

**Maryland State Board of Dental Examiners
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue • Tulip Drive
Catonsville, Maryland 21228
(410) 402-8509**

DENTAL RADIATION ODD-NUMBERED TECHNOLOGIST

**2019 RENEWAL INSTRUCTIONS
RENEWAL DEADLINE MARCH 1, 2019**

Renewal Instructions:

This is your renewal package for the March 1, 2019 through March 1, 2021 renewal period. Our renewal application has changed. Please carefully read and complete each section of the renewal application, detach the application portion, and return it to our office on or before March 1, 2019.

Your application must be fully completed and signed, in order to be processed. Incomplete forms will be returned and will cause your renewal to be delayed. Applications that are not fully completed, signed, and received by the Board on or before the March 1, 2019 expiration date will subject you to additional fees and possible disciplinary action. **Practicing without a current active certification issued by this Board is a violation of the Maryland Dentistry Act and could result in disciplinary action, including suspension or revocation.**

Your advisor is Debbie Wurster. Ms. Wurster may be reached at 410-402-8509. In Ms. Wurster's absence you may contact Ms. Debbie Welch at 410-402-8511.

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 physical street address of the po box. 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.

Requirements for Renewal: Choose a or b.

- a. I have actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2019. In addition, I have completed a 2-hour Board approved course on Infection Control for this renewal; **or**
- b. I have not actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2019. I have completed within the 1-year period preceding the renewal, 8 classroom hours of dental continuing education, 4 hours of which must be in radiation safety. In addition, I have completed a 2-hour Board-approved course on infection control, which I took in a classroom or on-line.

Failure to Renew: Applications received on or after April 2, 2019 will not be accepted for renewal. An individual holding an expired certification to practice dental radiation technology may apply for reinstatement if the individual:

- (1) Completes a dental radiation technology reinstatement application; and
- (2) Pays to the Board a certification reinstatement fee of \$118.00; and
- (3) Provides proof of completion within the 1-year period preceding reinstatement of 8 classroom hours of dental continuing education from Board-approved courses, 4 hours of which are on the subject of radiation safety. In addition, you must complete a 2-hour Board-approved course on infection control, which you may take in a classroom or on-line.

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2019 Dental Radiation Technologist Renewal

Name _____

Certificate Number _____

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 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.

Your advisor is Debbie Wurster. Ms. Wurster may be reached at 410-402-8509. In Ms. Wurster's absence you may contact Ms. Debbie Welch at 410-402-8511.

SECTION I – NAME AND ADDRESS (must be completed)

Law requires certificate holders to notify the Board of a name or address change within 60 days.

Name (Last, First, Middle Initial):	
Street Address:	
City, State, Zip:	

If your name has changed since the last renewal, please submit proof of name change such as a court document or marriage certificate to the Board.

2019 RENEWAL FEES – PAYABLE TO MARYLAND STATE BOARD OF DENTAL EXAMINERS

Dental Radiation Technologist - \$68.00

Please note that a late fee is due for renewals submitted during the period from March 2, 2019 through April 1, 2019. The late fee is \$50.00.

On or after April 1, 2019, all dental radiation technologists who have not renewed their certification must apply for reinstatement if they wish to obtain Maryland certification. Reinstatement requirements can be found in the Code of Maryland Regulations, Title 10, Subtitle 44, Chapter 19.

SECTION II – GENERAL INFORMATION (must be completed)

A. Social Security Number: - -

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Home Phone Number: - -

C. Work Phone Number: - -

D. Date of Birth: - -

E. E-Mail Address:

F. Gender: Female Male

G. Requested certification status:

Check one of the following:

- Active
- Do not renew

H. Maryland practice:

Since your last renewal have you practiced Dental Radiation Technology in the State of Maryland? Yes No

I. Race/Ethnic Identification – Please check all that apply

Are you of Hispanic or Latino origin? Yes No
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

- 1. American Indian or Alaska Native (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
- 2. Asian (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- 3. Black or African American (A person having origins in any of the black racial groups of Africa.)
- 4. Native Hawaiian or other Pacific Islander (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- 5. White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)

J. Licensure in other states:

List other states or jurisdictions in which you hold a dental radiation technologist certification, or other dental related license. Include certification/license number(s).

State	Certification/License Number

SECTION III - CHARACTER AND FITNESS:

The following questions pertain to the period starting on March 1, 2017 and ending March 1, 2019.

If you answer "YES" to any question(s) in Section III – 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 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?

SECTION III - CHARACTER AND FITNESS (CONT'D)

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | e. Have you had any denial of application for privileges, failure to renew your privileges, or limitation, restriction, suspension, revocation or loss in privileges in a hospital, related health care facility, or alternative health care system? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Do you have criminal charges pending against you in any court of law, excluding minor traffic violations? |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Do you have a physical condition that impairs your ability to practice dental radiation technology? |
| <input type="checkbox"/> | <input type="checkbox"/> | j. Do you have a mental health condition that impairs your ability to practice dental radiation technology? |
| <input type="checkbox"/> | <input type="checkbox"/> | k. Have the use of drugs and/or alcohol resulted in an impairment of your ability to practice dental radiation technology? |
| <input type="checkbox"/> | <input type="checkbox"/> | l. Have you illegally used drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input type="checkbox"/> | <input type="checkbox"/> | n. Have you been named as a defendant in a filing or settlement of a malpractice action? |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 dental assistants and their families who are experiencing personal problems. The Committee has helped a number of dental assistants 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 please call 800-974-0068 or visit the website at www.mdhaweell-being.org.

SECTION IV – REQUIREMENTS FOR RENEWAL: Choose either a or b.

- a. **Active Practice Requirement.** I have actively practiced dental radiation technology for at least 600 hours within the 6 years preceding March 1, 2019. In addition, I have completed a 2-hour Board approved course on Infection Control for this renewal.

OR

- b. **Not Actively Practiced Requirement.** I have not actively practiced dental radiation technology for at least 600 hours within the 1-year preceding March 1, 2019. I have completed within the 1-year period preceding the renewal, 8 classroom hours of dental continuing education, 4 hours of which must be in radiation safety. In addition, I have completed a 2-hour Board-approved course on infection control, which I took in a classroom or on-line.

SECTION V – INFECTION CONTROL REQUIREMENTS:

FULL NAME OF COURSE: _____

FULL NAME OF INSTRUCTOR: _____

CREDIT HOURS EARNED: _____

DATE COMPLETED: _____

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 Dental Practice 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 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 Annotated Code of Maryland, Health Occupations Article, §4-505, and the Code of Maryland Regulations (COMAR) 10.44.19.

Applicant Signature

Date