

NORTH CAROLINA **DENTAL LICENSE RENEWAL APPLICATION**

Please complete all pages, front & back, of the renewal application and return it to the Board office in the enclosed 9 x 12 envelope or one of similar size. Applications are computer scanned; therefore, please do not fold the application form, as this may result in a processing delay.

IMPORTANT INFORMATION

- Renewal fee if application is *RECEIVED BY* close of business January 31st - **\$229.00**
- Renewal fee if application is *RECEIVED AFTER* January 31st -
\$279.00 (\$229.00 + \$50.00 penalty late fee)
"If your check is not paid on presentment or is dishonored, you agree to pay the amount allowed by state law. We may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment."
- Complete and sign background form and submit with renewal application
- If you have employed a dental hygienist under limited supervision rules, complete and submit form; Board will request annual report after renewal period
- Incomplete or unsigned renewal applications cannot be processed and *WILL BE* returned
- *PLEASE DO NOT FOLD* renewal application
- **15 Hours** of Continuing Education dealing directly with clinical patient care is required for licensure renewal
- **Current CPR certification** is mandatory to renew license
- *DO NOT* send in CE or CPR documentation *UNLESS* you are being audited
- Name Change *REQUIRES* photocopy of official document (marriage certificate, social security card, driver's license, etc.)
- License Number on Renewal Application should begin with an internal code "10" that is used only by the Board office; then enter your 4 digit license number *AFTER* the "10."
- Return application in the enclosed 9 x 12 envelope or one of similar size. Extra postage will be required for delivery.

DEADLINE FOR RENEWAL APPLICATIONS **January 31st (without penalty),** **March 31st Deadline!**

The timely submission of renewal applications is the sole responsibility of the licensee. The North Carolina State Board of Dental Examiners is not responsible for late, lost, damaged, delayed, destroyed, illegible, incomplete, misdirected, or postage due mail/applications.

NORTH CAROLINA DENTAL LICENSE RENEWAL APPLICATION

FEE IF RECEIVED ON OR BEFORE JANUARY 31ST - \$229.00

FEE IF RECEIVED AFTER JANUARY 31ST - \$279.00 (\$229.00 + \$50.00 PENALTY LATE FEE)

Make checks payable to: NC State Board of Dental Examiners

IMPORTANT: YOU MUST COMPLETE THE QUESTIONS ON THE NEXT PAGE

DUE BY JANUARY 31st

without penalty

MARCH 31st DEADLINE FOR RENEWAL

PLEASE RETURN IN 9 x 12 ENVELOPE

Forms are computer scanned. Please DO NOT FOLD!!

North Carolina State Board of Dental Examiners
507 Airport Boulevard, Suite 105
Morrisville, NC 27560 (919) 678-8223

7373467603

IMPORTANT!

REQUIRED BACKGROUND INFORMATION

The following information is required in order to renew your dental/dental hygiene license. Please answer each question and return this form along with your 2010 renewal application.

For the calendar year 2009, have you

- 1) been summoned to court or before a magistrate for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 2) been arrested for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 3) been taken into custody for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 4) been indicted for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 5) been convicted or tried for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 6) been charged with the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 7) pleaded guilty to the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- 8) been disciplined by any Professional Licensing Board? Yes No

If your answer is yes to any of the foregoing questions, attach a statement describing fully the nature of any such matters with complete facts and disposition of the matter and attach a certified copy of the disposition(s) and/or judgement(s). Only traffic violations unrelated to alcohol or drugs may be excluded from this answer.

Signature _____ Date _____

Print Name: _____

ATTENTION !!!!!

If you have employed any dental hygienists under the new limited supervision rules over the past year, please complete and return this form with your license renewal.

Your Name:

Your Dental License Number:

At the close of the renewal period, the Board will request an annual report from you detailing these events.