with the state seal affixed from each state in which you hold or have ever held a license, verifying that the license is or was in good standing and that no disciplinary action has ever been taken against the license.
- Documentation of completion of 30 hours of clinical continuing education, including 2 hours of infection control, a 2-hour Board-approved course on abuse and neglect as it relates to Maryland law, 2-hour Board-approved course on proper prescribing and disposal of prescription drugs (Pharmacology) during the two-year period before the date of application and proof of current cardiopulmonary resuscitation (CPR) certification.

Additional Requirements:

Maryland Jurisprudence Examination. All applicants for licensure in Maryland must take and pass the Jurisprudence Examination on the Dental Laws and Regulations of this State with at least a score of 75%. It is an open book examination and may be found on the Board's website at www.health.maryland.gov/dental/. The examination cannot be taken on-line. You must download the examination, print a hard copy, and complete the examination. Send the completed examination, notarized Affidavit Form, and \$50.00 examination fee to the Board office. Applicants may also take the examination at the Board office Monday through Friday, except holidays, between the hours of 9:00 AM and 4:00 PM. You will be scheduled for the examination after your completed application is reviewed. Please call to schedule the examination if you wish to take the examination at the Board office.

Incomplete applications will be returned and will be subject to a \$50.00 application reprocessing fee.

MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:

Maryland State Board of Dental Examiners
The Benjamin Rush Building
Spring Grove Hospital Center
55 Wade Avenue/Tulip Drive
Catonsville, MD 21228
ATTN: Licensing Unit