Minnesota Board of Dentistry
335 Randolph Avenue, Suite 250
St. Paul, MN 55102
Office: (612) 617-2250
MN Relay Service: (800) 627-3529
www.mn.gov/boards/dentistry

APPLICATION FOR EMERITUS ACTIVE STATUS RENEWAL

--INSTRUCTIONS--

1. Your completed renewal application and renewal fee must be received or legibly postmarked on or before the due date. A penalty fee will be applied to all incomplete applications if not received or legibly postmarked on or before the due date. Mail your completed application and renewal fee to the address in the letterhead. Make checks payable to the Minnesota Board of Dentistry.

2. Applications are **incomplete** unless all required information **including the signature** and the correct fee are received or legibly postmarked on or before the due date.

3. If you are in active clinical practice, you must provide your primary practice address (Minn. Stat. 214.073).

4. If you use one check to pay for more than one renewal, **ALL** renewal applications must be complete **including signatures** or **ALL** renewal applications will be returned. The penalty fee will apply to **ALL** renewals if they are not returned or legibly postmarked on or before the due date.

5. Applications are **incomplete** when checks are not honored by your bank. Pursuant to Minnesota Statute 604.113, there will be a $20 service charge on all checks not honored by your bank. Foreign checks should state the fee in U.S. dollars. Only checks are accepted as a form of payment; **do not send cash.**

6. Failure to apply for renewal of your license or to voluntarily terminate your license may result in the termination of your license.

7. Minnesota law requires you to inform the Board of name and/or address changes within 30 days of a change. If you have a name change, send a notarized name change form with a copy of the legal document that changed your name to the Board's office. The form can be found on the Board's website. Address changes can be done on our website.

8. Minnesota Statute 13.41, subd. 2, item B requires a licensee to provide a telephone number at which the licensee can be contacted in connection with the license.

* Minnesota Rule 3100.1700, subp. 2 requires that you maintain consecutive and current CPR certification. "CPR" refers to a comprehensive hands-on course for a healthcare provider that includes: cardiopulmonary resuscitation on an adult, child, and infant; two-person rescuer; barrier mask or bag for ventilation; foreign body airway obstruction; and automated external defibrillation. A CPR certificate shall be obtained through the American Heart Association Healthcare Provider (BLS) course or the American Red Cross Professional Rescuer (BLS) course.

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For Biennial Period _____ through _____

Name First	M.I.	Last	License number:

Mailing Address (street address)		
City	State	Zip code
Daytime Phone (**required**)	Alternate phone	
Email (**required**)	County	

Practice Name and Address:		
Street Address		
City	State	Zip
Daytime Phone	Email	

1. Please check the correct practice status below: ❑ Active Practice In State (Currently in clinical practice IN MINNESOTA) ❑ Active Practice Out State (Currently in clinical practice OUTSIDE MINNESOTA) ❑ Active Not Practicing In State (Currently not in clinical practice IN MINNESOTA) ❑ Active Not Practicing Out State (Currently not in clinical practice OUTSIDE MINNESOTA)	
2. Are you current in AHA or ARC Healthcare Provider (BLS) CPR?	YES NO
3. Renewal Fee - Due Date: **Last Day of Your Birth Month:** **Dentist**: $212 **Dental therapist**: $100 **Dental hygienist**: $75 **Dental assistant**: $55	**$**
4. **Notice of Late Fee:** If your correctly completed application and renewal fee are not received postmarked by the due date, add the late fee. **Dentist**: $53 **Dental therapist**: $25 **Dental hygienist**: $18.75 **Dental assistant**: $13.75	**$**
5. You will automatically receive one renewal certificate. Complete this section for duplicates. Renewal certificates ($10 each) number of certificates requested: _____	**$**
6. **Total Amount Enclosed:** Make your check or money order payable to the **Minnesota Board of Dentistry**	**$**

Rights of Subject

Under Minnesota Statute 13.41, subdivision 2, information you provide in this renewal application except for your name and address is classified as private, that is, accessible only to you, the staff and members of the Board, the Board's counsel, and persons you designate, while you remain an applicant for license renewal. In addition, if the matter of your license becomes contested and thereby results either in a contested case hearing or litigation, the data submitted by you or on your behalf may also become accessible to the Minnesota Office of Administrative Hearings, appropriate courts, and those associated with such proceedings, and thereby become public data.

The purpose and intended use of this information is for license renewal and to assist the Board to verify compliance with other provisions of Minnesota Statutes 150A.01 to 150A.31 and Minnesota Rules 3100.0100 to 3100.9600. You are not legally required to provide this information, but failure to do so may affect the renewal of your license. Practicing without a renewed license is unlawful under Minnesota Statute 150A.

License Renewal Questions

If your response to any license renewal question indicates that you may have engaged in conduct that constitutes a violation of Minnesota Statutes or Rules governing the practice of dentistry, the matter may be referred for investigation by a Committee of the Board.

DISCLOSURES (The following questions apply to actions in Minnesota and all other jurisdictions **during or since your most recent** Minnesota dental renewal. Read each question carefully.)

	Yes	No
1. Are you under investigation or are you the subject of any pending or past disciplinary action or have you ever been refused a dental professional license or any other occupational license in any state, territory, or country?	❑	❑
2. Are there any criminal charges pending against you?	❑	❑
3. Have you ever been convicted of a felony, gross misdemeanor, or a misdemeanor?	❑	❑
4. Are there any unsatisfied judgments against you that resulted from the practice of dentistry?	❑	❑
5. Do you have any diagnosed and/or treated mental, physical, or cognitive condition or illness that could affect your ability to practice with reasonable skill and safety that has not been reported to HPSP since your last renewal?	❑	❑
6. **Professional Development:** I attest that I have or will have completed the requirements of a minimally acceptable Professional Development portfolio by the expiration date of my renewal cycle.	❑	❑
7. Do you have any diagnosed and/or treated substance use disorder that may affect your ability to practice with reasonable skill and safety that has not been reported to HPSP since your last renewal?	❑	❑

****REQUIRED****

_____ ( )_____

*Signature **(original required)*** *Daytime phone*

VOLUNTARY TERMINATION ONLY

If you no longer wish to maintain a Minnesota license you may click here to voluntarily terminate your license.