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| Regulatory Analysis Form (Completed by Promulgating Agency) | | INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED | |
| (All Comments submitted on this regulation will appear on IRRC's website) | | JUL - 7 2022 Independent Regulatory Review Commission IRRC Number: 3277 | |
| (1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Dentistry | | | |
| (2) Agency Number: 16A Identification Number: 4634 | | | |
| (3) PA Code Cite: 49 Pa. Code § 33.3 and 33.339 | | | |
| (4) Short Title: Fees | | | |
| (5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Ronald K. Rouse, Board Counsel, State Board of Dentistry, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) rorouse@pa.gov Secondary Contact: Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 717-787-0251) jawolfgang@pa.gov | | | |
| (6) Type of Rulemaking (check applicable box): <input type="checkbox"/> Proposed Regulation <input checked="" type="checkbox"/> Final Regulation <input type="checkbox"/> Final Omitted Regulation | | <input type="checkbox"/> Emergency Certification Regulation; <input type="checkbox"/> Certification by the Governor <input type="checkbox"/> Certification by the Attorney General | |
| (7) Briefly explain the regulation in clear and nontechnical language. (100 words or less) | | | |
| <p>The State Board of Dentistry ("Board") amends § 33.3 (relating to fees) and rescinds § 33.339 (relating to fees for issuance of permits) to read as set forth in Annex A. The proposed rulemaking provides for graduated application fee increases for: dentists; dental facility fictitious names; dental hygienists; expanded function dental assistants (EFDA); unrestricted, restricted I and restricted II anesthesia permits; dental hygienist local anesthesia permits; public health dental hygienist practitioners (PHDHP); EFDA program approval; criteria approval – dentists; criteria approval – dental hygienists; and criteria approval – EFDAs. The proposed rulemaking also adds graduated application fee increases for a restricted faculty license.</p> <p>The rulemaking also implements graduated biennial renewal fee increases for dentists, dental hygienists, EFDAs, anesthesia-unrestricted permits, anesthesia-restricted I permits, anesthesia-restricted II permits, dental hygienist local anesthesia permits, PHDHP, EFDA education program</p> | | | |

approval, and restricted faculty licenses.

The biennial renewal fees will increase by 18% on a graduated basis over three renewal cycles. The initial fee increases will impact the renewal fees for the April 1, 2023–March 31, 2025, biennial renewal, with the second fee increase occurring for the April 1, 2025–March 31, 2027, biennial renewal and the third fee increase occurring for the April 1, 2027–March 31, 2029, biennial renewal period. The final rulemaking will increase application fees and biennial renewal fees in order to produce adequate revenue to meet projected expenditures, as required by The Dental Law (act) (63 P.S. § 123(b)).

(8) State the statutory authority for the regulation. Include specific statutory citation.

Section 3(o) of The Dental Law (act), (63 P.S. § 122(o)), authorizes the Board to adopt, promulgate, and enforce such rules and regulations as may be deemed necessary by the Board and proper to carry into effect the powers conferred by the act. Section 4(b) of the act (63 P.S. § 123(b)) requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a 2-year period. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an expanded function dental assistant (EFDA) in this Commonwealth shall be fixed by the Board by regulation. In terms of application fees for licensure and certification by criteria approval, section 3(f) of the act (63 P.S. § 122(f)), authorizes fees for applicants who have licenses from other states, territories or Canada. Section 11.2(a)(2), (4) and (6) (63 P.S. § 130c(a)(2), (4) and (6)) of the act require the Board to establish anesthesia permit fees. The Board's authority to impose an application fee for a restricted faculty applicant is section 11.11(a)(7) of the act (63 P.S. § 130(a)(7)), which provides that an applicant for a restricted faculty license shall pay a fee in the same amount as is prescribed by the Board for licensure to practice dentistry.

Under section 3(g.1) of the act (63 P.S. 122(g.1)), one of the Board's duties is "[t]o receive and record all filings of the names and fictitious names of providers of dental services..." Another duty of the Board under section 3(b) of the act (63 P.S. 122(b)), is to "...determine the acceptability and to approve and disapprove institutions and colleges of this State and of other states and countries for the education of students desiring... to be certified as expanded function dental assistants." Under the authority of sections 3(o) and 4(b) of the act, the Board is increasing the fees for fictitious names for dental facilities and EFDA educational programs.

Regarding biennial renewal fees, Section 3 (j) of the act (63 P.S. § 122(j)) empowers the Board "[t]o provide for, regulate, and require biennial renewals of all persons licensed or certified in accordance with provisions of this act...[and] to require, as a condition precedent to such biennial renewal, the payment of such biennial renewal fee as shall be fixed by regulation of the board." Additionally, under section 11.11(d) of the act (63 P.S. § 130(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

Yes. Section 4(b) of the act (63 P.S. § 123(b)) mandates a fee increase when expenditures outpace revenue. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an expanded function dental assistant (EFDA) in this Commonwealth shall be fixed by the Board by regulation. Section 11.11(a)(7) of the act (63 P.S. § 130(a)(7)) provides that an applicant for a restricted faculty license shall pay a fee in the same amount as is prescribed by the Board for licensure to practice dentistry. Additionally, under section 11.11(d) of the act (63 P.S. § 130(d)), to renew a restricted faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

(10) State why the regulation is needed. Explain the compelling public interest that justifies the regulation. Describe who will benefit from the regulation. Quantify the benefits as completely as possible and approximate the number of people who will benefit.

The act requires the Board to set fees by regulation so that revenues meet or exceed expenditures. The general operating expenses of the Board are borne by the licensee population through revenue generated by application fees and the biennial renewal of licenses. Expenses for applications are based upon the actual 2019 processing fee for each respective application. Through this final rulemaking, the cost of providing the service of processing applications will be more accurately apportioned to users of this service.

In consideration of the comments received regarding the timing of the biennial renewal fee increases, the Board voted to delay the implementation of the biennial fee increase until the April 1, 2023-March 31, 2025, biennial renewal period. In January of 2021, representatives from BFO met with the Board and provided summaries of the Board's revenue and expenses through FY 2027-2028. BFO reported that in FY 2018-2019 (a renewal year) the Board began with a revenue deficit of (\$573,799.20). In FY 2018-2019, the Board collected revenues totaling \$3,530,770.47 and incurred \$2,378,734.70 in expenses. This provided a positive balance of \$578,236.57 to carry forward to FY 2019-2020. FY 2019-2020 being a non-renewal year, the Board received only \$346,314.44 in revenue, while continuing to accrue expenses totaling \$2,437,357.91. This resulted in a deficit of (\$1,512,806.90) to carry forward to FY 2020-2021. Because FY 2021 was a renewal year, BFO projected that the Board would collect revenue totaling \$3,928,000. However, the Board's total expenditures for FY 2020-2021 were projected to be \$2,275,000, resulting in a balance of only \$140,193.10 to carry forward to FY 2021-2022, a non-renewal year. The Board only expects revenue in the amount of \$349,000 on the non-renewal year but expects expenses in the amount of \$2,510,000.00 resulting in a deficit of (\$2,020,806.90) to carry over to FY 2022-2023. Even with FY 2022-2023 being a renewal year with anticipated revenue totaling \$3,928,000.00, the Board's expenses are estimated at \$2,343,000.00 leaving a deficit of (\$435,806.90) to carry over to the non-renewal FY 2023-2024. Only \$349,000.00 in revenue is expected in FY 2023-2024, with \$2,585,000.00 in expenses also expected, leaving a deficit of (\$2,671,806.90) to carry over to FY 2024-2025. The deficit is expected to continue to increase with the Board carrying over a deficit of (\$5,751,806.90) to FY 2025-2026 and a deficit of (\$4,308,806.90) to FY 2026-2027. By the end of FY 2027-2028, the deficit is expected to increase to

(\$6,702,806.90).

