



Dentist Renewal Form

INSTRUCTIONS: You may renew your dental license within 45 days of your expiration date. Make your check or money order payable to TSBDE. Processing may take up to two weeks, please ensure you have completed all the minimum requirements prior to submitting your renewal application. **All fields are required.** An incomplete application will delay your process. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

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| Renewal Fee | Anesthesia Fee | Late Fee if paid <u>1-90 days</u> after the Expiration Date | Late Fee if paid <u>91-365 days</u> after the Expiration Date | Name Change if being made at time of license renewal | TOTAL AMOUNT PAID: |
| \$ 394.00 | Nitrous Oxide or Level 1 permit (If Applicable) + \$ 10.00 Level 2-4 permit (If Applicable) + \$ 60.00 | (If Applicable) + \$ 75.00 | (If Applicable) + \$ 75.00 | (If Applicable) + \$ 25.00 | \$ _____ |

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| First Name: | Last Name: | E-mail Address: |
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For Name Change: Attach the required legal documentation which states your new legal name

NEW LEGAL NAME:

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| License Number: | License Expiration Date: | Daytime Phone: |
| Jurisprudence Completion Date: | BLS CPR Issue Date: | BLS CPR Expiration Date: |

All Texas licensed dentists must hold a current Basic Life Support CPR Card. If you do not hold a current BLS CPR card, you must attach a letter of explanation from your physician or proof of residence outside the U.S.

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| Current Address: | City: | State: | Zip |
| Permanent Address: | City: | State: | Zip: |
| Work Address: | City: | State: | Zip: |

Preferred Mailing Address: **(All TSBDE communication will be sent to your preferred address and your preferred address will be made available to the public)**

Current Permanent Work

PRACTICE DATA: Sec. 254.007 of the Texas Occupations Code requires the TSBDE to annually collect data for each dental license holder. Active license holders should complete each section below for each location you have practiced dentistry during the past 12 months. For this purpose, practice shall be defined as being available for patient care. If you hold an Active dental license and are not currently practicing dentistry enter "Not Actively Practicing Dentistry."

| Name of Dental Practice | Physical Address (Including Zip code) | County | # of hours per week | # of weeks per year | Type of Practice | Number of Hygienists | Number of Assistants |
|-------------------------|---------------------------------------|--------|---------------------|---------------------|------------------|----------------------|----------------------|
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| Practice Information | | |
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| In accordance with the reporting requirements of Sec. 254.091 of the Texas Occupations Code, do you own all or part of a dental support organization (DSO) or have entered into an agreement with a DSO? (A DSO is an entity that, under an agreement, provides two or more business support services to a dentist. Business support services include but are not limited to: office space, furnishings, and equipment; staff; regulatory compliance; marketing and advertising; inventory or supplies; financial services; or payroll and benefits administration.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, you must provide additional information by answering a questionnaire located on the board's website. (Failure to provide the required additional information will prevent the renewal of your license.) | | |
| Do you provide anesthesia services at the same location you provide dental services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| In accordance with Section 258.1553 of the Texas Occupations Code, do you provide anesthesia services in more than one location? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you provide anesthesia services to children under 13 years old? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have an emergency plan in place? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you conduct emergency drills? If so, how often? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Health Insurance |
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___ **Yes** ___ **No** Are you a Texas Medicaid Provider?

___ **Yes** ___ **No** Are you a participating provider in the Texas Children's Health Insurance Program (CHIP)?

| Biennial License Continuing Education (CE) Compliance (✓ Check one) |
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___ **Yes** ___ **No** Have you completed the minimum required continuing education hours for this renewal period?

| Anesthesia Privileges & ACLS/PALS Certification Compliance (✓ Check the highest level of sedation permit you hold.) Required anesthesia CE hours are in addition to the biennial requirement: Level 1: 6 hours; Level 2 & Level 3: 8 hours; and Level 4: 12 hours. Dentists will be required to provide proof of completed anesthesia CE upon request of the TSBDE. |
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| <input type="checkbox"/> I do not hold an anesthesia permit | | |
| <input type="checkbox"/> Nitrous Oxide Conscious Sedation | *Level 2, Level 3, and Level 4 Anesthesia Permit Holders must provide dates of ACLS and/or PALS Certification Issue dates below. Permit holders treating children 13 years old or younger must hold a PALS Certification. | |
| <input type="checkbox"/> Level 1-Minimal Sedation | | |
| <input type="checkbox"/> Level 2-Moderate Enteral Sedation* | | |
| <input type="checkbox"/> Level 3-Moderate Parenteral Sedation* | | |
| <input type="checkbox"/> Level 4- Deep Sedation/General Anesthesia* | ACLS Issue Date | |
| | PALS Issue Date | |
| Have you completed the minimum required anesthesia CE hours for this renewal period? | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

LICENSE HISTORY: Please answer each of the following questions by putting a check (✓) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

NOTE: If you answer “Yes” to any of the questions below and you have already submitted a detailed affidavit to this licensing authority explaining your response, you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).

