

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

REACTIVATION APPLICATION

Dentist - DS

Return to:

State Board of Dentistry
PO Box 2649
Harrisburg, PA 17105-2649

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

LICENSE NUMBER

EMAIL

Check if appropriate:

- ☐ ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- ☐ NAME CHANGE – Submit a photocopy of a legal document verifying the name change (i.e. marriage certificate, divorce decree or legal court issued name change)

Prior Name

Current (New) Name

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

YES	NO	If “YES” to questions 2, 3, 4, 5, 6, 7, 8 and/or 9 – provide details AND attach certified copies of legal document(s).
		1. With the exception of the one you are currently reactivating, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization 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 Since your initial application or your last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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 had your DEA registration denied, revoked or restricted?
		6. Since your initial application or your last renewal , whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?
		7. Since your initial application or your last renewal , whichever is later, have you had your practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?
		8. Since your initial application or your last renewal , whichever is later, have you been charged by a hospital, university or research facility with violating research protocols, falsifying research or engaging in other research misconduct?
		9. Since your initial application or your last renewal , 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?
		10. Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?
		11. Upon reactivation of your Pennsylvania license, will you be practicing dentistry in the Commonwealth of PA?

Name

Address

City State Zip

Dental License Number: DS _____

Verification of Information

I verify that I have read, understood and will comply with the law and regulations of the State Board of Dentistry. I verify that this application 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 under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made 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.

Full Name (Please Print) _____

Signature of Licensee (Mandatory) _____ Date _____

Acknowledgement of Duty to Self-Report Disciplinary Conduct and Certain Criminal Activity (mandatory for all licensees; signature required)

I, _____, hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am **REQUIRED** pursuant to Act 6 of 2018 to **NOTIFY** the Bureau of Professional and Occupational Affairs **WITHIN 30 DAYS** of the occurrence of any of the following: (1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction; (2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select "Mandatory Reporting by Licensee" under the heading "Your Licenses."

Signature of Licensee (Mandatory) _____ Date _____

EXPIRATION DATE: →

NOTE: Upon reactivation the license will expire **March 31, 2023**

FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" →

\$263.00

Write your license 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 license has expired.

PRACTICING ON AN EXPIRED LICENSE 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

Dental License Number: DS_____

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 Licensee)

(Date)

STATE BOARD OF DENTISTRY

Requirements for Reactivation of your Pennsylvania license

To reactivate your Pennsylvania license 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 continuing education credits. Credits must be obtained within two years prior to reactivation. Course completed over two (2) years ago will be rejected. 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.
- Section 9.1(a)(2) of ABC-MAP requires that all dentists complete at least two (2) hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids. If you do not have a DEA registration and do not use another person or entity's DEA registration to prescribe any controlled substances, you do not need to complete the Opioid CE.
- 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.
- Provide a Self-Query from the National Practitioner Data Bank A self-query can be requested online at www.npdb.hrsa.gov. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office.
- Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee.
- Submit a copy of your medical professional liability insurance in the amount of one million (\$1,000,000) per occurrence or claim and three million (\$3,000,000) per annual aggregate. If you will not be practicing dentistry in the Commonwealth of Pennsylvania, professional liability insurance is not required. In this instance, you must provide a statement that you will not be practicing dentistry in Pennsylvania in lieu of submitting the required proof of professional liability insurance.

Acceptable coverage shall include:

- 1) Personally purchased medical professional liability insurance;
- 2) Self-insurance;
- 3) Medical professional liability insurance coverage provided by the dentist's employer; or
- 4) Medical professional liability insurance coverage provided by the community-based clinic for dentists with a volunteer license.

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 to practice dentistry. The letter(s) must come directly from the state licensing board in a sealed official envelope.
- If you have not been in active practice in another state while your license was inactive in Pennsylvania, the Board requires you to retake the clinical portion of regional clinical examination accepted by the Board.