

# **NORTH CAROLINA** **DENTAL HYGIENE 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. The 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 31<sup>st</sup> - **\$106.00**
- Renewal fee if application is *RECEIVED AFTER* January 31<sup>st</sup>  
**\$156.00** (\$106.00 + \$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 worked under the new limited supervision rules this past year, complete and submit enclosed form
- Incomplete or unsigned renewal applications cannot be processed and *WILL BE* returned
- *PLEASE DO NOT FOLD* renewal application
- **6 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 "20" that is used only by the Board office; then enter your 4 digit license number *AFTER* the "20"
- 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 31<sup>st</sup> (without penalty),** **MARCH 31<sup>st</sup> 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 HYGIENE LICENSE RENEWAL APPLICATION**

FEE IF RECEIVED ON OR BEFORE JANUARY 31ST - \$106.00

FEE IF RECEIVED AFTER JANUARY 31ST - \$156.00 (\$106.00 + \$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 Blvd., Suite 105  
Morrisville, NC 27560 (919) 678-8223

1633455311

LICENSE NUMBER

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READ AND FOLLOW DIRECTIONS CAREFULLY!

If you do NOT wish to renew, check here and return: \_\_\_\_\_

**DIRECTIONS:** Please complete each question by filling in the appropriate bubble using a blue or black ball point pen ONLY. Please choose the one answer for each question that best describes your current status. Incomplete forms will be returned!

Shade Circles Like This--> ●  
Not Like This--> ⊗ ⊙

1) Are you currently working in this occupation?

- Yes     No (Please indicate your status below:)
- Working in other field (Proceed to question #5)
- Retired (Proceed to question #5)
- Homemaker (Proceed to question #5)
- In Training in Occupation (Proceed to question #5)
- Other (Proceed to question #5)

4) Please fill in the best description of your form of employment in this occupation (Select One):

Employee Of:

- Individual practitioner
- Partnership or group of practitioners
- Local Government (other than county or state)
- County Government     State Government
- Federal Government     Other

2) Please fill in your primary setting in this occupation (Select One):

- Hospital     Nursing Home     Free Standing Clinic
- Private Practice     Group pre-paid health plan facility
- Other non-federal health facility
- Health facility on a military installation
- V.A., Public Health, Indian Health
- School, Junior College, College, University or other institution
- Fill In/Other Type of Setting

5) Indicate the total number of hours continuing education dealing directly with clinical patient care obtained for the calendar year 2009:

Total Hours 

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I am not required to report continuing education for this renewal period because I was originally licensed in 2009.

6) Do you have current CPR certification?

- Yes     No

3) How many hours do you work in an average week?

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 Total Hours    

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 Hours in Patient Care

I hereby certify and affirm that all information provided on this form is accurate to the best of my knowledge and I understand that if my application is incomplete, my license will not be renewed and my application and fee will be returned to me.

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Signature

\_\_\_\_\_

Date

# 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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



# **ATTENTION !!!!!**

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

**Your Name:**

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**Your Dental Hygiene License Number:**

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