BFO data demonstrates that the Board's revenue is insufficient to meet expenditures over a two-year period resulting in a projected deficit of approximately \$2.67 million by the end of FY 2022-2023 – FY 2023-2024, a projected deficit of approximately \$5.7 million by the end of FY 2024-2025 – FY 2025-2026 and a projected deficit of approximately \$6.7 million at the conclusion of FY 2026-2027 – FY 2027-2028. It is therefore necessary for the Board to raise fees to meet or exceed projected expenditures, in compliance with section 4(b) and (c) of the act, 63 P.S. § 123(b), (c). *See*, Attachment "A."

For the Board to meet or exceed projected expenditures with the delayed implementation date, BFO recommended increased application fees that are reflective of actual costs to process applications in each biennium, and an 18% renewal fee increase for each renewal cycle commencing with the April 1, 2023 – March 31, 2025 biennial renewal and continuing through the April 1, 2025 – March 31, 2027 biennial renewal period and concluding following the April 1, 2027 – March 31, 2029 biennial renewal period. The last time the Board approved a renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

Based upon the financial information that BFO presented to the Board on January 15, 2021, the Board adopted the new schedule of fees set forth in accompanying Annex A. In FY 2022-2023 through FY 2023-2024, with the fee increase, the Board's revenue of approximately \$5.1 million will be sufficient to meet its expenditures of approximately \$4.9 million and reduce the deficit. In FY 2024-2025 through FY 2025-2026, the Board's revenue of approximately \$5.93 million will be sufficient to meet its expenditures of approximately \$5.01 million and reduce the deficit. In FY 2026-2027 through FY 2027-2028, the Board's revenue of approximately \$6.9 million will be sufficient to meet its expenditures of approximately \$5.23 million and also eliminate the deficit. By the end of FY 2027-2028, the Board will have a positive balance of \$682,193. Thus, the proposed fee structure will allow the Board to meet expenditures over a two-year period as required by Section 4(b) of the act, 63 P.S. § 123(b), and will put the Board back on firm financial ground without creating a significant surplus of funds.

All initial applicants will be subjected to increased application fees. On average, the Board receives approximately 1,984 new applications annually from its various licensee types. Based upon the number of applications received in prior years, the Board anticipates receiving applications from the various license types on an annual basis as follows: 465 dental applications; 75 dental facility (fictitious name) applications; 400 dental hygienist applications; 275 EFDA applications; 30 anesthesia unrestricted permit applications; 25 anesthesia restricted I permit applications; 175 anesthesia restricted II permit applications; 425 dental hygienist local anesthesia applications; 95 PHDHP applications; 2 EFDA education program applications; 5 restricted faculty license applications; 6 license by criteria approval- dentist applications; 3 license by criteria approval- dental hygienist applications; and 3 license by criteria approval- EFDA applications.

The proposed amendments will also increase the biennial renewal fees for all license and permit types issued by the Board. There are currently 30,917 licensees and permit holders. Currently, the approximate number of current licensees for each licensure type is as follows: 10,224 dentists; 9,578 dental hygienists; 2,931 EFDAs; 405 anesthesia – unrestricted permit holders; 204 anesthesia – restricted I permit holders; 2,467 anesthesia – restricted II permit holders; 4,150 dental hygienist local anesthesia permit holders; 926 PHDHPs; 7 EFDA education programs; and 25 restricted faculty license holders, who will be required to pay 18% higher fees every two years beginning with the April

1, 2023-March 31, 2025 renewal cycle through the April 1, 2027-March 31, 2029 renewal cycle..

The fee increases for application and biennial renewal fees will enable the Board to continue to create a small surplus in funds should there be any additional unknown financial impacts. The rulemaking will benefit every citizen of the Commonwealth in that it ensures the fiscal integrity of the Board so that it can carry out its mission. The costs to applicants and licensees are outweighed by the Board's duty to license and regulate the practice of dentistry in the public interest.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

There are no federal licensure standards for dentistry.

(12) How does this regulation compare with those of the other states? How will this affect Pennsylvania's ability to compete with other states?

A comparison of application fees and renewal fees of surrounding states reveals that, even by comparing the highest of the Board's fee increases, which will not be effective until FY 2027-2028, Pennsylvania's application fees and renewal fees are still among the lowest and/or are in line with fees charged in many of the same or similar classifications in the 12 surrounding states in the Northeast Region (Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Ohio, Rhode Island, Vermont and West Virginia). Thus, the Board does not believe the rulemaking will put Pennsylvania at a competitive disadvantage with other states.

Dentists-

For dentists, effective 2027, the initial application fee in Pennsylvania will be \$282, with a biennial renewal fee of \$432. The initial application fee in Connecticut is *currently* \$565, with an annual renewal fee of \$575; the initial application fee in Delaware is *currently* \$582 (including a \$250 examination fee), with a biennial renewal fee of \$287; the initial application fee in Maine is *currently* \$871 (including a \$750 initial license fee and a \$21 criminal background check fee), with a biennial renewal fee of \$750; the initial application fee in Maryland is *currently* \$450, with a biennial renewal fee of \$586 (including a \$26 Maryland Health Care Commission Assessment fee); the initial application fee in Massachusetts is *currently* \$660, with a biennial renewal fee of \$360; the initial application fee in New Hampshire is *currently* \$200, with a \$385 biennial renewal fee; the initial application fee in New Jersey is *currently* \$515 (including a \$390 initial license fee), with a biennial renewal fee of \$390; the initial application fee in New York is *currently* \$377, with a triennial renewal fee of \$287; the initial application fee in Ohio is *currently* \$454, with a \$312 biennial renewal fee; the initial application fee in Rhode Island is *currently* \$965, with a corresponding biennial renewal fee of \$965; the initial application fee in Vermont is *currently* \$250, with a biennial renewal fee of \$575; and the initial application fee in West Virginia is *currently* \$185 with a corresponding \$185 annual renewal fee.

