STATE BOARD OF DENTISTRY

REACTIVATION APPLICATION
Public Health Dental Hygiene Practitioner - PHDH

NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

CERTIFICATION NUMBER

EMAIL

Check if appropriate:

☐ ADDRESS CHANGE – The address above is a new address and not on file with the Board.

☐ 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></th>
<th>YES</th>
<th>NO</th>
<th>If “YES” to questions 2, 3, 4, 5, 6 and/or 7 – provide details AND attach certified copies of legal document(s).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>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>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>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?</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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?</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>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?</td>
</tr>
</tbody>
</table>
Name

Address

City State Zip

PHDHP Certification Number: PHDH_______________

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: ____________________________

<table>
<thead>
<tr>
<th>EXPIRATION DATE:</th>
<th>$42.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOTE: Upon renewal the certification will expire March 31, 2021</td>
<td>$20.00</td>
</tr>
</tbody>
</table>

FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” $42.00

Write your certification 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

PHDHP Certification Number:  PHDH__________________

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 PHDHP certificate from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- Submit copies of the certificates of completion for the required continuing education credits of 5 credits in public-health related courses in accordance with the Board’s Regulations. Credits must be obtained within two years prior to reactivation. Continuing education regulations can be found at www.dos.pa.gov/dent.
- Submit a copy of the declarations page or certificate of insurance for your current professional liability insurance policy, showing you as the named insured, in the minimum amount of $1,000,000 per occurrence and $3,000,000 per annual aggregate.
- Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your permit has been expired/inactive, you must also include a $5.00 per month late penalty fee.