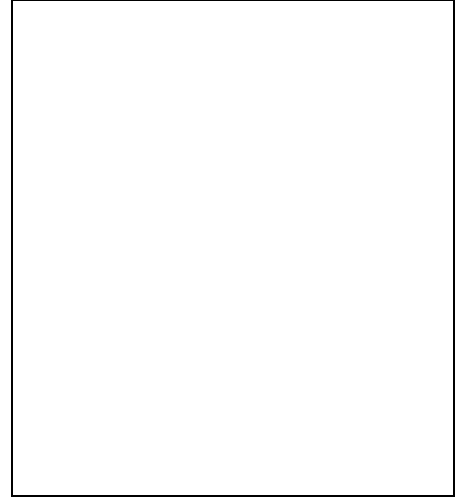




Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Dental Examiners
P.O. Box 110806, Juneau, Alaska 99811-0806
Phone: (907) 465-2542 \* E-mail: license@alaska.gov
Website: www.commerce.state.ak.us/occ/pden.htm



BIENNIAL DENTAL HYGIENE LICENSE RENEWAL
AND LOCAL ANESTHETIC PERMIT RENEWAL
January 1, 2011 – December 31, 2012

IT IS TIME TO RENEW YOUR DENTAL HYGIENE LICENSE

Your license to practice as a Dental Hygienist in the State of Alaska expires on December 31, 2010. It is illegal for you to practice if your license has expired. There is no grace period. To renew your license for the period from January 1, 2011 through December 31, 2012, return this signed and dated application to the above address with a check or money order payable to the State of Alaska. Faxed or emailed applications will not be accepted. This is the only renewal notice you will receive. Incomplete applications or insufficient fees will result in your renewal being rejected.

Complete the following information, including your name, mailing address, etc. In lieu of completing this form, the board's website offers an "interactive" version in which you may type all the required information and then print and mail the form with the required fee, at http://www.commerce.state.ak.us/occ/pden.htm

Name: Last First Middle
Corrected Mailing Address (complete only if your address is different than the address label shown above):
P.O. Box or Street City State ZIP Code
Social Security Number: Date of Birth:
License Number: Daytime Telephone Number:
E-mail Address:

CHECK APPROPRIATE BOX(ES):

- Dental Hygiene License \$120.00
Local Anesthetic Permit \$ 50.00

PRORATED: Dental Hygiene License \$ 60.00

For Dental Hygiene License #s 2038 and above (licensed after January 1, 2010).
Local Anesthetic Permits are not prorated.

NAME AND ADDRESS OF LICENSED DENTIST PROVIDING SUPERVISION (AS 08.32.130):

Four horizontal lines for entering name and address of licensed dentist providing supervision.

**A. LICENSE ACTION:**

The following questions must be answered. If you answer "Yes" to any of the questions, you must explain dates, locations, and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.). "Yes" answers may not automatically result in license denial.

**Since the date of your last application for a Dental Hygiene license:**

- 1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you ever surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  YES  NO
- 2. Are there any unsatisfied judgments against you resulting from the practice of dental hygiene?  YES  NO
- 3. Have you had any malpractice settlements or judgments paid on your behalf?  YES  NO
- 4. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including a conviction involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  YES  NO

**B. CPR CERTIFICATION:** Since the date of your last application, have you maintained current certification in Cardiopulmonary Resuscitation Techniques in accordance with AS 08.36.070(a)(12) and do you hold a current CPR card?  YES  NO  
**ON-LINE CPR COURSES ARE NOT ACCEPTABLE.**

**CONTINUING EDUCATION: Your license cannot be renewed unless you meet the continued competency requirements in 12 AAC 28.400 (see attached regulations).**

**RANDOM AUDIT:** A percentage of license renewal applications will be randomly selected for audit. If selected, you must submit copies of certificates or other acceptable proof that you satisfied the continued competency requirements as you have stated on this application. You are required to save your documents for at least four years so you can respond to audits. Licensees unable to comply with the audit are subject to disciplinary license action.

You may not claim hours for education not yet "successfully completed" as of the date of submitting this application. Per 12 AAC 02.960(j) "successfully completed" means C.E. credit has been awarded.

**STATEMENT OF COMPLIANCE**

**BY CHECKING THE APPROPRIATE BOX BELOW YOU ARE CERTIFYING YOUR COMPLIANCE WITH THE CONTINUING EDUCATION REQUIREMENTS IN ARTICLE 4 OF 12 AAC 28. (YOU MUST CHECK THE APPROPRIATE BOX)**

- License #s 001-2002.** I certify that in accordance with Article 4 of 12 AAC 28., I successfully completed **14** hours of continuing education during the concluding licensing period of January 1, 2009 through December 31, 2010.
- License #s 2003-2037.** I certify that in accordance with Article 4 of 12 AAC 28., I successfully completed **7** hours of continuing education during the concluding licensing period of January 1, 2009 through December 31, 2010.
- License #2038 and Above** are not required to provide evidence of continuing education for this renewal cycle only. Licensees will be subject to continuing education requirements for subsequent renewals.
- CPR** – I certify that I hold a current CPR certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920. I further certify the course was **NOT** an on-line course. If audited, I agree to provide documentation that verifies I meet the activity as claimed.

