



Texas State Board of Dental Examiners

1801 Congress Avenue, Suite 8.600
 Austin, Texas 78701
 (737) 363-2320 / Fax: (512) 649-1658

**2x2 Passport Photo
 Required**

**Reinstate a Canceled or Retired
 Registration**

ATTACH HERE

Instructions: Print legibly or type all information. All fields are required. Submitting an incomplete application will delay your application process. All supporting documentation must be submitted with this application. **Fees are Non-Refundable.** Select the application type and submit the appropriate fee(s). Make your check or money order payable to TSBDE and mail to the Texas State Board of Dental Examiners at 1801 Congress Avenue, Suite 8.600, Austin, TX 78701. A 2x2 passport photo is required.

Please check (✓) one.

Reinstate a Canceled Registration \$69.50

Reinstate a Retired Registration \$32.50

Canceled/Retired RDA Number	Social Security Number	Date of Birth MM/DD/YYYY	
Legal Last Name	Legal First Name	Legal Middle Name	

List any other names used

The address provided will become a public record and must be disclosed, if it is requested through an open records request.

Mailing Address	City	State	Zip
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Is the mailing address your home address? (✓ check one)

YES NO

Jurisprudence Completion Date	BLS Issue Date	BLS Expiration Date
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Phone Number	Email Address
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*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.

State Licensure/Registration: List all state(s) and/or jurisdiction in which you have ever held a license. If you hold or have held a license in more than two states, please include the information on another sheet of paper submitted along with the application. For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application.

You MUST self-report your previously issued dental assistant registration even if it was issued by TSBDE. Failure to do so will result in processing delays.

State _____ Number _____ Issue Date _____ Disciplinary Action ____Yes or ____ No

State _____ Number _____ Issue Date _____ Disciplinary Action ____Yes or ____ No

Practice Information

Have you practiced dentistry in the last two years from the date you are submitting this application? YES NO

If so, where?

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? If yes, information below is required. YES NO

Dentist Name	Dentist License #:	Phone Number	
Address	City	State	Zip

Business Email

Background Questions: 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 an application for a dental assistant 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. 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? If you have previously been issued a dental assistant registration and it has Canceled, you must answer "Yes", and attach a notarized affidavit with an explanation.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you ever been the subject of disciplinary action by any licensing authority or government agency with regard to a dental assistant or any professional license, registration, certification, or permit? If you answer "Yes" you must attach documentation of disciplinary action not previously reported to TSBDE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. For any criminal offense, including those pending appeal, have you: A. been convicted of a misdemeanor (other than a minor traffic violations)? B. been convicted of a felony? C. pled nolo contendere, no contest or guilty? D. received deferred adjudication? E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty? F. been sentenced to serve jail or prison time? court-ordered confinement? G. been granted pre-trial diversion? H. been arrested or have any pending criminal charges? I. been cited or charged with any violation of the law? J. been the subject of a court-martial; Article 15 violation; or received any form of military judgement/punishment/action? 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.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgement or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Important: The Board recognizes that licensees encounter health conditions, including those involving mental health and substance use disorders, just as their patients and other health care providers do. The Board expects its licensees to address their health concerns and ensure patient safety. Options include seeking independent medical care, self-limiting the licensee's practice, and/or anonymously self-referring to the Professional Recovery Network (PRN). The PRN (<http://www.txprn.com/>) is supported in part by your license fees and is a peer assistance program dedicated to helping health care professionals enter a safe, healthy recovery in a confidential manner. The failure to adequately address a health condition, where the licensee is unable to practice with reasonable skill and safety to patients, can result in the Board taking action against the license to practice.

ATTESTATION

In addition to the foregoing: I acknowledge this is a legal document and I attest that I understand and meet all the requirements to practice for the type of registration requested. 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 registration.

Applicant's Signature

Date

STATE OF _____ COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the applicant whose signature appears above and who being by me sworn upon oath says that all the facts, statements and answers contained in this application are true and correct. Sworn and subscribed to before me, the said

_____ appeared on this the _____ day of _____, 20 _____, to certify which witness my hand and seal of office.

Notary Signature

(Seal)

All documentation is required to be submitted at the time you are mailing in your application package. **Incomplete applications will be returned to the address listed on the application.** If you are sending mail separately, you will need to include this information on another sheet of paper when submitting your application package via mail. Name changes or updates should be noted on the application and supported by submitting a copy of the legal document, which supports the name change. It is the applicant's responsibility to ensure are the required documents have been included in the application package.

An applicant applying for reinstatement of a Canceled registration who has been actively practicing within two years immediately preceding the date of this application checklist.