In summary, initial dentist applications range from a low of \$185 in West Virginia to a high of \$965 in Rhode Island. Pennsylvania's initial dentist application fee will be \$282 in 2027. There are currently only two states (Vermont and West Virginia) that have dentist application fees that are lower than \$282. Regarding license renewal fees, dentist license renewal fees range from a low of a \$287 triennial renewal fee in New York to a high of a \$575 annual (\$1,150 biennial) renewal fee in Connecticut.

Pennsylvania's biennial renewal fee for dentists will be \$432 in 2027. There are currently four states (Connecticut, Maine, Maryland, Rhode Island) with higher dentist license renewal fees than \$432.

Dental Facility Fictitious Name-

For dental facility fictitious name, effective 2027, the initial application fee in Pennsylvania will be \$78; there is no biennial renewal fee for this classification. Surrounding states generally do not have this type of registration as part of their fee schedules. As the only state that has a similar registration requirement, West Virginia's dental corporation application fee is currently \$ 250, with a corresponding annual renewal fee of \$150. West Virginia requires that the name of a dental corporation must comply with their state's rules concerning the practice of dentistry under trade names.

Dental Hygienists-

For dental hygienists, effective 2027, the initial application fee in Pennsylvania will be \$168, with a biennial renewal fee of \$70. The initial application fee in Connecticut is *currently* \$150, with an annual renewal fee of \$105; the initial application fee in Delaware is *currently* \$199 (including a \$100 examination fee), with a corresponding biennial renewal fee of \$174; the initial application fee in Maine is *currently* \$211 (including a \$140 initial license fee and a \$21 criminal background check fee), with a biennial renewal fee of \$140; the initial application fee in Maryland is *currently* \$275, with a biennial renewal fee of \$182; the initial application fee in Massachusetts is *currently* \$126, with a biennial renewal fee of \$60; the initial application fee in New Hampshire is *currently* \$100, with a biennial renewal fee of \$185; the initial application fee in New Jersey is *currently* \$195 (including a \$120 initial license fee), with a biennial renewal fee of \$120; the initial application fee in New York is *currently* \$128, with a triennial renewal fee of \$88; the initial application fee in Ohio is *currently* \$184, with a biennial renewal fee of \$144; the initial application fee in Rhode Island is *currently* \$65, with a corresponding \$65 biennial renewal fee; the initial application fee in Vermont is *currently* \$175, with a biennial renewal fee of \$215; and the initial application fee in West Virginia is *currently* \$75 with a corresponding \$75 annual renewal fee.

In summary, initial dental hygienist applications range from a low of \$65 in Rhode Island to a high of \$275 in Maryland. Pennsylvania's initial dental hygienist application fee will be \$168 in 2027. There are currently six states (Delaware, Maine, Maryland, New Jersey, Ohio, Vermont) that have dental hygienist application fees that are higher than \$168. Dental hygienist license renewal fees range from a low of a \$60 biennial renewal fee in Massachusetts to a high of a \$215 biennial renewal fee in Vermont. Pennsylvania's biennial renewal fee for dental hygienists will be \$70 in 2027. There are currently only three states (Massachusetts, New York, Rhode Island) with lower dental hygienist license renewal fees than Pennsylvania.

Expanded Function Dental Assistants (EFDAs)-

A comparison of application and biennial renewal fees for EFDAs presents some challenges, as seven states (Connecticut, Delaware, Maryland, Massachusetts, New Jersey, Rhode Island, and West Virginia) have no licensure classification for a dental assistant who is able to perform expanded functions. Other states use a different title or designation for someone who performs the duties of an EFDA. In New York, the licensure classification is "Registered Dental Assistant." In New Hampshire and Ohio, the licensure classification is "Expanded Function Dental Auxiliary." In Vermont, the licensure classification is "Certified Dental Assistant" with expanded function endorsement. For EFDAs, effective 2027, the initial application fee in Pennsylvania will be \$132, with a biennial renewal fee of \$378. The initial application fee in Maine is *currently* \$271 (including a \$200 initial license fee and a \$21 criminal background check fee), with a \$200 biennial renewal fee; the initial

application fee in New Hampshire is *currently* \$25, with no renewal fee; the initial application fee in New York is *currently* \$103, with a triennial renewal fee of \$50; the initial application fee in Ohio is *currently* \$25, with a biennial renewal fee of \$25; and the initial application fee in Vermont is *currently* \$70, with a biennial renewal fee of \$90.

In summary, EFDA applications range from a low of \$25 in New Hampshire and Ohio to a high of \$271 in Maine. Pennsylvania's EFDA application fee will be \$132 in 2027. One state, Maine, has an EFDA application that is currently higher than the \$132 application fee that Pennsylvania plans to implement in 2027. EFDA renewal fees range from a low of a \$50 triennial renewal fee in New York to a high of a \$200 biennial renewal fee in Maine. Although Pennsylvania's biennial renewal fee is \$178 higher than Maine's current biennial renewal fee, it is important to remember that only five of the surrounding states have this category of dental assistant who is able to perform expanded functions, including the performance of reversible intraoral procedures under the direct supervision of a licensed dentist and under an assignment of duties by a dentist.

Anesthesia Unrestricted, Anesthesia- Restrict I, and Anesthesia- Restricted II-

The gradation of the types of anesthesia permits, the minimum education and training required for the issuance of anesthesia permits, and the scope of practice of anesthesia permits are not uniform among the states. Therefore, a comparison among the states of the fees charged for Anesthesia unrestricted, Anesthesia restricted I and Anesthesia restricted II permits is not possible.

Dental Hygienist Local Anesthesia-

A comparison among the surrounding states of application and renewal fees for dental hygienists who administer local anesthesia is difficult because, like Anesthesia unrestricted, Anesthesia restricted I and Anesthesia restricted II permits, the dynamics of what dental hygienists are permitted to do under their dental hygienist license are not uniform among the states. In Pennsylvania, local anesthesia permits are optional to dental hygienists who desire to administer local anesthesia to patients in a dental office. In Delaware, dental hygienists are not permitted to administer local anesthesia. In West Virginia, a dental hygienist's permission to administer local anesthetic agents is associated with additional educational requirements and appears to be an extension of the dental hygienist license, as it expires on the date the dental hygienist's license expires or is revoked or suspended. Connecticut and New Jersey are similar to West Virginia in that these states require that dental hygienists must be qualified by education to administer local anesthesia, but no additional certification or license is issued. In Vermont, dental hygienists may qualify for a special endorsement to administer local anesthesia by satisfying additional educational requirements, but no online information is available on whether the special endorsement is an extension of the dental hygienist license or an endorsement requiring a separate fee. In Pennsylvania, effective 2027, the initial application fee for a dental hygienist local anesthesia permit will be \$60, with a biennial renewal fee of \$70. In Maine, there is currently a \$100 application fee (including a \$50 authority fee) for a dental hygienist to administer local anesthesia. Maryland currently charges a one-time fee of \$50 for a dental hygienist to administer local anesthesia to a dental patient. There is no renewal requirement. Massachusetts charges a fee of \$30 for a dental hygienist local anesthesia permit. No online information is available as to whether this is a one-time fee or is renewable annually or biennially. In New Hampshire, there is currently a \$25 application for a dental hygienist to administer local anesthesia. In New York, there is currently a \$25 application for a dental hygienist to administer local anesthesia. Last, in Rhode Island, there is currently a \$70 application for a dental hygienist to administer local anesthesia; the biennial renewal fee is \$70.