**For applications postmarked after December 31, 2010** – I certify that I have successfully completed some or all my hours of continuing education after December 31, 2010, but prior to submitting this renewal application. These hours were earned in accordance with Article 4 of 12 AAC 28. I have attached a letter of explanation regarding my late renewal and copies of certificates documenting completion of continuing education. Under 12 AAC 02.965, I understand that the hours I earned after December 31, 2010 may not be used for the subsequent renewal period (1/1/11-12/31/12).

**By my signature below, I certify that the information in this application is true and correct. I further certify that I will adhere to the ethical standards as set out in 12 AAC 28.905(a). I acknowledge and understand that failure to adhere to the ethical standards may result in imposition of a sanction that is described in AS 08.32.160.**

**SIGN HERE** 

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**WARNING: The Board of Dental Examiners may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice dental hygiene by fraud or deceit.**

**IMPORTANT INFORMATION  
PLEASE READ**

- RENEWAL DUE DATE:** If you have met the continuing competency requirements (see 12 AAC 28.400 – .410), complete this form and return with the appropriate fee for processing. The processing time for correct and completed renewal applications is three to four weeks after receipt. **Plan accordingly and submit your form by December 1, 2010, to ensure processing by the expiration date of December 31, 2010.** Please allow additional time for processing if you answer “yes” to any of the professional fitness questions.
- EXPIRED LICENSES** If you choose not to renew your license before it expires, you may renew the license at a later date only after satisfying the requirements of AS 08.32.081 and Article 4 of 12 AAC 28. Licenses which have expired more than two years cannot be renewed (AS 08.32.081).
- SOCIAL SECURITY NUMBERS** In accordance with AS 08.01.100(e), the department is not authorized to renew a license, unless the applicant’s social security number has been provided to the department. If you do not have a social security number, download the “Request for Exception from Social Security Number,” form at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) or contact this office for a copy. If you previously qualified for a waiver to this requirement, you must re-qualify for a waiver to renew.
- PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Post-Secondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.
- NAME CHANGE** If you have had a legal name change since your last license was issued, please enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) for proof of your name change.
- PUBLIC INFORMATION** Please be aware that all information on this renewal form will be available to the public, unless required to be kept confidential by state or federal law. **Information about current licensees, including mailing addresses, is available on the division’s website at [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under “License Search.”**
- BUSINESS LICENSES** Renewal applications for business licenses will be mailed separately. For more information about business licenses, go to [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) or call (907) 465-2550.

**NOTIFICATION OF PROPOSED REGULATIONS CHANGES**

If you would like to receive notice of all proposed Board of Dental Examiners regulation changes, please send a written request adding your name to the Board of Dental Examiners Interested Parties List to:

**REGULATIONS SPECIALIST  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
P.O. Box 110806  
Juneau, Alaska 99811-0806**

**ARTICLE 4.**  
**CONTINUING PROFESSIONAL COMPETENCE REQUIREMENTS**

**Section**

- 400. Continuing education requirements for active general dentistry and active dental hygienists licensees**
- 405. Continuing education requirements for first time renewal of an active license**
- 410. Approved continuing education courses**
- 420. Report of continuing education**

**12 AAC 28.400. CONTINUING EDUCATION REQUIREMENTS FOR ACTIVE GENERAL DENTISTRY AND ACTIVE DENTAL HYGIENISTS LICENSEES.** (a) Except as provided in 12 AAC 28.405(a), an applicant for renewal of an active general dentistry license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 28 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(b) Except as provided in 12 AAC 28.405(b), an applicant for renewal of an active dental hygienist license shall submit evidence of continued professional competence by documenting

- (1) completion of at least 14 contact hours of continuing education; and
- (2) cardiopulmonary resuscitation (CPR) certification, that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(c) For the purpose of this section,

- (1) one "contact hour" equals a minimum of 50 minutes of instruction;
  - (2) one academic semester credit hour equals 15 contact hours;
  - (3) one academic quarter credit hour equals 10 contact hours;
  - (4) one continuing education unit equals one contact hour;
  - (5) one continuing education credit equals one contact hour.
- (d) Credit is given only for class hours and not hours devoted to class preparation.

**12 AAC 28.405. CONTINUING EDUCATION REQUIREMENTS FOR FIRST TIME RENEWAL OF AN ACTIVE LICENSE.** (a) An applicant applying for renewal of an active general dentistry license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(a)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

(b) An applicant applying for renewal of an active dental hygienist license for the first time shall submit evidence of continued professional competence by documenting

(1) completion of at least one-half of the number of contact hours of continuing education required by 12 AAC 28.400(b)(1) for each complete calendar year that the applicant was licensed during the concluding licensing period; and

- (2) cardiopulmonary resuscitation (CPR) certification that meets the requirements of AS 08.36.070 and 12 AAC 28.920.

