

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

Return to:
State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME
STREET ADDRESS
CITY STATE ZIP CODE PERMIT NUMBER

Check if appropriate
[ ] \*\* ADDRESS CHANGE - The address above is a new address and not on file with the Board
[ ] \*\* NAME CHANGE - The name above is not the current name on the licensure records. You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal court document).

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

Table with 2 columns: YES, NO. Row 1: Note: Your permit cannot be renewed unless you have met the requirement below. Row 2: 1. Have you completed 3 credit hours of Board-approved continuing education... 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, 2015, 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, 2015.

EXPIRATION DATE: →	<b>March 31, 2015</b> NOTE: Upon renewal the permit will expire <b>March 31, 2017</b>
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$42.00
<p>Write your permit number on your payment. <i>A \$20.00 fee will be assessed for returned payments.</i> LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-15</p> <p><b>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b></p> <p><b>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES</b> <b>RETURN BY: MARCH 1, 2015</b></p>	