

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Public Health Dental Hygiene Practitioner - PHDH

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

NAME

STREET ADDRESS

CITY STATE ZIP CODE CERTIFICATION 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 with 2 columns: YES, NO. Row 1: Question about 5 credit hours of continuing education. Row 2: Question about professional liability insurance.

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 Certificate Holder (Mandatory): Date:

INACTIVE STATUS

If you **will not** be practicing as a public health dental hygiene practitioner in Pennsylvania after March 31, 2017, you may place your certification 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 practicing as a public health dental hygiene practitioner after March 31, 2017.

EXPIRATION DATE: →	March 31, 2017 NOTE: Upon renewal the certification will expire March 31, 2019
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$42.00
<p>Write your certification 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 03-31-17</p> <p>PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATION BEFORE IT EXPIRES RETURN BY: MARCH 1, 2017</p>	