

**APPLICATION FOR REINSTATEMENT OF LICENSE TO PRACTICE
DENTAL HYGIENE IN NORTH CAROLINA**

TO: North Carolina State Board of Dental Examiners
2000 Perimeter Park Drive, Suite 160
Morrisville, North Carolina 27560

I hereby make application for the reinstatement of my license to practice dental hygiene in the STATE OF NORTH CAROLINA, and submit the following information:

ORIGINAL NC LICENSE NUMBER: _____ **DATE OF ISSUANCE:** ____/____/____
DATE OF EXPIRATION: ____/____/____ **DATE YOU LAST TREATED PATIENTS:** ____/____/____

FULL NAME: _____
(Indicate all names by which you have been known)

PRESENT ADDRESS: _____

(city) (state) (zip) **PHONE:** (____) _____

EMAIL ADDRESS: _____

Have you ever:

- a) 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
- b) been arrested for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- c) been taken into custody for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- d) been indicted for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- e) been convicted or tried for the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- f) been charged with the violation of any law or ordinance or for the commission of any felony or misdemeanor? Yes No
- g) pleaded guilty to the violation of any law or ordinance or for the commission of any felony or misdemeanor? 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, disposition of the matter, and the name and address of the authority in possession of the records thereof. Only traffic violations unrelated to alcohol or drugs may be excluded from this answer.

Are you currently or have you ever been investigated by this Board or any other Licensing Boards?
 Yes No

Have you ever had a civil suit settled or a case entered into the National Practitioner Data Bank?
 Yes No

Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) that in any way affects your ability to practice dental hygiene in a competent, ethical, and professional manner? Yes No

If your answer to the previous question is yes, are the limitations caused by your condition or impairment reduced or ameliorated because you receive ongoing treatment or because you participate in a monitoring or support program? Yes No

If your answer to either of the previous questions is yes, complete the included provider summary and release forms for each service provider that has assessed or treated any such condition or impairment. Duplicate forms as needed. As used in the previous questions, "currently" means recently enough that the condition or impairment could reasonably affect your ability to function as a dental hygienist.

List all other states/jurisdictions/territories which you have ever been licensed: (Attach a separate sheet if necessary)

(CITY/STATE)

(DATES)

_____	_____
_____	_____
_____	_____

I have practiced dental hygiene as follows: (Attach a separate sheet if necessary)

Be aware that a lapse in practice, not licensure, of 5 years or greater will result in a requirement to retake the clinical examination.

FROM	TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING

I have attached or requested:

- Two (2) letters of character reference
- Certification from every state board for each state in which I am or have ever been licensed **other than NC** (copy with official raised seal in a sealed envelope; photocopies NOT acceptable)
- National Practitioner Data Bank Report [Call (800) 767-6732 if you are licensed in another state]
- Check in the amount of **\$166.00** (\$60.00 reinstatement fee, \$81.00 renewal fee and \$25.00 assessment for the Caring Dentist Program) (The \$60.00 reinstatement application fee is non-refundable.)
"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."
- Completed fingerprint cards and signed authorization of release of information
Email your mailing address to info@ncdentalboard.org to receive a fingerprinting packet for out-of-state or Download release/info forms from and follow instructions on our website under the "LiveScan" tab for in-state)
- Documentation of 6 hours of continuing education in clinical patient care and current CPR certification

I, _____, do solemnly swear that the above information is true and correct to the best of my knowledge and belief.

SIGNED: _____
(applicant)

Sworn to and subscribed before me this _____ day of _____ 20____

NOTARY PUBLIC

S E A L

My commission expires: _____