

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Restricted Faculty - RFD

Return to:

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

NAME **

STREET ADDRESS **

CITY STATE ZIP CODE **

LICENSE 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).**

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

Act 31 of 2014 – Initial Training and Continuing Education in Child Abuse Recognition and Reporting Requirements

All health-related licensees and funeral directors are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. §6311), as amended, that **EFFECTIVE JANUARY 1, 2015**, all persons applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable Board. Additional information regarding this requirement is posted on the Board’s website at www.dos.state.pa.us/dent.

SECTION A - 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, 9, 10 and/or 11 – provide details AND attach certified copies of legal document(s).
		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 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 been convicted (found guilty, plead guilty or pled contendere), 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 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. If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?
		13. 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.
		14. Since your initial application or your last renewal , whichever is later, are you still employed as a faculty member at the designated dental school?
		15. 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?
		16. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

PART - SECTION B - Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required **30 credit hours** of continuing education during the period from April 1, 2013 to March 31, 2015 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.
NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2013 and March 31, 2015.
- I have received **written approval from the Board** for an extension or waiver of the required continuing education based on illness, emergency or hardship.

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

SECTION D – 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 restricted faculty member in a Pennsylvania dental school after March 31, 2015, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. **No fee, CPR certification or continuing education is required to maintain inactive status.**

- I **will not** be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, 2015.

EXPIRATION DATE: →	March 31, 2015 NOTE: Upon renewal the license will expire March 31, 2017
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	\$263.00
<p>Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.</p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-15</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2015</p>	