



APPLICATION FOR RESIDENT DENTAL THERAPIST LICENSE ANNUAL RENEWAL

—INSTRUCTIONS—

1. Your completed renewal application and renewal fee must be received or legibly postmarked on or before **June 30th** of each year.
2. Applications are **incomplete** unless all required information **including signature** and the correct fee are received or legibly postmarked on or before June 30th.
3. Applications are **incomplete** when checks are not honored by your bank. Pursuant to Minn. Stat. 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
4. **If you are still enrolled in a dental therapy residency program, failure to apply for annual renewal of your resident dental therapy license will result in the termination of your license (see item 7 below).**
5. 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](#)).
6. Minn. Stat. 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.
7. Please review Minn. Rule 3100.1170, subp 2 below regarding the termination of your resident dental therapist license.
Termination of licensure. (Minn. Rule 3100.1170, subp 2)
 - A. *A person's license to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist is terminated when the person is no longer an enrolled graduate student or a student of an advanced dental education program approved by the Board.*
 - B. *A person licensed to practice dental therapy or dental hygiene as a resident dental therapist or resident dental hygienist **must** inform the board when the licensee is no longer an enrolled graduate student or a student of an advanced dental education program approved by the Board.*
 - C. *A person who **fails** to inform the board as required in item B within 30 days of no longer being enrolled as a student or graduate student in a program approved by the Board, is deemed to have committed fraud or deception within the meaning of Minnesota Statutes, section 150.08, subdivision 1, clause (1).*

* 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.



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 RESIDENT DENTAL THERAPIST ANNUAL RENEWAL

For Annual Period July 1, _____ through June 30, _____

Form with fields: Name First, M.I., Last, License #, Mailing (street address), City, State, Zip, Daytime phone, Alternate phone, Email (mandatory), County

I am currently enrolled in the residency program checked below: (You must select one.)

- University of Minnesota School of Dentistry
515 S.E. Delaware Street
Minneapolis, MN 55455
Metropolitan State University
700 E 7th St
St Paul, MN 55106

Are you current in AHA or ARC Healthcare Provider (BLS) CPR* [] YES [] NO

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.

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.

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 been convicted or adjudicated of a felony, gross misdemeanor or misdemeanor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any criminal charges pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any unsatisfied judgments against you that resulted from the practice of dentistry?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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"/>
5. 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"/>

Renewal Fee: **\$75.00**

Due Date: **June 30**

Notice of Late Fee: If your correctly completed application and renewal fee are not received or not legibly postmarked by June 30, of the year in which you are renewing, a late fee (50% of renewal fee) must be assessed. You will be required to pay **an additional \$37.50**.

Make your check payable to: **Minnesota Board of Dentistry**

REQUIRED	
_____ Signature (original required)	() _____ Daytime phone number

VOLUNTARY TERMINATION ONLY

I am no longer enrolled in a residency program and do not need to renew my resident dental therapist license.

Signature: _____ Date: _____