



Alaska Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 P.O. Box 110806
 Juneau, Alaska 99811-0806
 Telephone: (907) 465-2542
 E-mail: license@alaska.gov

BIENNIAL DENTAL LICENSE RENEWAL
January 1, 2009 — December 31, 2010

IT IS TIME TO RENEW YOUR DENTAL LICENSE

Your license to practice as a Dentist in the State of Alaska expires on December 31, 2008. 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, 2009 through December 31, 2010, return this *signed* and dated application to the address provided on this renewal with a check or money order payable to the State of Alaska. 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	
Mailing Address: _____			
P.O. Box or Street	City	State	ZIP Code
Social Security Number: _____		Date of Birth: _____	License No.: _____
Daytime Telephone Number: _____		Email: _____	
Practice Location: _____			
Branch Office Location(s): _____			

There is no longer an "Inactive" status offered in Alaska. The Board repealed the "inactive" regulation. Licenses may only be renewed as "active".

ACTIVE STATUS

- Dental License: \$290.00 License # _____
- Specialty License: \$290.00 License # _____
- General Anesthetic Permit: \$50.00 License # _____
- Parenteral Sedation Permit: \$50.00 License # _____

PRORATED

- Dental License: \$145.00 License # _____
For dental license #s 1255 and above. (Licensed after January 1, 2008)
- Specialty License: \$145.00 License # _____
For specialty license #s 150 and above. (Licensed after January 1, 2008)

BRANCH OFFICE REGISTRATION

\$25.00 per location Registration # _____

**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, 2008, to ensure processing by the expiration date of December 31, 2008.**
- 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 Article 4 of 12 AAC 28. Licenses which have expired more than five years cannot be renewed.
- 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.
- SOCIAL SECURITY NUMBERS** In accordance with AS 08.01.100, the department is not authorized to renew a license unless the licensee's social security number has been provided to the department. If you do not have a social security number contact the division.
- PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Services Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-888-441-2961 or (907) 465-2961 or the Child Support Services at 1-800-478-3300 or (907) 269-6657 (A – M) or (907) 269-6845 (N – Z) to resolve payment issues.
- 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 address, is available on the division's website at www.commerce.state.ak.us/occ under "Professional License Search."
- BUSINESS LICENSES** Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550 or access: www.commerce.state.ak.us/occ.
- RADIOLOGICAL EQUIPMENT** Please be advised that the owner or lessee of dental radiological equipment must register their equipment with the board. The owner or lessee of the equipment that is registered shall notify the board in writing if the equipment is sold, relocated, or no longer in use. If your equipment is not registered, you can download an application at: <http://www.commerce.state.ak.us/occ/pden>, or contact the division.
- BOARD NEWSLETTER** The Board of Dental Examiners publishes an annual newsletter. The newsletter may be viewed at www.commerce.state.ak.us/occ/pden.htm. To have a hard copy mailed to you, contact the division.
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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 license:

- (1) Have you had your professional license denied, revoked, suspended, surrendered, placed on probation, or been subject to any restriction, censure, reprimand or other disciplinary action in any jurisdiction? YES NO
- (2) Are there any unsatisfied judgments against you resulting from the practice of dentistry? YES NO
- (3) Have you had any malpractice settlements or judgments paid on your behalf? YES NO

B. CPR CERTIFICATION: In accordance with AS 08.36.070(a)(12), licensees must maintain current certification in cardiopulmonary resuscitation techniques. **On-line CPR courses are NOT acceptable.**

Do you hold a current CPR card?..... YES NO

A copy of both sides of your current CPR card must be submitted with the renewal application. Your license will not be renewed if you fail to attach this card.

C. Important Notice for those who hold Branch Office Registration: The Federal and State Government agencies and health care plans collect and report Federal Employer Identification Numbers (FEIN) for the purposes of reporting to the HIPDB. Please provide your Federal Employer Identification Number below.

Federal Employer Identification Number: _____

If you refuse to provide your FEIN number, the Division will consult with the Department of Law before issuing a denial letter.

