



**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: \$81**

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: 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. 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><b>If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.</b></p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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><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. 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>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>5. Are you currently addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p>6. Are you currently abusing any chemical substance including alcohol (excluding tobacco and caffeine)?</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<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>	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>.
- 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 the 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.

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