

## Registered Dental Assistant Renewal Application

**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 \$67.00	Late Fee if paid <u>1-90 days</u> after the Expiration Date (If Applicable)+ \$ 15.00	Late Fee if paid <u>91-365 days</u> after the Expiration Date (If Applicable)+ <b>\$ 15.00</b>	There is <u><b>no fee</b></u> for Name Change if being made at time of license renewal	Total Amount:

First Name:	L	Last Name:		Mi	iddle Name		
For Name Change: Attached the required legal documentation which states your new legal name							
NEW LEGAL NAME:							
Registration Number:	R	Registration Expiration Date: Daytin		Daytime #	ıytime #:		
		2-1-					
BLS CPR Issue Date	BLS CPR Expiration D	Jate	E-Mail Address				
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:	
Preferred mailing address: (All Board communication will be sent to your preferred address and your preferred address will be made available to the public)							
			□ Current		🗆 Perma	nent	□ Work

Employer Information: All fields are required. You may enter N/A if an area does not apply to you.

Are you currently employed in a dental office?				YES 🗆		NO 🗆
Dentist Name	Dentist License #:		Phone	Number		L
Address	City	State			Zip	
Business Email						

Background Questions: Please answer each of the following questions by putting a check ( $\checkmark$ ) 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 <u>MUST</u> be explained in detail in a separate <u>SIGNED</u> and <u>NOTARIZED</u> 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 a dental assistant or any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency?	YES 🗆	NO 🗆
2. Since your last renewal, have you ever had a dental assistant or professional license, registration, certification, or permit revoked, suspended, or canceled, by any licensing authority or government agency, or voluntarily surrendered?	YES 🗆	NO 🗆
3. Since your last renewal, have you ever been the subject of disciplinary action by a licensing authority or government agency with regard to a dental assistant or any professional license, registration, certification, or permit?	YES 🗆	NO 🗆
If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.		
<ul> <li>4. For any criminal offense, including those pending appeal, have you: <ul> <li>A. been convicted of a misdemeanor (other than a minor traffic violations)?</li> <li>B. been convicted of a felony?</li> <li>C. pled nolo contendere, no contest or guilty?</li> <li>D. received deferred adjudication?</li> <li>E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?</li> <li>F. been sentenced to serve jail or prison time? court-ordered confinement?</li> <li>G. been granted pre-trial diversion?</li> <li>H. been arrested or have any pending criminal charges?</li> <li>I. been the subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?</li> </ul> </li> <li>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.</li> </ul>	YES D	NO 🗆
5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	YES 🗆	NO 🗆
6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?	YES 🗆	NO 🗆
7. Since your last renewal, have you ever 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 Dental Assistant in a competent, ethical, and professional manner?	YES 🗆	NO 🗆

## ATTESTATION

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 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 TSBDE any documentation I am required to maintain for licensure.

Applicant's Signature

Date

**Renewal Requirements:** RDAs who do not renew their registration before the expiration date may not make radiographs until the registration is brought into an active status and the certificate is displayed in the area where services are provided. Duplicate renewal certificates may be ordered from the registrant's online licensing system (<u>https://vo.licensing.hpc.texas.gov</u>) account.

**Renewing an Expired Dental Assistant Registration (RDA) Certificate** A RDA renewing a registration that is expired must pay all past due fees in order to bring the registration current and into 'Active' status. A cancelled registration cannot be renewed. There are no grace periods.

## Not Sure if Your Registration is Active, Expired or Cancelled? Visit the Dental Board website and select "Find a Licensee" found under the Main Menu. Select "Registered Dental Assistants" and enter your information. Search Results will appear. Click on your name. A detailed view of your registration will be displayed. The "Status" category will indicate if your registration is Active, Expired or Cancelled.

**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 cardiopulmonary resuscitation (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.

**Continuing Education Requirement**: Rule §114.12 CE Courses for Certificate Holders states; To renew a certificate of registration under this chapter, a dental assistant must complete six (6) hours of CE <u>each year</u> in areas covering dental assistant duties. At least three (3) of these six (6) hours must be clinical continuing education. All CE must be offered by providers approved under 22 Texas Administrative Code §104.2.

Courses Not Accepted for CE Credit Annual OSHA Training, Basic Life Support CPR Courses, Administrative Courses Documenting CE Hours and Credits. Dental Assistants should keep and maintain records on all CE completed for a period of three years. CE completion certificate should include: Registrants name, Course Date; Course Title; Approved Sponsor of Course; is it a Classroom Course, Self-Study or is it Interactive Computer Course, and the number of hours were awarded.

**Carrying Over CE Hours**. Up to 6 hours of continuing education may be carried forward from the year preceding the current renewal period.

**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 adequate documentation, prior to your expiration date.

**Child Support Default:** Licensees 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.

**Guidance on Dental Assistant Certificates Pit and Fissure Sealant and Coronal Polishing:** Though the Board will no longer issue dental assistant certificates in pit and fissure sealants or coronal polishing, it is the responsibility of the delegating dentist to ensure that the dental assistant has completed approved courses in coronal polishing and/or pit and fissure as stated in Rule §114.3 and §114.5.