Reactivation Application - Dentist

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

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<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>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 any health-related profession in any state or jurisdiction? If “Yes” List the profession and state or jurisdiction here →</td>
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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 Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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, pleaded guilty or pleaded no contest), 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 last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted? |

8. 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? |

9. Since your initial application or your last renewal, whichever is later, have you had your medical practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility? |

10. 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? |

11. 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? |

12. Do you hold current valid CPR certification in Infant, Child and 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. |

13. Upon reactivation of your Pennsylvania license, will you be practicing dentistry in the Commonwealth of PA? |

14. If yes, do you maintain the required medical professional liability insurance in the minimum amount of one million dollars per occurrence or claim and three million dollars per annual aggregate? |

15. Do you practice in an office where other individuals administer general anesthesia, deep sedation or conscious sedation on your patients but you do not hold an Unrestricted or Restricted I anesthesia permit? |

16. If yes, have you completed the required five (5) hours of Board-approved courses of study related to general anesthesia, deep sedation or conscious sedation? Note: The required five (5) hours may be used towards meeting the 30 hours required for renewal of a license.
Name

Address

City    State    Zip

Dental License Number: DS ________________

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 of the license will expire March 31, 2019

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) ________________________________
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.

- 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 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.

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.