

APPLICATION FOR SPECIALTY DENTIST LICENSE 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 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 the due date.
 3. If you are in active clinical practice, you must provide the primary practice address (Minn. Statute [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 on **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 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.**
 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 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.
 8. 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.

APPLICATION FOR SPECIALTY DENTIST LICENSE RENEWAL

SPECIALTY TYPE: _____

For Biennial Period _____ through _____

Name First	M.I.	Last	License #:
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Mailing Address (street address)			
City	State	Zip	
Daytime Phone: required		Alternate phone	
Email (mandatory)		County	

Practice Name and Address: (mandatory if in clinical practice)			
Street Address			
City	State	Zip	Daytime Phone

1. Please check the correct practice status below:	
<input type="checkbox"/> Active Practice In State (Currently in clinical practice IN MINNESOTA). <input type="checkbox"/> Active Practice Out State (Currently in clinical practice OUTSIDE MINNESOTA). <input type="checkbox"/> Active Not Practicing In State (Currently not in clinical practice IN MINNESOTA). <input type="checkbox"/> Active Not Practicing Out State (Currently not in clinical practice OUTSIDE MINNESOTA).	
2. Are you current in AHA or ARC Healthcare Provider (BLS) CPR*?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Renewal Fee - Due Date: Last Day of Your Birth Month:	\$425.00
4. Notice of Late Fee: If your correctly completed application and renewal fee are not received or <u>postmarked</u> by the due date, add \$106.25 late fee.	\$
5. You will receive one renewal certificate automatically. • I would like an additional _____ duplicate certificate(s)@ \$10 each	\$
6. Total Amount Enclosed: Make your check or money order payable to: Minnesota Board of Dentistry	\$
7. If you are incorporated as a Minnesota Professional firm under Chapter 319B and have filed with the Secretary of State, please provide the name and phone number of your firm.	
_____	() _____
<i>Name of Professional Firm</i>	<i>Phone</i>

Rights of Subject

Under Minn Stat. [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 Minn. Stats. [150A.01 to 150A.31](#) and Minn. 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 Minn. Stat. 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. 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?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

****REQUIRED****

Signature (original required)

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Daytime phone

VOLUNTARY TERMINATION ONLY

If you no longer wish to maintain a Minnesota license you may [click here](#) to voluntarily terminate your license.