



DENTAL HYGIENIST 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 \$ 226.00	Late Fee if paid 1-90 days after the Expiration Date (If Applicable)+ \$ 50.00	Late Fee if paid 91-365 days after the Expiration Date (If Applicable)+ \$ 50.00	Name Change if being made at time of license renewal (If Applicable)+ \$ 27.00	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 #:
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Jurisprudence Completion Date:	BLS CPR Issue Date:	BLS CPR Expiration Date:
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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:
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Permanent Address:	City:	State:	Zip:
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Work Address:	City:	State:	Zip:
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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

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 had an application for a hygiene or 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 an application for a hygiene or any professional license, registration, certification, or permit refused or denied by any licensing authority or government agency, or voluntarily surrendered?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<p>3. Since your last renewal, have you been the subject of disciplinary action by any licensing authority or government agency with regard to a hygiene or any professional license, registration, certification, or permit?</p> <p>If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>4. For any criminal offense, including those pending appeal, have you ever:</p> <p>A. been convicted of a misdemeanor (other than minor traffic violations)?</p> <p>B. been convicted of a felony?</p> <p>C. pled nolo contendere, no contest, or guilty?</p> <p>D. received deferred adjudication?</p> <p>E. been placed on community supervision or court-ordered confinement?</p> <p>F. been sentenced to serve jail or prison time? court-ordered confinement?</p> <p>G. been granted pre-trial diversion?</p> <p>H. been arrested or have any pending criminal charges?</p> <p>I. been cited or charged with any violation of the law?</p> <p>J. been subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action?</p> <p>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.</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>7. Since your last renewal, have you been 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 Hygienist in a competent, ethical, and professional manner?</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>

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

General Renewal Information

Dental Hygienists, 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. There is no grace period for late renewal of a license.

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 by the Texas Occupations Code and the SBDE Rules and Regulations at Chapter §104.1.

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: Dental Hygienists 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: Dental Hygienists 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. Reactivation of a retired license must be requested in writing and in compliance with Rule 103.7 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, 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.