STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS

Reactivation Application – Expanded Function Dental Assistant

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Return to: **State Board of Dentistry**
P.O. Box 2649
Harrisburg, PA 17105-2649

EFDA Certificate Number: DF_____

Name Change
For a change of name, indicate new name below and attach 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal court document indicating retaking of a maiden name, etc. _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

YES	NO	If "YES" to questions 2, 3, 4, 5, 6 and/or 7 – provide details AND attach certified copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization (active or inactive, current or expired) to practice a profession or occupation in any state or jurisdiction? **If "Yes" List the profession and state or jurisdiction here →**
		2. **Since your initial application or your last renewal,** whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to a voluntary surrender in lieu of discipline?
		3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		4. **Since your initial application or your last renewal,** whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a professional, license, certificate, permit or registration in any state or jurisdiction?
		5. **Since your initial application or last renewal,** whichever is later, have you been convicted (found guilty, plead guilty or pled contendere), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		7. **Since your initial application or your last renewa**l, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		8. Do you hold current valid CPR certification in **Infant, Child <u>and</u> Adult CPR?** Courses for CPR certification must be obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. **Note: Online CPR courses are not acceptable to fulfill this requirement.**

_____
Name

_____
Address

_____
City **State** **Zip**

EFDA Certificate Number: DF_____

VERIFICATION OF INFORMATION

By signing below, I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 Pa. C.S.§4911.

Additionally, I verify that the statements in this application are true and correct to the best of my knowledge, information and belief, and that I am of good moral character. I understand that any false statement made is subject to the penalties of 18 Pa. C.S.§4904 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory)**: _____Date:_____**

EXPIRATION DATE: ➔	NOTE: Upon reactivation, this certificate will expire **March 31, 2017**
FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" ➔	**$26.00**

Write your certificate number on your payment. ***A $20.00 fee will be assessed for returned payments.***

LATE FEE – a $5.00 per month, or part of a month is required if you have been practicing since your certificate has expired.

PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

VERIFICATION OF PRACTICE/NON-PRACTICE

***** Your reactivation cannot be processed unless this page is completed**. ***

_____
Name

_____
Address

_____
City **State** **Zip**

EFDA Certificate Number: DF_____

Name of Profession _____

Date of Birth _____

Social Security Number _____

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating. **THEN** answer the following questions.

1.	Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license, permit or certification lapsed or since you placed it on inactive status?	**CIRCLE ONE:** YES NO
2.	Have you been employed by the federal government in the practice of your profession since your Pennsylvania license, permit or certification lapsed or since you placed it on inactive status?	**CIRCLE ONE:** YES NO

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license, permit and/or certification.

_____
(Signature of Certificate Holder)

_____
(Date)

STATE BOARD OF DENTISTRY

Reactivation Requirements – Expanded Function Dental Assistant

To reactivate your Pennsylvania license/certificate from inactive/expired status, the current requirements are as follows:

- **Complete the reactivation application form.**

- **Complete the Verification of Practice/Non-Practice form.**

- **Submit a copy (front & back) of your current certification card in Infant, Child and Adult CPR from the American Red Cross or American Heart Association or an organization equivalent approved by the Board. Note: Online CPR certification is not accepted by the Board.**

- **Submit copies of the certificates of completion for the required 10 continuing education credits. Three (3) credits must be in the area of coronal polishing for individuals who were certified by the Board by March 31, 2011 and did not meet the coronal polishing requirement for the 2013-2015 biennial renewal and for individuals certified by the Board after March 31, 2011 who did not complete the c.e. as a condition of their first complete biennial renewal period after initial certification unless an exemption applies. Credits must be obtained within two years prior to reactivation. Continuing education regulations can be found at www.dos.pa.gov/dent. Note: No more than 50% of the required credits may be taken through individual study and CPR may not be counted towards the required credits. Additionally, the 3 credits in coronal polishing may not be met through video, online or distance education. The course must be completed by physical attendance at a hands-on clinical training course offered by an approved program sponsor or an approved EFDA education program.**

- **Per Act 31 of 2014, two (2) hours of Board-approved continuing education in child abuse recognition and reporting requirements must be completed. Details can be found at www.dos.pa.gov/dent. For a list of Board-approved providers, click the "Child Abuse CE Providers" link. The provider must send electronic confirmation for completion of the course.**

- **Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your certificate has been expired/inactive, you must also include a $5.00 per month late penalty fee.**

If you have been inactive/expired for over 5 years, in addition to the above listed information, you must also submit the following:

- **Curriculum vitae**

- **Letter(s) of good standing from each state where you hold/held a license/permit/certificate to practice as an expanded function dental assistant. The letter(s) must come directly from the state licensing board in a sealed official envelope.**

- **The laws and regulations relative to the scope of practice as an expanded function dental assistant in the state where you are currently practicing.**

- **If you have not been in active practice in another state while your certificate was inactive in Pennsylvania, the Board may require you to retake an examination.**