

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

REACTIVATION APPLICATION

Dentist - DS

Return to:

State Board of Dentistry
PO Box 2649
Harrisburg, PA 17105-2649

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:	
<input type="checkbox"/>	ADDRESS CHANGE – The address above is a new address and not on file with the Board.
<input type="checkbox"/>	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

YES	NO	If “YES” to questions 2 THROUGH 11 – provide details AND attach certified copies of legal document(s).
		1. With the exception of the one you are currently reactivating, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization 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 Since your initial application or your last renewal , whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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. Have you completed 2 hours of Board-approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?
		13. If no , do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?
		14. 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.
		15. Upon reactivation of your Pennsylvania license, will you be practicing dentistry in the Commonwealth of PA?
		16. If yes, do you maintain the required professional liability insurance?

Name

Address

City State Zip

Dental License Number: DS _____

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: _____

EXPIRATION DATE: →	NOTE: Upon reactivation the license will expire March 31, 2021
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 is required if you have been practicing since your license has expired.</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p>	

VERIFICATION OF PRACTICE/NON-PRACTICE

*** Your reactivation cannot be processed unless this page is completed. ***

Name

Address

City State Zip

Dental License Number: DS _____

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)

STATE BOARD OF DENTISTRY

Requirements for Reactivation of your Pennsylvania license

To reactivate your Pennsylvania license from inactive/expired status, the current requirements are as follows:

- Complete the reactivation application form.
- Complete the Verification of Practice/Non-Practice form.
- Submit a copy (front & back) of your current certification card in Infant, Child and Adult CPR from the American Red Cross or American Heart Association or an organization equivalent approved by the Board. Note: Online CPR certification is not accepted by the Board.
- Submit copies of the certificates of completion for the required continuing education credits. Credits must be obtained within two years prior to reactivation. Course completed over two (2) years ago will be rejected. Continuing education regulations can be found at www.dos.pa.gov/dent. Note: No more than 50% of the required credits may be taken through individual study and CPR may not be counted towards the required credits.
- Section 9.1(a)(2) of ABC-MAP requires that all dentists complete at least two (2) hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing of opioids. If you do not have a DEA registration and do not use another person or entity's DEA registration to prescribe any controlled substances, you do not need to complete the Opioid CE.
- Per Act 31 of 2014, two (2) hours of Board-approved continuing education in child abuse recognition and reporting requirements must be completed. Details can be found at www.dos.pa.gov/dent. For a list of Board-approved providers, click the "Child Abuse CE Providers" link. The provider must send electronic confirmation for completion of the course.
- Provide a Self-Query from the National Practitioner Data Bank A self-query can be requested online at www.npdb.hrsa.gov. When you receive the "Self-Query Response" from the National Practitioner Data Bank, forward it to the Board office.
- Submit the current renewal fee. Note: If you have been practicing in Pennsylvania since your license has been expired/inactive, you must also include a \$5.00 per month late penalty fee.
- Submit a copy of your medical professional liability insurance in the amount of one million (\$1,000,000) per occurrence or claim and three million (\$3,000,000) per annual aggregate.

Acceptable coverage shall include:

- 1) Personally purchased medical professional liability insurance;
- 2) Self-insurance;
- 3) Medical professional liability insurance coverage provided by the dentist's employer; or
- 4) Medical professional liability insurance coverage provided by the community-based clinic for dentists with a volunteer license.

If you have been inactive/expired for over 5 years, in addition to the above listed information, you must also submit the following:

- Curriculum vitae
- Letter(s) of good standing from each state where you hold/held a license to practice dentistry. The letter(s) must come directly from the state licensing board in a sealed official envelope.
- If you have not been in active practice in another state while your license was inactive in Pennsylvania, the Board requires you to retake the clinical portion of regional clinical examination accepted by the Board.