



**Texas State Board of Dental Examiners**

333 Guadalupe, Tower 3, Suite 800  
 Austin, Texas 78701-3942  
 (512) 463-6400 / Fax: (512) 463-7452

**2x2 Passport Photo  
 Required**

**PLACE HERE**

**Reinstate a Retired Hygiene License**

**Instructions:** Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. Fees are Non-Refundable. Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 333 Guadalupe St, Ste 3-800 Austin, TX 78701. A 2x2 passport photo is required.

**Application Fee: \$82**

Military Active Duty, Veteran, & Spouse: **NO FEE**

Active Duty\*\*       Veteran\*\*       Active Duty Spouse\*\*

**\*\* Please include a copy of one of the following: Copy of Military Orders, I.D. Card or proof of Honorable or General Discharge**

|                                                                                                       |  |                     |        |                                  |  |
|-------------------------------------------------------------------------------------------------------|--|---------------------|--------|----------------------------------|--|
| Texas Hygiene License #                                                                               |  | Social Security #*: |        | Date of Birth:<br>MM / DD / YYYY |  |
| Last Name:                                                                                            |  | First Name          |        | Middle                           |  |
| Current Address:                                                                                      |  | City:               | State: | Zip                              |  |
| Permanent Address:                                                                                    |  | City:               | State: | Zip:                             |  |
| Business Address:                                                                                     |  | City:               | State: | Zip:                             |  |
| Preferred mailing address: <b>(preferred address will be made available to the public)</b>            |  |                     |        |                                  |  |
| <input type="checkbox"/> Current <input type="checkbox"/> Permanent <input type="checkbox"/> Business |  |                     |        |                                  |  |
| Daytime Phone #:                                                                                      |  | Email Address:      |        |                                  |  |
| Jurisprudence Completion Date:                                                                        |  | BLS CPR Issue Date: |        | BLS CPR Expiration Date:         |  |

\* Pursuant to Sec. 59.001 of the Dental Practice Act, the social security number of an applicant for or holder of a license, certificate of registration, or other legal authorization issued by a licensing agency to practice in a specific occupation or profession that is provided to the licensing agency is confidential and not subject to disclosure under Chapter 552, Government Code.

**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. 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. Have you ever voluntarily surrendered your dental hygiene license?                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| 3. Have you ever allowed your hygiene license to lapse, or had a limited license issued by any licensing authority?                                                                                                                                                                                                                                                                                                                                                                                                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Have you ever voluntarily surrendered any other professional license?                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. 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. Has your dental hygiene license ever been revoked by any jurisdiction?                                                                                                                                                                                                                                                                                                                                                                                                                                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Have you ever had any other professional license revoked?                                                                                                                                                                                                                                                                                                                                                                                                                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Have you been the subject of disciplinary action not yet reported to the TSBDE? <b>If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.</b>                                                                                                                                                                                                                                                                                                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. 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. 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"/> |
| 11. 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?<br><br><b>If YES</b> , 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"/> |
| 12. Have you ever had a record expunged from a felony (or criminal) conviction?                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 13. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?                                                                                                                                                                                                                                                                                                                                                                                                         | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 14. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?                                                                                                                                                                                                                                                                                                                                                                                                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 15. Do you currently have or have you been previously 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 Hygienist in a competent, ethical, and professional manner?                                                                                                                                                                           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 16. 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"/> |

### Attestation

I hereby give my permission for the TSBDE to secure additional information or documentation concerning me or any of the statements in this application from any person or source the TSBDE may desire.

If further agree to submit to questioning concerning my qualifications as an applicant by the TSBDE, staff, any member or agent thereof, and to substantiate my statements if desired by the TSBDE. I also agree to present all other credentials required or requested by the TSBDE.

I, the applicant herein, state that all facts, statements and answers contained in this application are true and correct. I am not omitting any information, which might be of value to the TSBDE in determining my qualifications whether it is called for or not. I agree that any falsification, omission, or withholding or pertinent information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure by the TSBDE and such falsification, omission, or withholding shall serve as sufficient grounds for the revocation, cancellation, or suspension of my Texas license if it is not discovered until after reinstatement.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Reinstate a Retired License Application Requirements Checklist

- Submit a fully completed application. Submitting an incomplete application will delay your application process.
- A 2x2 passport photo.
- Copy of driver's license, naturalization papers, or passport.
- Copy of current Basic Life Support CPR certification.
- If you have ***not*** practiced within the last two years, you must provide proof of completion of 24 hours of CE in accordance with TSBDE Rule 104.1.
- If you ***have been*** practicing within the last two years in another state or jurisdiction, you are required to provide proof of completion of 12 hours of CE in accordance with TSBDE Rule 104.1
- Proof of completion of the Jurisprudence taken within one year immediately prior to application.
- National Practitioner Data Bank (NPDB) self-query report. Report results must remain in the original sealed envelope. NPDB reports are valid for 60 days. Contact NPDB at (800) 767-6732, or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- American Association of Dental Boards (AADB) self-query report results must remain in the original sealed envelope. Contact AADB at (312) 440-7464 or at <http://www.dentalboards.org>.
- Military Active Duty, Veterans or Military Active Duty Spouses must provide either a copy of Military Change of Station Orders, Identification Card or a document showing proof of Honorable or General Discharge.

## Fingerprint Session

Once the Texas State Board of Dental Examiners is in receipt of your application, you will be notified via email of the agency's service code. This code is required in order for you to schedule a fingerprint session with IdentoGo.

## 2-Step Application and Payment process

Once TSBDE has approved your examination application.. The status of your license will be expired with a future date. You will receive a letter of approval with instructions for activating your Initial renewal. The approval letter will authorize you to practice for 30 days. Once your initial renewal has been paid, you should receive your new license within 7-10 business days via mail.

**Exception:** Active duty military, veterans and active duty military spouses are not required to pay to activate their license. The license will be issued and mailed to the applicant after the application has been approved. Your first license may be valid anywhere between 6 months to 17 months. You will receive a reminder post card approximately 45 days prior to your license expiration date.

## Additional Information

Change of Address. Licensees are required to notify the TSBDE within 60 days of a change in address.

Continuing Education. New licensees are exempt from completing CE during their first licensure period. After the first license is renewed licensees should begin collecting CE.

CPR Requirement. CPR Courses must include a hands-on demonstration of skills by the applicant on a manikin and a written assessment of skills.