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| 1. Since your last renewal, have you had any application for any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Since your last renewal, have you had a professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Since your last renewal, have you been the subject of disciplinary action by any licensing authority or government agency with regard to any professional license, registration, certification, or permit? If you answer “Yes” you must attach documentation of disciplinary action not previously reported to TSBDE. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. For any criminal offense, including those pending appeal, since your last renewal, have you: A. been convicted of a misdemeanor (other than minor traffic violations)? B. been convicted of a felony? C. pled nolo contendere, no contest, or guilty? D. received deferred adjudication? E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? F. been sentenced to serve jail or prison time? court-ordered confinement? G. been granted pre-trial diversion? H. been arrested or have any pending criminal charges? I. been cited or charged with any violation of the law? J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action? If YES , in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer. Also, provide a copy of an Order of Non-Disclosure or the Court Order expunging or sealing (non-disclosure) any conviction, offense, arrest, or citation. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Since your last renewal, have you been diagnosed with 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 as a Dentist in a competent, ethical, and professional manner? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Attestation Statement

I hereby attest by my signature, under penalty of perjury, that I have completed and possess all required certifications as required by the Occupations Code and the TSBDE Rules and Regulations. Further, I understand that it is a violation of the Texas Administrative Code, the Texas Government Code, and the Penal Code to submit a false statement to a government agency and may be grounds for disciplinary action against my license. I consent to the release of confidential information to the TSBDE and further authorize the TSBDE to use and to release said information as needed for the evaluation and disposition of my application for licensure All information provided on this form is true and accurate and I understand that I may be asked to produce for the TSBDE any documentation I am required to maintain for licensure.

Signature

Date

General Renewal Information

Dentists, who do not renew their license before the expiration date, **may not** practice until your license is brought into an active status. You may begin practicing again after you have received your registration certificate and display it where services are provided.

Designation of Records Form: This form is to be used by the licensed Texas dentist to designate a custodian of records upon initial licensure and at each renewal period. Dental records are the sole property of the dentist who performs the dental service, unless otherwise designated per Board rules. Please provide the following information to appropriately designate ownership of records and appointment of a custodian, if necessary. This form may be found here; <http://tsbde.texas.gov/78i8ljbj/Designation-of-Records-Form.pdf> . This information may also be updated using your online licensing account.

CPR Requirement: Section 257.004 of the Texas Occupations Code requires that all licensed dentists, dental hygienists, and registered dental assistants sign a written statement that the applicant has successfully completed a current course/program in CPR, or holds a physician's verification that the applicant is physically unable to complete CPR, or applicant resides in a foreign country. CPR training must include a written assessment and a demonstration of skills. Computer and video-based CPR training courses given by an instructor that include training on a hands-on practice manikin by the applicant and a written assessment of skills, either taken online or in a classroom setting, are acceptable. Online courses that do not include a live instructor for a demonstration of skills and training on a practice manikin by the applicant are not acceptable.

Jurisprudence Assessment: The Jurisprudence Assessment is required once every 4 years. If you need assistance in finding the date of your last assessment please visit: <https://txn.esslearning.com/catalogs/tsbde/>. To purchase the TSBDE Jurisprudence Assessment visit: www.tsbde.state.texas.gov/Jurisprudence.

Continuing Education: As a prerequisite to the biennial renewal of a dental or dental hygiene license, proof of completion of 24 hours of acceptable continuing education is required, as required by the Texas Occupations Code and the TSBDE Rules and Regulations at Chapter §104.1.

Anesthesia - Continuing Education: In conjunction with the annual renewal of a dental license, a dentist seeking to renew a minimal sedation, moderate sedation or deep sedation/general anesthesia permit must complete the following hours of CE every two years on the administration of or medical emergencies associated with the highest permitted level of sedation. CE shall be in addition to any additional courses required for licensure. ACLS and PALS course may not be used to fulfill CE requirements for renewal of an anesthesia permit. CE Hours Required: Level 1: 6 hours; Level 2 and Level 3: 8 hours; Level 4: 12 hours. Dentists will be required to provide proof of completed anesthesia CE upon request of the TSBDE.

CE Audits: TSBDE audits approximately 5% of the selected renewal population 60 days before the license is due to expire. If you have been selected for an audit, you will not be able to renew your license until you have complied and the audit has been approved by TSBDE staff. Late fees will accrue if you cannot provide the required approved documentation, prior to your expiration date.

Child Support Default: Dentists in default of paying child support will not be allowed to renew a license until a repayment agreement has been approved by the Texas Attorney General, Office of Child Support and notification has been received by the TSBDE.

Licensure Retirement: Dentists requesting their license be retired are required to submit a Retirement Request Form **PRIOR** to the expiration of their license. A request for licensure retirement is subject to the license being current and in good standing with no open investigations or active TSBDE orders in effect at the time of request. Once the retirement is granted, annual licensure fees and continuing education requirements are waived for the period the license is in retirement. Dentists seeking licensure retirement must also surrender drug prescribing privileges to the Drug Enforcement Agency and any other certifying agencies. Reactivation of a retired license must be requested in writing and in compliance with Rule 101.7 which is available for review on the TSBDE website.

*** Staggered Renewal Changes ***

In order to align with recent rule changes, upon renewal of your license/registration your expiration date will be staggered to a biennial renewal affecting licensees due to renew by 10/31/2018 and thereafter. A system has been created in order to evenly distribute renewals to be moved to a two-year license.

Licensees selected for a one-year renewal will pay the one-year renewal fee. Licensees selected for a two-year renewal will be required to pay the two-year renewal fee. This is not optional.

If your renewal was updated to reflect a one-year renewal, when you next renew your license, it will be for two years.

Renewal post cards will continue to be sent out 60 days prior to your expiration date to the mailing address provided.

Any questions should be directed to licensinghelp@tsbde.texas.gov.