In summary, initial dental hygienist local anesthesia applications range from a low of \$25 in New

Hampshire and New York to a high of \$100 in Maine. Pennsylvania's initial dental hygienist local anesthesia application fee will be \$60 in 2027. One state, Maine, has a dental hygienist local anesthesia application that is currently higher than the \$60 application fee that Pennsylvania plans to implement in 2027. Pennsylvania's biennial renewal fee for dental hygienist local anesthesia will be \$70 in 2027, which is the same as Rhode Island's current biennial renewal fee for dental hygienist local anesthesia permit.

Public Health Dental Hygienist Practitioners (PHDHPs)-

For PHDHPs, effective 2027, the initial application fee in Pennsylvania will be \$95, with a biennial renewal fee of \$70. In Maine, the application fee for Public Health Dental Hygiene Authority is \$100 (including a \$50 practice authority fee); there is no biennial renewal fee. In New Hampshire, the initial application fee for PHDHPs is \$25, with a corresponding \$25 biennial renewal fee. The initial application fee for PHDHPs in Rhode Island is \$65, with a corresponding \$65 biennial renewal fee. The initial application fee for PHDHPs in West Virginia is \$25, with a corresponding \$65 biennial renewal fee.

In summary, initial PHDHP applications range from a low of \$25 in New Hampshire and West Virginia to a high of \$100 in Maine. Pennsylvania's initial PHDHP application fee will be \$95 in 2027. One state, Maine, has a PHDHP application that is currently higher than the \$95 application fee that Pennsylvania plans to implement in 2027. PHDHP renewal fees range from a low of a \$25 biennial renewal fee in New Hampshire to a high of a \$65 biennial renewal fee in Rhode Island and West Virginia. Pennsylvania's biennial renewal fee for PHDHPs will be \$70 in 2027, which is only \$5 dollars higher than Rhode Island and West Virginia's current biennial renewal fee.

Expanded Function Dental Assistant (EFDA) Education Programs-

For expanded function dental assistant education program, effective 2027, the initial application fee in Pennsylvania will be \$378; with a biennial renewal fee of \$164. Surrounding states do not have this category of application in their fee schedules. Consequently, the application and biennial fees for EFDA education programs cannot be compared with those of the surrounding states.

Restricted Faculty Licenses-

Regarding the restricted faculty license, the initial application and biennial renewal fees are set by the act and must be the same fees as for dentists. For restricted faculty licenses, effective 2027, the initial application fee for a restricted faculty license in Pennsylvania will be \$282, with a biennial renewal fee of \$432. The initial application fee for Provisional Licensure of Faculty in Connecticut is *currently* \$569.75 (including a \$4.75 fee to cover the cost of querying NPDB) and there is no online information is available as whether there is a license renewal fee; the initial application fee for a Dentist Academic License in Delaware is *currently* \$332, with a biennial renewal fee of \$332 the initial application fee for a Faculty Dentist License in Maine is *currently* \$871 (including a \$750 initial license fee and a \$21 criminal background check fee), with a biennial renewal fee of \$750; the initial application fee for a Teacher's License in Maryland is *currently* \$225, with a biennial renewal fee of \$225; the initial application fee for a Limited Dental Faculty License in Massachusetts is *currently* \$90, with no biennial renewal fee; there is no restricted faculty license category in New Hampshire; the initial application fee for a Limited Teaching Certificate in New Jersey is *currently* \$125, with an annual renewal fee of \$80; the initial application fee for a Restricted Dental Faculty License in New York is *currently* \$645, with a triennial renewal fee of \$345; there is no faculty license category in Ohio; the initial application fee for an Academic Faculty License in Rhode Island is *currently* \$965, with a biennial renewal fee of \$500; there is no restricted faculty license category in Vermont; and there is no restricted faculty license category in West Virginia.

In summary, initial restricted faculty license applications range from a low of \$90 in Massachusetts to a high of \$965 in Rhode Island. Pennsylvania's initial restricted faculty license application fee will be \$282 in 2027. There are currently five states (Connecticut, Delaware, Maine, New York, and Rhode Island) that have restricted faculty license application fees that are higher than \$282. Restricted faculty license renewal fees range from a low of an \$80 annual renewal fee in New Jersey to a high of a \$750 biennial renewal fee in Maine. Pennsylvania's biennial renewal fee for restricted faculty license will be \$432 in 2027. There are currently two states (Maine and Rhode Island) with higher restricted faculty license renewal fees than Pennsylvania.

Criteria approval for dentists, dental hygienists, and expanded function dental assistants (EFDAs)-

Criteria approval is a method to obtain a license – not a license type or classification. For example, in Pennsylvania, there are two ways to obtain a license; through criteria approval or by examination. Licensure by criteria approval is not prevalent today, as it was predominantly used when licensees from another state took an exam that was administered by a testing agency or organization that was not recognized by the Board. Years ago, the only testing agency that the Board accepted was The North East Regional Board of Dental Examiners, Inc. (NERB), now known as The Commission on Dental Competency Assessments (CDCA). Today, the Board recognizes national and clinical examinations administered by various organizations, which are testing organizations that are recognized by most states. Since this method of obtaining licensure is unique to Pennsylvania, the application fee cannot be compared with the surrounding states.

In conclusion, the graduated fee increases for applications and biennial license renewals will not impair Pennsylvania's ability to compete because Pennsylvania's fee increases will remain in line with the fees of the surrounding states. Pennsylvania is an appealing state for dental health professionals to work and earn an income because of the large population of potential dental patients available. According to the 2020 U.S. Census, Pennsylvania is the 5th largest state in the United States of America. Of the twelve states that surround Pennsylvania, only New York ranks higher in population. The ranking of the twelve surrounding states by population is as follows: Connecticut, 29th; Delaware, 45th; Maine, 42nd; Maryland, 18th; Massachusetts, 15th; New Hampshire, 41st; New Jersey, 11th; New York, 4th; Ohio, 7th; Rhode Island, 43rd; Vermont, 49th; and West Virginia, 39th.

(13) Will the regulation affect any other regulations of the promulgating agency or other state agencies? If yes, explain and provide specific citations.

