



DENTAL HYGIENIST RENEWAL APPLICATION

DENTAL RENEWAL BEGINS ON OCTOBER 2, 2015 LICENSES EXPIRE DECEMBER 31, 2017

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's toll-free Customer Service line Monday through Friday, 8:15AM to 4:40PM EST at 1-877-672-2174.

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 and 5 on Page 2.

Preferred mailing address:

License Number:

*SSN:

Birth date:

Other Address:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), applicants are required to provide a Social Security Number (SSN) on licensure applications.

SECTION 2. SPECIAL INSTRUCTIONS

STATE & FBI CRIMINAL BACKGROUND CHECKS (CBC) ARE NOT REQUIRED FOR THIS RENEWAL PERIOD

Submit renewal application and application fee (\$136) payable to DC Treasurer

Late Renewal: Applications submitted after December 31st must include \$85.00 late fee; After March 2nd, you will be required to apply for reinstatement of your license. You may reinstate your license within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended, you must meet the Board's requirements to reapply.

Continuing Education Requirement: Dental Hygienists must complete fifteen (15) contact hours of continuing education, which shall include a current CPR certification and two (2) hours of infection control. Not required for 1st time renewal applicants.

Photos Will Not Be Required: If you don't currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your license number or Social Security Number.

Online Renewal Instructions: To renew your license online go to: www.doh.dc.gov. Enter your Social Security Number and Last Name, then go to the next screen and enter your User ID and Password.

Keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify the BOD of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. LICENSE RENEWAL AND FEES – Select the type of action you wish to take for your license.

Please check the appropriate box (es).

FEE

Table with 3 columns: Action (A-G), Fee Amount, and Total Fee. Includes options for Renewal fee, Paid Inactive Status, Late fee, Cancel license, Duplicate Licenses, and Reactivate (Paid Inactive License) Submit Reinstatement Application.

Make check or money order payable to

DC Treasurer and mail to:

Department of Health/HPLA - Board of Dentistry
P.O. Box 37801
Washington, D.C. 20013
Phone: 1-877-672-2174; Fax: 202-724-8471
www.hpla.doh.dc.gov * Email: doh.cbcd@dc.gov

Total Enclosed \$ _____ .00

Notes: * If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number. * If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order. C hanged to current name by: Marriage Divorce Court Order

FIRST NAME MI LAST NAME SUFFIX (Jr, Sr, etc.)
M M D D Y Y Y Y
DATE OF BIRTH CORRECTION SSN CORRECTION * (Required)

SECTION 5A. HOME ADDRESS CHANGE

APARTMENT SUITE FLOOR PO BOX NUMBER
HOME STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise, use this line to indicate STREET NUMBER and STREET NAME)
HOME STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
CITY STATE E-MAIL HOME PHONE NUMBER HOME FAX NUMBER

SECTION 5B. BUSINESS ADDRESS CHANGE Please note: This information will be made available to the public.

COMPANY NAME
APARTMENT SUITE FLOOR PO BOX NUMBER
BUSINESS STREET ADDRESS 1 (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)
BUSINESS STREET ADDRESS 2 (If additional space is needed, use this line to indicate STREET NUMBER and STREET NAME)
CITY STATE E-MAIL BUS PHONE NUMBER BUS FAX NUMBER

SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, and attach to this form.

A. **Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.**
Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).
IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.
As of this date, do you owe more than one hundred dollars (\$100) to the District of Columbia Government as a result of any of the following:
1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?
Yes No

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

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|--|---------------------------------|--------------------------------|
| B. Since your last renewal, have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. Since your last renewal: | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| (1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Has any authority or peer review board taken adverse action against your license or privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law? | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Do you have a physical or mental condition that currently impairs your ability to practice your profession? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Since your last renewal, have you been diagnosed or treated for substance abuse? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F. Since your last renewal, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| G. Since your last renewal, have you ever been terminated or asked to resign from employment? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| H. Do you currently practice your profession in the District of Columbia? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I. Will you complete your Continuing Education as indicated in section 2, no later than November 1, 2011? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

SECTION 7. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

DATE

LICENSEE NAME (Please print)