- A fully completed application and fee.
- 1- 2x2 passport photo
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification – Online courses are not acceptable.
- Copy of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate. For information on where to find approved courses please visit the following site; <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>.
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- Proof of active practice within the two years preceding the application. see Proof of Practice Affidavit.
- For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued.
- Proof of successful completion of the Texas Jurisprudence for Dental Assistants within one year of submitting the application,
- Proof of completion of 12 hours of continuing education taken within the 12 months preceding the date of the application. The 12 hours must be in accordance with Board Rule §114.12.

Submit fingerprint submission for the retrieval of criminal history record information – **This information will be emailed to the applicant once a completed application has been received.** Once you have completed the fingerprint session, applicants will be required to email a copy of their receipt from IdentoGO to licensinghelp@tsbde.texas.gov.

Reinstate a Canceled RDA Check List: If you have NOT been practicing within the last two years. All documentation listed below must be mailed in to the TSBDE. Incomplete applications will be returned. You MUST self-report a previously issued dental assistant registration even if it was issued by TSBDE. Failure to do so will result in processing delays.

- A fully completed application and fee.
- 1- 2x2 passport photo
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification – Online courses are not acceptable.
- Copy of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate. For information on where to find approved courses please visit the following site; <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>.
- Proof of successful completion of a TSBDE approved dental assistant registration course. For a list of board approved RDA course/exams visit <https://tsbde.texas.gov/licensing/dental-assistants/texas-dental-assistant-schools/>
 - If the RDA course/exam was taken over a year from the date of submitting your application, you will need to take and successfully pass the Texas Jurisprudence Assessment for dental assistants from the board's website.
 - A copy of your current DANB CDA Card. If you are submitting a DANB card, please note you are also required to complete the TSBDE Jurisprudence Assessment for dental assistants.
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- For applicants who hold or have every held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued.

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Reinstate a Retired RDA Check List: If you have been practicing within the last two years. All documentation listed below must be mailed in to the TSBDE. Incomplete applications will be returned. You MUST self-report a previously issued dental assistant registration even if it was issued by TSBDE. Failure to do so will result in processing delays.

- A fully completed application and fee.
- 2x2 passport photo
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification – Online courses are not acceptable.
- Copy of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate. For information on where to find approved courses please visit the following site; <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>.
- Proof of completion of 6 hours of continuing education (CE), taken within the 12 months preceding the date the application is received by the Board. All CE must comply with the requirements in §114.12 (relating to Continuing Education for Certificate Holders).
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
- For applicants who hold or have ever held a professional license, permit or registration (dental assistant, nurse, pharmacy technician, etc.) in Texas, or any other state including the Texas State Board of Dental Examiners: For each license you have ever held, you must obtain verification of the status of that license and list the information on the application. The verification must include the license number, the date issued, the current status, its expiration date, and whether any disciplinary action, sanction, or restriction was issued.

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- A fully completed application and fee.
- 2x2 passport photo
 - Your head must face the camera directly with full face in view
 - You must have a neutral facial expression or a natural smile, with both eyes open.
 - Use a plain white or off-white background.
 - Be sized correctly
- Copy of your driver's license, naturalization papers, or passport.
- Proof of current hands-on course in Basic Life Support (BLS) cardiopulmonary resuscitation (CPR) certification – Online courses are not acceptable.
- Copy of the Health and Human Services (HHS) approved Human Trafficking Course completion certificate. For information on where to find approved courses please visit the following site; <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center/health-care-practitioner-human-trafficking-training>.
- Proof of completion of 12 hours of continuing education (CE), taken within the 12 months preceding the date the application is received by the Board. All CE must comply with the requirements in §114.12 (relating to Continuing Education for Certificate Holders).
- National Practitioner Data Bank (NPDB) Self-Query Report. The report results must remain in its original sealed envelope. **Do not mail TSBDE a copy or an opened query.** You will only further delay your approval process. NPDB self-query report is valid for 60 days. You may contact the NPDB at (800) 767-6732 or at <http://www.npdb.hrsa.gov/pract/howToGetStarted.jsp>.
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Application Process - All documentation must match the name on the application. If there is a name, discrepancy i.e.; marriage or divorce etc., submit a copy of the legal document which reflects the name change. This application must be signed in front of a notary public.

- Initial Review Time: Please allow a minimum of 5 business days for our staff to review your application after receipt and to email you with an update on its status. If you are unable to include any required document, please attach a note explaining its absence for the staff's consideration.
- Checking for Deficiencies: Any missing or incomplete required documents (deficiencies) identified during the staff review will be communicated to you via the email address provided on your application.
- Approval and Next Steps: Upon approval, an official approval letter detailing the subsequent required steps will be mailed to you. You will then be required to create an online licensing account.

Continuing Education (CE) Requirements: Refer to Rule 114.12 Continuing Education for Certificate Holders