- D.** If you own radiological equipment, have you submitted the required registration form to the Dental Board? YES NO
(form available at www.commerce.state.ak.us/occ/pden3.htm)

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.**

- DENTAL LICENSE #s 001-1221 and SPECIALTY LICENSE #S 1-149** – I certify that I have "successfully completed" the required 28 hours of continuing education during the concluding licensing period of January 1, 2007 through December 31, 2008. If audited, I agree to provide documentation that verifies I meet this activity as claimed.
- LICENSE #s 1222-1254** – I certify that I have "successfully completed" the required 14 hours of continuing education during the concluding licensing period of January 1, 2007 through December 31, 2008. If audited, I agree to provide documentation that verifies I meet this activity as claimed.
- DENTAL LICENSE # 1255 AND ABOVE and SPECIALTY LICENSE #150 AND ABOVE** are not required to provide evidence of continuing education for this renewal only. Licensees will be subject to continuing education requirements for subsequent renewals.

For applications postmarked after December 31, 2008 – I certify that I have successfully completed some or all of my hours of continuing education after December 31, 2008, 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, 2008 may not be used for the subsequent renewal period (1/1/09 – 12/31/10).

ALL APPLICANTS:

By my signature below, I certify that the information furnished in this application is true and correct and that I will adhere to the Ethical Standards for Dentists as set out by the board in 12 AAC 28.905-.908.

SIGN HERE



Applicant's Signature



Date: _____

Reminder: Attach a copy of the front and back of your current CPR card

THIS FORM WILL BE REJECTED IF NOT PROPERLY COMPLETED AND RENEWAL WILL BY DELAYED.

WARNING: Falsification or misrepresentation of any item or response in this application, or any attachment hereto or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice dentistry in the state of Alaska.

Did you complete all required sections and attach CPR card?

***Please sign this form and submit it by mail.
Faxed forms will not be accepted.***

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**

CONTINUING COMPETENCY REGULATIONS

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 (b) and (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.
GENERAL PROVISIONS**

Section

- 900. Current address**
- 905. Ethical Standards**
- 920. CPR certification**
- 930. Inactive license renewal**

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 28.905. Ethical standards. (a) The "Code of Ethics for Dental Hygienists", as set out in the American Dental Hygienists' Association document titled 2001-2002 Bylaws—Code of Ethics, is adopted by reference as the ethical standards for dental hygienists and applies to all dental hygienists in the state.

(b) The American Dental Association's Principles of Ethics and Code of Professional Conduct, with official advisory opinions revised to April 2002, is adopted by reference as the ethical standards for dentists and applies to all dentists in the state.

***Editor's note:** A copy of the "Code of Ethics for Dental Hygienists" adopted by reference in 12 AAC 28.905 is available for inspection at the Department of Community and Economic Development, Division of Occupational Licensing, Juneau, Alaska or may be obtained from the American Dental Hygienists' Association, 444 North Michigan Avenue, Suite 3400, Chicago, IL 60611. A copy of the "Principles of Ethics and Code of Professional Conduct" adopted by reference in 12 AAC 28.905, is available for inspection at the Department of Community and Economic Development, Division of Occupational Licensing, Juneau, Alaska, or may be obtained from the American Dental Association, Council on Ethics, Bylaws and Judicial Affairs, 211 East Chicago Avenue, Chicago, IL 60611.*

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 28.930. INACTIVE LICENSE RENEWAL. (a) A person who holds an inactive license may not practice as a dentist under AS 08.36 or a dental hygienist under AS 08.32.

(b) *Repealed 4/27/2007.*

(c) Except as provided in (e) of this section, an applicant may reactivate a license that is inactive by

(1) submitting to the department

(A) a written request for renewal that indicates a desire to reactivate the license;

(B) the biennial renewal fee established in 12 AAC 02.190(a)(4) for the current licensing period, or the reactivation fee established in 12 AAC 02.190(b)(15), as applicable;

(C) documentation of current CPR certification that meets the requirements of 12 AAC 28.920; and

(D) documentation showing that the applicant has maintained continuing professional competency by submitting

(i) verification of meeting the same requirements applicable to an active licensee under 12 AAC 28.400, documenting continuing education at each previous licensing period beginning with the licensing period the applicant first renewed as inactive, and completing 40 hours of clinical course work acceptable to the board, within the two years immediately preceding the application for reactivation; or

(ii) proof of current active clinical practice averaging at least 20 hours per week in another jurisdiction for each year the license has been inactive; and

(2) arranging 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.

(d) *Repealed 4/27/2007.*

(e) After notice and hearing, the board may refuse to reactivate 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.

(f) The provisions of this section do not apply after

(1) December 31, 2007 for a dental hygienist; and

(2) December 31, 2008 for a dentist.



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** credit card information. Fax or mail this form 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)

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

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____