No. The regulation does not affect any other regulations of the agency or other state agencies.

(14) Describe the communications with and solicitation of input from the public, any advisory council/group, small businesses and groups representing small businesses in the development and drafting of the regulation. List the specific persons and/or groups who were involved. ("Small business" is defined in Section 3 of the Regulatory Review Act, Act 76 of 2012.)

At the Board's November 15, 2019 meeting, the Board voted to adopt the proposed schedule of fees. Various members of the regulated community, including Sherri Myers, Hygienist, Professor at Northampton Community College; Morgan Plant, Government Relations Consultant, Pennsylvania Dental Hygienists' Association; Lisa Maisonet, President, Pennsylvania Dental Hygienists' Association; Rachel Coffee, RDH, MS, Director of Dental Health, Luzerne County Community College; Marisa Swarney, Director, Government Relations, Pennsylvania Dental Association; Ann Hart and Peter Ross, DMD, Lancaster Pediatric Dental Associates, P.C. and Pennsylvania Academy of

Pediatric Dentistry; Angela M. Stout, D.M.D., M.P.H., Vice President of Pennsylvania Academy of Pediatric Dentistry; Barbara Reiprich, RDH, PHDHP, Pennsylvania Dental Hygienists' Association; Steve Neidlinger, CAE, Executive Director, Pennsylvania Academy of General Dentistry; and Joan Burke, CDA, EFDA, Pennsylvania Dental Assistant Association, were in attendance at this meeting. In addition, the Board sent an exposure draft of the proposed fee increase to interested parties and stakeholders on January 22, 2020 seeking input on the fee increase. The Board received responses from three stakeholders. The Dean of Temple University's Kornberg School of Dentistry responded favorably to the fee increase. One dental practitioner expressed his frustration with the fee increase. Last, the EFDA Program Director for Harcum College noted that the EFDA program renewal fee went from \$100 to \$236 for April 1, 2021, which is more than double the current renewal fee, when all other increases were 18%. As this was an obvious error, the Board adjusted this fee to accurately reflect an 18% increase for each renewal cycle commencing in FY 2022-2023 and continuing through FY 2026-2027.

The rulemaking was published as proposed in the *Pennsylvania Bulletin* on November 14, 2020 (50 Pa. B. 6356). Publication was followed by a 30-day public comment period during which the Board received four public comments. Two of the public comments were from dentists. The Board also received a comment from the Pennsylvania Dental Association (PDA) and the Pennsylvania Academy of General Dentistry (PAGD). In addition, the Independent Regulatory Review Commission (IRRC) submitted comments. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC) did not submit comments.

At its November 19, 2021 public meeting, the Board considered the comments of IRRC and the public regarding the proposed rulemaking. After considering the comments, the Board voted to delay the implementation of the fee increases and later on November 19, 2021, approved the final rulemaking.

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

All Board regulated practitioners will be affected by the fee increases. At the present time, there are 10,224 actively licensed dentists; 9,578 actively licensed dental hygienists; 2,931 certified EFDAs; 405 anesthesia – unrestricted permit holders; 204 anesthesia – restricted I permit holders; 2,467 anesthesia -restricted II permit holders; 4,150 dental hygienist local anesthesia permit holders; 926 PHDHPs; 7 EFDA education programs; and 25 restricted faculty license holders. In addition, all applicants for a license, certificate or permit issued by the Board will be affected by the fee increases. The Board processes about 1,984 applications a year.

According to the Small Business Administration (SBA), as of 2020 there were approximately 1.1 million businesses in Pennsylvania of which 99.6% are small businesses. Most businesses in Pennsylvania are, therefore, considered small businesses. According to the U.S. Bureau of Labor Statistics for Pennsylvania in 2021, this industry comprises establishments of health practitioners having the degree of D.M.D. (Doctor of Dental Medicine), D.D.S. (Doctor of Dental Surgery), or D.D.Sc. (Doctor of Dental Science) primarily engaged in the independent practice of general or specialized dentistry or dental surgery. These practitioners operate private or group practices in their own offices (e.g., centers, clinics) or in the facilities of others, such as hospitals or HMO medical centers. They can provide either comprehensive preventive, cosmetic, or emergency care, or specialize in a single field of dentistry. A small number of dentists, dental hygienists and dental assistants work in state or federal government while most work in offices of dentists and/or were self-employed

(90%). All restricted faculty licensees work at one of the three universities in the Commonwealth that has a dental school (the University of Pittsburgh, Temple University and the University of Pennsylvania). With regard to EFDA educational programs, most of these programs are offered by community colleges, vocational schools, or technical and trade schools.

For the business entities listed above, small businesses are defined in Section 3 of the Regulatory Review Act (71 P.S. §745.3), which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the NAICS standards to the types of businesses where dentists, dental hygienists and EFDAs work, a small business classified under NAICS code 621210 (offices of dentists) is one with \$8.0 million or less in average annual receipts. Colleges, universities and professional schools (NAICS code 611310) are considered small businesses if they have \$30.0 million or less in average annual receipts. Because these three universities each have annual operating budgets over a billion dollars, none of the 25 restricted faculty licensees work for small businesses. With regard to community or junior colleges (611210), a small business is one that has \$22.0 million or less in average annual receipts. Vocational or technical and trade schools (611519) are considered small businesses if they have \$16.5 million or less in average annual receipts. The Board does not collect data relating to business size, but believes that, with the exception of the restricted faculty licensees, the vast majority of dentists, dental hygienists and EFDAs work in "small businesses" as the term is defined by the SBA and the Regulatory Review Act. Regarding junior or community colleges, vocational, or technical and trade schools, the Board does not know the sizes of schools that would offer EFDA educational programs; however, it is likely that many of them would be small businesses.

(16) List the persons, groups or entities, including small businesses, that will be required to comply with the regulation. Approximate the number that will be required to comply.

All initial applicants will be required to comply with this rulemaking. On average, the Board receives approximately 1,984 new applications annually from its various licensee types. Based upon the number of applications received in prior years, the Board anticipates receiving applications from the various license types as follows: 175 anesthesia restricted II permits applications; 75 dental facility (fictitious name) applications; 30 anesthesia unrestricted permit applications; 5 restricted faculty license application; 425 dental hygienist local anesthesia applications; 95 PHDHP applications; 400 dental hygienist applications; 6 dental license by criteria approval applications; 465 dentist applications; 275 EFDA applications; 2 EFDA education program applications; 3 dental hygienist license by criteria approval applications; 3 EFDA license by criteria approval applications; and 25 anesthesia restricted I permit applications.