**12 AAC 28.410. APPROVED CONTINUING EDUCATION COURSES.** (a) Except as provided in (c) of this section, only the following courses will be accepted as continuing education under 12 AAC 28.400 — 12 AAC 28.420, and only if participation in those courses is verifiable and the subject matter relates directly to dental patient clinical care:

(1) courses, workshops, or symposiums approved, provided, or sponsored by the American Dental Hygienist's Association (ADHA), Academy of General Dentistry (AGD), or American Dental Association (ADA);

(2) other courses, workshops, or symposiums approved by the board that are offered by dental or dental hygiene colleges or universities, or similar dental or dental hygiene organizations or associations;

- (3) organized study club courses approved by the board;

(4) self-study programs offered by a dental or dental hygiene college or university, the AGD, or the ADA that have been approved by the board.

(b) *Repealed 1/15/2003.*

(c) The continuing education contact hours required by 12 AAC 28.400 or 12 AAC 28.405 for renewal of an active general dentistry license or an active dental hygienist license may include **NO MORE THAN FOUR HOURS OF CPR TRAINING FOR THE ENTIRE RENEWAL PERIOD.**

(d) An applicant for renewal of an active general dentistry or dental hygienist license may receive contact hours of continuing education for the applicant's presentation of a lecture or course that meets the requirements of (a) of this section. For the purpose of this section, contact hours for the presentation of a lecture or course will be awarded as follows:

- (1) three contact hours for each 50 minutes of an initial presentation; and
- (2) one contact hour for each 50 minutes of a repeat presentation.

(e) Acceptance or approval by the board under this section of a course, workshop, or symposium is valid for two years, if a change is not made to its content.

(f) If a change is made to the content of a course, workshop, or symposium or more than two years have passed since its acceptance or approval by the board, the course, workshop, or symposium must be resubmitted to the board for acceptance or approval under this section.

**12 AAC 28.420. REPORT OF CONTINUING EDUCATION.** (a) An applicant for renewal of an active general dentistry license or an active dental hygienist license shall submit, on a renewal form provided by the department, a signed statement of compliance with the continuing education requirements under 12 AAC 28.400 – 12 AAC 28.410, as described in 12 AAC 02.960.

(b) An applicant for renewal is responsible for maintaining adequate and detailed records of continuing education courses taken, as described in 12 AAC 02.960(f), and shall make them available to the board upon request.

(c) Falsification of any written evidence submitted to the board under this section is grounds for license revocation or suspension under AS 08.32.160(1) and (5) and AS 08.36.315(1) and (7).

**ARTICLE 8 (Portions of)  
GENERAL PROVISIONS**

**Section**

- 900. Current address**
- 920. CPR certification**
- 925. Lapsed Licenses**

**12 AAC 28.900. CURRENT ADDRESS.** A licensee shall maintain a current, valid mailing address on file with the division at all times. The latest mailing address on file for an active, inactive or lapsed license is the address of the licensee for official communications, notifications and service of legal process.

**12 AAC 28.920. CPR CERTIFICATION.** Certification in cardiopulmonary resuscitation (CPR) techniques required under AS 08.36.070 for a license or license renewal must be based upon training equivalent to that required for completion of a CPR course certified by the American Heart Association or American Red Cross.

**12 AAC 28.925. LAPSED LICENSES.** (a) A dental license or dental hygienist license that has been lapsed for at least 60 days but less than one year will be reinstated if the applicant

- (1) submits a completed application for renewal;
- (2) pays the renewal fee established in 12 AAC 02.190(a)(4), (a)(8), (b)(5), (b)(6), and (b)(14), as applicable; and
- (3) submits satisfactory documentation to verify the completion of the continuing education requirements in 12 AAC 28.400.

(b) Except as provided in (c) of this section, a dental license that has been lapsed for at least one year but less than five years, or a dental hygienist license that has been lapsed at least one year but no more than two years, will be reinstated if the applicant

- (1) meets the requirements of (a) of this section;
- (2) arranges for reports to be sent directly to the department from the National Practitioner Data Bank and the American Association of Dental Examiners Clearinghouse for Board Actions;
- (3) arranges for verification of licensure to be sent directly to the division from each state where the applicant holds or has ever held a license as a dentist or dental hygienist; and
- (4) is qualified for a license under AS 08.32 or AS 08.36.

(c) After notice and hearing, the board may refuse to reinstate a dental license or dental hygienist license for the same reasons that the board may impose disciplinary sanctions against a licensee under AS 08.32 or AS 08.36, and under this chapter.



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email or fax** credit card information. Mail this form with the completed renewal to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Application fee          | Amount              |
| <input type="checkbox"/> License (or renewal) fee | _____               |
| <input type="checkbox"/> Fine                     | _____               |
| <input type="checkbox"/> Other (specify): _____   | _____               |
|   | <b>Total:</b> _____ |

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):       VISA       MASTERCARD

**Signature of Credit Card Holder:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*