



APPLICATION FOR GUEST LICENSE ANNUAL RENEWAL:

DENTIST, HYGIENIST OR ASSISTANT

1. Your completed renewal application and renewal fee must be received or legibly postmarked on or before **December 31** of each year. 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 proper fee to the address in the letterhead.
 2. Applications are **incomplete** unless all required information **including signature** and the correct fee are received or legibly postmarked on or before December 31.
 3. If you use one check to pay for more than one annual 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 December 31.
 4. Applications are **incomplete** when checks are not honored by your bank. Pursuant to Minnesota Statutes section 604.113, there will be a \$20 service charge on all checks not honored by your bank. Checks should be made payable to the Minnesota Board of Dentistry. Foreign checks should state the fee in *U.S. dollars*. **DO NOT SEND CASH BY MAIL.**
 5. Failure to apply for annual renewal of your license or to voluntarily terminate your license may result in the termination of your license.
 6. Minnesota law requires you to inform the Board of name and/or address changes in writing within thirty (30) days of a change. If you have a name change, you need to complete and notarize the name change form ([located on Board website under Forms](#)).
 7. Minnesota Statutes, section 13.41, subdivision 2, item B requires a licensee to provide a telephone number at which the licensee can be contacted in connection with the license.
- * Minn. Rule 3100.1700, subp2 requires that you maintain a consecutive and current CPR certification. "CPR" refers to a comprehensive hands-on course for a health care 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 health care provider (BLS) course or the American Red Cross professional rescuer (BLS) course.

To hold a guest license in Minnesota, Minn. Stat. 150A.06, Subd. 2c requires:

- the dentist, dental hygienist, or dental assistant is currently licensed in good standing in another United States jurisdiction;
- the dentist, dental hygienist, or dental assistant is currently engaged in the practice of that person's respective profession in another United States jurisdiction;
- A dentist, dental hygienist, or dental assistant practicing under a guest license under this subdivision shall have the same obligations as a dentist, dental hygienist, or dental assistant who is licensed in Minnesota and shall be subject to the laws and rules of Minnesota and the regulatory authority of the board.



Minnesota Board of Dentistry

University Park Plaza, 2829 University Ave SE, Suite 450
Minneapolis, MN 55414-3249
Website mn.gov/boards/dentistry
Phone 612.617.2250 - Toll Free 888.240.4762 - Fax 612.617.2260
MN Relay Service for Hearing Impaired 800.627.3529

APPLICATION FOR GUEST LICENSE ANNUAL RENEWAL:
DENTIST, HYGIENIST OR ASSISTANT

For Annual Period January 1, through December 31,

Name First M.I. Last License #:

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

Current Clinic Address: Red River Valley Dental Access Project
715 11th St N #201
Moorhead, MN 56560
If different, please print correct Clinic Address

1. Your practice status is currently recorded as: Active Practice In State and Out State-Guest
If your current practice status is different from that shown above, please check those that apply.
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: December 31
Notice of Late Fee: If your correctly completed application and renewal fee are not received or postmarked by December 31, add \$25.00 late fee. \$50.00
4. Total Due: Make your check or money order payable to: 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.)

	Yes	No
1. Have you ever been suspended from practice, reprimanded, censured or otherwise disciplined or disqualified as a dental or other professional?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been convicted or adjudicated of a felony, gross misdemeanor or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any unsatisfied judgments against you that resulted from the practice of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>
5. Based on your assessment or that of another professional, has your use of alcohol or drugs, or the existence of a physiological or psychological medical condition, in any way ever impaired or limited your ability to practice your dental profession with reasonable skill and safety, or has anyone expressed concern about your use of alcohol or chemical substances, including prescription medications? If you have signed a participation agreement with HPSP, you may answer "No" to this question.	<input type="checkbox"/>	<input type="checkbox"/>

Professional Development

6. 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.	<input type="checkbox"/>	<input type="checkbox"/>
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REQUIRED

I attest that I am currently licensed in good standing and **actively** practicing clinical dentistry in another United States jurisdiction, in addition to my active practice in Minnesota. I understand that I have the same obligations as a Minnesota licensee and shall be subject to the laws and rules of Minnesota and the regulatory authority of the board.

Signature (*original required*)

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Daytime phone

VOLUNTARY TERMINATION ONLY

I no longer intend to maintain my guest license and hereby voluntarily terminate it. I understand that if I terminate my license, no renewal fee is required and my authority to practice guest dentistry in Minnesota ends.

Signature: _____ Date: _____