STATE BOARD OF DENTISTRY

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

NAME

STREET ADDRESS

CITY STATE ZIP CODE PERMIT NUMBER

Check below if submitting a name change:

☐ 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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Have you completed 3 credit hours of Board-approved continuing education in courses relating to the administration of local anesthesia, including pharmacology or other related courses during the period April 1, 2015 through March 31, 2017? Note: The 3 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene.</td>
</tr>
</tbody>
</table>

NOTE: CPR/BLS certification cannot be counted towards the 3 credit hours required for the biennial renewal of your local anesthesia permit.

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _______________________
INACTIVE STATUS

If you will not be administering local anesthesia in Pennsylvania after March 31, 2017, you may place your local anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

☐ I will not be administering local anesthesia after March 31, 2017.

<table>
<thead>
<tr>
<th>EXPIRATION DATE:</th>
<th>March 31, 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE:</td>
<td>Upon renewal the permit will expire March 31, 2019</td>
</tr>
<tr>
<td>FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA”</td>
<td>$42.00</td>
</tr>
</tbody>
</table>

Write your permit 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 will be assessed if postmarked AFTER 03-31-17

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

TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES
RETURN BY: MARCH 1, 2017