Additionally, all current licensees will be required to comply with the increased biennial renewal fees. There are currently 30,917 licensees and permit holders. The approximate number of current licensees for each licensure type is as follows: 10,224 dentists; 9,578 dental hygienists; 2,931 EFDAs; 405 anesthesia – unrestricted permit holders; 204 anesthesia – restricted I permit holders; 2,467 anesthesia – restricted II permit holders; 4,150 dental hygienist local anesthesia permit holders; 926 PHDHPs; 7 EFDA programs; and 25 restricted faculty license holders, that will be required to pay 18% higher fees commencing in the April 1, 2023-March 31, 2025 biennial renewal period and continuing through the April 1, 2027-March 31, 2029 biennial renewal period.

(17) Identify the financial, economic and social impact of the regulation on individuals, small

businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The amendments will increase the application and biennial renewal fees for licensees of the Board as follows:

APPLICATION FEE INCREASE:

Approximately 1,984 applicants will be impacted annually by the application fee increase:

465 Dentists

FY 22-23: The fee increase (\$200 to \$235) will generate an additional \$16,275 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$16,275 in application fees.

FY 24-25: The fee increase (\$235 to \$260) will generate an additional \$11,625 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$11,625 in application fees.

FY 26-27: The fee increase (\$260 to \$282) will generate an additional \$10,230 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$10,230 in application fees.

400 Dental Hygienists

FY 22-23: The fee increase (\$75 to \$140) will generate an additional \$26,000 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$26,000 in application fees.

FY 24-25: The fee increase (\$140 to \$154) will generate an additional \$5,600 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$5,600 in application fees.

FY 26-27: The fee increase (\$154 to \$168) will generate an additional \$5,600 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$5,600 in application fees.

275 Expanded Function Dental Assistants (EFDAs)

FY 22-23: The fee increase (\$75 to \$110) will generate an additional \$9,625 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$9,625 in application fees.

FY 24-25: The fee increase (\$110 to \$120) will generate an additional \$2,750 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$2,750 in application fees.

FY 26-27: The fee increase (\$120 to \$132) will generate an additional \$3,300 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$3,300 in application fees.

30 Anesthesia Unrestricted Permits

FY 22-23: The fee increase (\$100 to \$150) will generate an additional \$1,500 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$1,500 in application fees.

FY 24-25: The fee increase (\$150 to \$165) will generate an additional \$450 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$450 in application fees.

FY 26-27: The fee increase (\$165 to \$180) will generate an additional \$450 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$450 in application fees.

25 Anesthesia Restricted I Permits

FY 22-23: The fee increase (\$100 to \$150) will generate an additional \$1,250 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$1,250 in application fees.

FY 24-25: The fee increase (\$150 to \$165) will generate an additional \$375 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$375 in application fees.

FY 26-27: The fee increase (\$165 to \$180) will generate an additional \$375 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$375 in application fees.

175 Anesthesia Restricted II Permits

FY 22-23: The fee increase (\$15 to \$65) will generate an additional \$8,750 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$8,750 in application fees.
FY 24-25: The fee increase (\$65 to \$71) will generate an additional \$1,050 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$1,050 in application fees.
FY 26-27: The fee increase (\$71 to \$78) will generate an additional \$1,225 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$1,225 in application fees.

425 Dental Hygienist Local Anesthesia Permits

FY 22-23: The fee increase (\$20 to \$50) will generate an additional \$12,750 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$12,750 in application fees.
FY 24-25: The fee increase (\$50 to \$55) will generate an additional \$2,125 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$2,125 in application fees.
FY 26-27: The fee increase (\$55 to \$60) will generate an additional \$2,125 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$2,125 in application fees.

95 Public Health Dental Hygiene Practitioners (PHDHP)

FY 22-23: The fee increase (\$20 to \$80) will generate an additional \$5,700 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$5,700 in application fees.
FY 24-25: The fee increase (\$80 to \$88) will generate an additional \$760 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$760 in application fees.
FY 26-27: The fee increase (\$88 to \$95) will generate an additional \$665 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$665 in application fees.

2 Expanded Function Dental Assistant (EFDA) Education Program

FY 22-23: The fee increase (\$200 to \$315) will generate an additional \$230 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$230 in application fees.
FY 24-25: The fee increase (\$315 to \$345) will generate an additional \$60 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$60 in application fees.
FY 26-27: The fee increase (\$345 to \$378) will generate an additional \$66 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$66 in application fees.

5 Restricted Faculty Licenses

FY 22-23: The fee increase (\$200 to \$235) will generate an additional \$175 in-application fees.
FY 23-24: The fee increase will continue to generate an additional \$175 in application fees.
FY 24-25: The fee increase (\$235 to \$260) will generate an additional \$125 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$125 in application fees.
FY 26-27: The fee increase (\$260 to \$282) will generate an additional \$110 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$110 in application fees.

75 Dental Facility Fictitious Name

FY 22-23: The fee increase (\$35 to \$65) will generate an additional \$2,250 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$2,250 in application fees.
FY 24-25: The fee increase (\$65 to \$71) will generate an additional \$450 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$450 in application fees.
FY 26-27: The fee increase (\$71 to \$78) will generate an additional \$525 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$525 in application fees.

6 Criteria Approval – Dentists

FY 22-23: The fee increase (\$200 to \$235) will generate an additional \$210 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$210 in application fees.
FY 24-25: The fee increase (\$235 to \$260) will generate an additional \$150 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$150 in application fees.
FY 26-27: The fee increase (\$260 to \$282) will generate an additional \$132 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$132 in application fees.

3 Criteria Approval – Dental Hygienists

FY 22-23: The fee increase (\$75 to \$140) will generate an additional \$195 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$195 in application fees.
FY 24-25: The fee increase (\$140 to \$154) will generate an additional \$42 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$42 in application fees.
FY 26-27: The fee increase (\$154 to \$168) will generate an additional \$42 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$42 in application fees.

3 Criteria Approval – Expanded Function Dental Assistants (EFDA)

FY 22-23: The fee increase (\$75 to \$140) will generate an additional \$195 in application fees.
FY 23-24: The fee increase will continue to generate an additional \$195 in application fees.
FY 24-25: The fee increase (\$140 to \$154) will generate an additional \$42 in application fees.
FY 25-26: The fee increase will continue to generate an additional \$42 in application fees.
FY 26-27: The fee increase (\$154 to \$168) will generate an additional \$42 in application fees.
FY 27-28: The fee increase will continue to generate an additional \$42 in application fees.

Total Economic Impact to Applicants

Based upon the application fee increases, the total economic impact per fiscal year is as follows:

| | |
|-----------|-----------|
| FY 22-23: | \$85,105 |
| FY 23-24: | \$85,105 |
| FY 24-25: | \$25,604 |
| FY 25-26: | \$25,604 |
| FY 26-27: | \$24,887 |
| FY 27-28: | \$24,887 |
| <hr/> | |
| Total: | \$271,192 |

BIENNIAL RENEWAL FEE INCREASE

Approximately 30,917 licensees will be impacted by the 18% biennial renewal fee increase, as follows:

10,224 Dentists

FY 22-23: The fee increase (\$263 to \$310) will generate an additional \$480,528 in revenue.
FY 24-25: The fee increase (\$310 to \$366) will generate an additional \$572,544 in revenue.
FY 26-27: The fee increase (\$366 to \$432) will generate an additional \$674,784 in revenue.

