



FACULTY 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.

Renewal Fee \$285 .00	Anesthesia Fee Nitrous Oxide or Level 1 permit (If Applicable) + \$ 10.00 Level 2-4 permit (If Applicable) + \$ 60.00	Late Fee if paid 1-90 days after the Expiration Date (If Applicable)+ \$ 47.00	Late Fee if paid 91-365 days after the Expiration Date (If Applicable)+ \$ 47.00	Name Change if being made at time of license renewal (If Applicable)+ \$ 25.00	TOTAL AMOUNT PAID: \$ _____
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First Name:	Last Name:	E-mail Address:
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For Name Change: Attached the required legal documentation which states your new legal name

NEW LEGAL NAME:

License Number:	License Expiration Date:	Daytime #:
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.

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

Preferred mailing address: (preferred address will be made available to the public)

Current
 Permanent
 Work

PRACTICE DATA. Sec. 254.007 of the DPA requires the Board 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

Practice Information		
Do you work for a corporate practice? If yes, please provide the business name and the complete address of corporate location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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? If yes, attach a list including business name and complete addresses of any and all locations	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

___ **Yes** ___ **No** Are you a Texas Medicaid Provider?

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

Dentist License Renewal Questionnaire (✓ Check one)

___ **Yes** ___ **No** Are you in compliance with completing the Dentist license renewal questionnaire?

Annual License Continuing Education Compliance (✓ Check one) Anesthesia CE hours required are in addition to the annual requirement: 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 Board

___ **Yes** ___ **No** Are you in n compliance with completing all required continuing education for this registration period?

___ **Yes** ___ **No** If you hold an anesthesia permit, have you completed the additional continuing education hours required for the highest permitted level of sedation?

I am in my first registration period and exempt from completing continuing education for this registration period.

Anesthesia Privileges & ACLS/PALS Certification Compliance (✓ Check the highest level of sedation permit you hold.)
Dentists treating children 12 years old or younger must, as a minimum, hold a PALS Certification

<input type="checkbox"/> I do not hold an anesthesia permit		
<input type="checkbox"/> Nitrous Oxide Conscious Sedation	*Level 3 and Level 4 Anesthesia Permit Holders must provide dates of ACLS and/or PALS Certification Issue dates below	
<input type="checkbox"/> Level 1-Minimal Sedation		
<input type="checkbox"/> Level 2-Moderate Enteral Sedation		
<input type="checkbox"/> Level 3-Moderate Parenteral Sedation*	ACLS Issue Date	
<input type="checkbox"/> Level 4- Deep Sedation/General Anesthesia*	PALS Issue Date	

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).

1. Since your last renewal, have you ever had any application for any professional license refused or denied by any licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Since your last renewal, have you ever voluntarily surrendered your dental license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

3. Have you ever allowed your dental license to lapse, or had a limited license issued by any _____ licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Since your last renewal, have you ever voluntarily surrendered any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Since your last renewal, have you ever allowed any other professional license to lapse, or had a limited license issued by any _____ licensing authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Since your last renewal, has your dental license ever been revoked by any jurisdiction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Since your last renewal, have you ever had any other professional license revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Since your last renewal, have you been the subject of disciplinary action not yet reported to the TSBDE? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Since your last renewal, have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Since your last renewal, have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Since your last renewal, have you ever voluntarily surrendered a registration issued by a controlled substance authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Since your last renewal, have you ever been denied a Drug Enforcement Administration (DEA) or Texas Department of Public Safety (DPS) controlled substance registration certificate or has your controlled substance registration ever been placed on probation, suspended voluntarily surrendered or revoked? If YES , please specify date.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when? _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Since your last renewal, have you ever been arrested, indicted or received a court order for any criminal offense not yet reported to the TSBDE? If you answer "YES", you must attach documents regarding criminal offenses that have not been reported to the TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Since your last renewal, have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Since your last renewal, Have you ever had a record expunged from a felony (or criminal) conviction?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Do you currently have or have you been since your last renewal, previously diagnosed with any condition or impairment (including by 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 _____ in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Since your last renewal, have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Since your last renewal, have you ever had anesthesia permits in Texas or any other jurisdiction suspended, probated, or revoked?	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 SBDE Rules and Regulations. Further, I understand that it is a violation of the Texas Administrative Code and the Penal Code to submit a false statement to a government agency and I consent to the release of confidential information to the Texas State Board of Dental Examiners and further authorize the Board 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 SBDE any documentation I am required to maintain for licensure.

Signature	Date
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General Renewal Information

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

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 SBDE 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 SBDE Rules and Regulations at Chapter §104.1.

CE Exemption for the First Registration Period: Dentists in their first registration period are exempt from completing CE

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 Board.

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.

Student Loan Default: Dentists in default of student loans will not be allowed to renew a license until a repayment agreement has been approved by Trellis Company formerly known as Texas Guaranteed Student Loan Corporation or Texas Higher Education Coordinating Board and notification has been received by the Board.

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 Board.

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 board 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 (DEA). 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 2 year renewal fee.

If your renewal was updated to reflect a one year renewal, when you next renew your license in 2019, it will be for 2 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.