

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

**TO:** North Carolina State Board of Dental Examiners  
507 Airport Boulevard, Suite 105  
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:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FULL NAME:** \_\_\_\_\_  
(Indicate all names by which you have been known)

**PRESENT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
(city) (state) (zip)

**PHONE NUMBER:** ( ) \_\_\_\_\_

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

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)

FROM	TO	NAME AND ADDRESS OF EMPLOYER	REASON FOR LEAVING

I have conducted an ethical practice, and there are no charges pending against me in this state or any other state at this time. 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
- 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: \_\_\_\_\_