9,578 Dental Hygienists

FY 22-23: The fee increase (\$42 to \$50) will generate an additional \$76,624 in revenue.
FY 24-25: The fee increase (\$50 to \$59) will generate an additional \$86,202 in revenue.
FY 26-27: The fee increase (\$59 to \$70) will generate an additional \$105,358 in revenue.

2,931 Expanded Function Dental Assistants (EFDAs)

FY 22-23: The fee increase (\$26 to \$31) will generate an additional \$14,655 in revenue.
FY 24-25: The fee increase (\$31 to \$37) will generate an additional \$17,586 in revenue.
FY 26-27: The fee increase (\$37 to \$44) will generate an additional \$20,517 in revenue.

405 Anesthesia Unrestricted

FY 22-23: The fee increase (\$210 to \$248) will generate an additional \$15,390 in revenue.
FY 24-25: The fee increase (\$248 to \$293) will generate an additional \$18,225 in revenue.
FY 26-27: The fee increase (\$293 to \$346) will generate an additional \$21,465 in revenue.

204 Anesthesia Restricted I

FY 22-23: The fee increase (\$210 to \$248) will generate an additional \$7,752 in revenue.
FY 24-25: The fee increase (\$248 to \$293) will generate an additional \$9,180 in revenue.
FY 26-27: The fee increase (\$293 to \$346) will generate an additional \$10,812 in revenue.

2,467 Anesthesia Restricted II

FY 22-23: The fee increase (\$53 to \$63) will generate an additional \$24,670 in revenue.
FY 24-25: The fee increase (\$63 to \$74) will generate an additional \$27,137 in revenue.
FY 26-27: The fee increase (\$74 to \$87) will generate an additional \$32,071 in revenue.

4,150 Dental Hygienist Local Anesthesia

FY 22-23: The fee increase (\$42 to \$50) will generate an additional \$33,200 in revenue.
FY 24-25: The fee increase (\$50 to \$59) will generate an additional \$37,350 in revenue.
FY 26-27: The fee increase (\$59 to \$70) will generate an additional \$45,650 in revenue.

926 Public Health Dental Hygiene Practitioner (PHDHP)

FY 22-23: The fee increase (\$42 to \$50) will generate an additional \$7,408 in revenue.
FY 24-25: The fee increase (\$50 to \$59) will generate an additional \$8,334 in revenue.
FY 26-27: The fee increase (\$59 to \$70) will generate an additional \$10,186 in revenue.

7 Expanded Function Dental Assistant (EFDA) Education Program

FY 22-23: The fee increase (\$100 to \$118) will generate an additional \$126 in revenue.
FY 24-25: The fee increase (\$118 to \$139) will generate an additional \$147 in revenue.
FY 26-27: The fee increase (\$139 to \$164) will generate an additional \$175 in revenue.

25 Restricted Faculty

FY 22-23: The fee increase (\$263 to \$310) will generate an additional \$1,175 in revenue.
 FY 24-25: The fee increase (\$310 to \$366) will generate an additional \$1,400 in revenue.
 FY 26-27: The fee increase (\$366 to \$432) will generate an additional \$1,650 in revenue.

Total Economic Impact to Licensees

| | |
|-----------|-----------|
| FY 22-23: | \$661,528 |
| FY 24-25: | \$778,105 |
| FY 26-27: | \$922,668 |

TOTAL: \$2,362,301

The Board does not expect this rulemaking to have any other financial, economic or social impact on individuals, businesses or labor communities or other public or private organizations. Small businesses will be impacted to the degree they elect to pay their employees' licensure fees.

These fee increases are necessary to ensure the fiscal integrity of the Board and to ensure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The new fee structure for application fees is beneficial for licensees generally as the costs associated with each application will be paid by the applicant rather than distributed among the Board's licensees. Additionally, the Board's graduated fee approach is beneficial because the application fee increases are reflective of actual costs during each biennium and biennial renewal fees coincide more closely with the projected expenses for each biennium.

(18) Explain how the benefits of the regulation outweigh any cost and adverse effects.

The fee increases are mandated by section 4(b) of the act, 63 P.S. § 123(b), which requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties are not sufficient to meet expenditures over a two-year period. The regulation benefits every citizen of the Commonwealth in that it will ensure the fiscal integrity of the Board and allow the Board to carry out its mission. The cost to the regulated community is outweighed by the Board's duty to license and regulate its licensees in the public interest and to protect the public health, safety and welfare.

(19) Provide a specific estimate of the costs and/or savings to the regulated community associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

As reflected in the Board's response to question 17, the regulated community will incur additional costs as a result of the application and biennial renewal fee increases. By adding the costs for the application fee increases with biennial renewal fees per fiscal year, the Board estimates that the costs to the regulated community associated with implementation of these fee increases are projected to be \$746,633 in FY 2022-2023 ($\$85,105 + 661,528 = \$746,633$); \$85,105 in FY 2023-2024 (a non-renewal year); \$803,709 in FY 2024-2025 ($\$25,604 + 778,105 = \$803,709$); \$25,604 in FY 2025-2026 (a non-renewal year); \$947,555 in FY 2026-2027 ($\$24,887 + \$922,668 = \$947,555$); and \$24,887 in FY 2027-2028 (a non-renewal year).

The Board does not anticipate additional administrative, legal, accounting or consulting costs to the regulated community by implementing the rulemaking. The proposed rulemaking will permit the Board to continue to fund the costs of its operations.

(20) Provide a specific estimate of the costs and/or savings to the local governments associated with compliance, including any legal, accounting or consulting procedures which may be required. Explain how the dollar estimates were derived.

There are no costs or savings to local governments associated with compliance with the rulemaking.

(21) Provide a specific estimate of the costs and/or savings to the state government associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

The Board will incur a minimal cost to revise its online application forms and online renewal platform to indicate the increased fees, but this rulemaking will permit the Board to recoup these costs. The Board will incur no other increase in administrative costs by implementing the rulemaking. There are no other costs or savings to state government associated with implementation of the rulemaking.

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

The Board does not anticipate any legal, accounting, or consulting procedures or additional reporting, recordkeeping or other paperwork to be required for the implementation of the regulations.

(22a) Are forms required for implementation of the regulation?

Yes, the Board will need to revise its online application forms and online renewal platform to indicate the increased fees.

(22b) If forms are required for implementation of the regulation, attach copies of the forms here. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.

In October of 2016, the Bureau launched the Pennsylvania Licensing System (PALS), which provides for an online application and biennial renewal system. With the exception of the EFDA Education Program initial application, all of the Board's applications and biennial renewals are processed through PALS. The Board will only need to revise existing online applications to reflect the increased fees for initial applications and biennial renewal applications, as reflected in the final annex. Regarding the EFDA Education Program initial application, the Board has attached copies of the paper application showing how it will be amended to implement the new fee increases. For all other initial applications, because the Board no longer uses paper applications, the Board is attaching online "checklists" that correlate with each application. All biennial renewal applications are processed online through PALS; paper copies of the electronic biennial renewal applications are also attached. See, Attachment "B."

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

| | Current FY Year (2021-22) | FY +1 Year (2022-23) | FY +2 Year (2023-24) | FY +3 Year (2024-25) | FY +4 Year (2025-26) | FY +5 Year (2026-27) |
|------------------------|---------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| SAVINGS: | N/A | N/A | N/A | N/A | N/A | N/A |
| Regulated Community | N/A | N/A | N/A | N/A | N/A | N/A |
| Local Government | N/A | N/A | N/A | N/A | N/A | N/A |
| State Government | N/A | N/A | N/A | N/A | N/A | N/A |
| Total Savings | N/A | N/A | N/A | N/A | N/A | N/A |
| COSTS: | N/A | N/A | N/A | N/A | N/A | N/A |
| Regulated Community | N/A | \$746,633 | \$85,105 | \$803,709 | \$25,604 | \$947,555 |
| Local Government | N/A | N/A | N/A | N/A | N/A | N/A |
| State Government | N/A | N/A | N/A | N/A | N/A | N/A |
| Total Costs | N/A | \$746,633 | \$85,105 | \$803,709 | \$25,604 | \$947,555 |
| REVENUE LOSSES: | N/A | N/A | N/A | N/A | N/A | N/A |
| Regulated Community | N/A | N/A | N/A | N/A | N/A | N/A |
| Local Government | N/A | N/A | N/A | N/A | N/A | N/A |
| State Government | N/A | N/A | N/A | N/A | N/A | N/A |
| Total Revenue Losses | N/A | N/A | N/A | N/A | N/A | N/A |

(23a) Provide the past three-year expenditure history for programs affected by the regulation.

| Program | FY - 3 18-19 | FY - 2 19-20 | FY - 1 20-21 (Projected) | Current FY 21-22 (Projected) |
|-----------------------------|-----------------|-----------------|--------------------------------|------------------------------------|
| State Board of Dentistry | \$2,378,734.70 | \$2,437,357.91 | \$2,275,000 | \$2,510,000 |
| | | | | |

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

(a) All “small businesses” as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. Please also see response to Question 15.

(b) There are no projected reporting or recordkeeping costs required for compliance. There are only negligible additional administrative costs required to revise online applications for increased fees.

(c) The probable effect on impacted small businesses may be an increase in application and biennial renewal fees for applicants or licensees employed by small businesses, should the businesses choose to pay these fees for employees. With regard to EFDA education programs, the impact will be directly on the providers offering these programs (junior colleges, vocational schools, or technical and trade schools); however, as indicated in the response to Question 17, the impact to program providers will not be substantial. The Board receives approximately 2 EFDA education program applications per year. The economic impact for EFDA education program applicants is as follows:

FY 22-23: The fee increase (\$200 to \$315) will generate an additional \$230 in application fees.

FY 23-24: The fee increase will continue to generate an additional \$230 in application fees.

FY 24-25: The fee increase (\$315 to \$345) will generate an additional \$60 in application fees.

FY 25-26: The fee increase will continue to generate an additional \$60 in application fees.

FY 26-27: The fee increase (\$345 to \$378) will generate an additional \$66 in application fees.

FY 27-28: The fee increase will continue to generate an additional \$66 in application fees.

There are 7 EFDA education program licensees that are subject to biennial renewal. The economic impact for EFDA education program licensees is as follows:

FY 22-23: The fee increase (\$100 to \$118) will generate an additional \$126 in revenue.

FY 24-25: The fee increase (\$118 to \$139) will generate an additional \$147 in revenue.

FY 26-27: The fee increase (\$139 to \$164) will generate an additional \$175 in revenue.

(d) The Board has evaluated and considered increasing fees since 2017. As previously discussed, the Board’s expenditures exceed its revenue. Section 4(b) of the act mandates a fee increase when expenditures outpace revenue. Thus, based upon the insufficient revenue and continued reduction of remaining funds, the Board has determined that fee increases are the only way to sustain operations, ensuring public health and safety.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

No groups with particular needs have been identified.

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

The Board considers the regulations to be the least burdensome and acceptable alternative, consistent with public health, safety and welfare. This increase is necessary to ensure the fiscal integrity of the Board and to assure that the Board's mandate to protect the health, safety and welfare of the public is carried out. The last time that the Board approved a biennial renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

When BFO first alerted the Board that fee increases were necessary, the Board was looking at substantial increases in biennial renewal fees. The Board later decided to incorporate increased fees for application fees to reflect the current costs to process those applications. Additionally, the Board incorporated graduated fee increases for applications and biennial fees over the course of three biennial periods so that the fees for each biennium more accurately reflected the actual costs for each biennial period. At the Board's January 15, 2021 meeting, the Board adopted what it believed to be the least burdensome acceptable fee structure and voted to hold off implementation of the increased fees until 2023.

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
 - b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
 - c) The consolidation or simplification of compliance or reporting requirements for small businesses;
 - d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
 - e) The exemption of small businesses from all or any part of the requirements contained in the regulation.
-
- a) & b) All applicants pay the application fees at the time the application is submitted, and all licenses renew biennially. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.
 - c) There are no compliance or reporting requirements that could be consolidated or simplified. The application and biennial renewal processes are the same whether a particular licensee or applicant is, or is employed by, a small business or a large business.
 - d) The regulations do not contain design or operational standards that need to be altered for small businesses.
 - e) To exclude any applicants or licensees from the requirements contained in the final rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining adequate revenue to meet projected expenditures, thus the Board would not be able to carry out its statutory mandate.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail how the data was obtained, and how it meets the acceptability standard for empirical, replicable and testable data that is supported by documentation, statistics, reports, studies or research. Please submit data or supporting materials with the regulatory package. If the material exceeds 50 pages, please provide it in a searchable electronic format or provide a list of citations and internet links that, where possible, can be accessed in a searchable format in lieu of the actual material. If other data was considered but not used, please explain why that data was determined not to be acceptable.

(29) Include a schedule for review of the regulation including:

- A. The length of the public comment period: 30 days from publication in the *Pennsylvania Bulletin*
- B. The date or dates on which any public meetings or hearings will be held:
No public hearings are scheduled. The proposed rulemaking was discussed at public Board meetings on January 17, 2020, March 13, 2020, and January 15, 2021. The final rulemaking was discussed and adopted at the public Board meeting on November 19, 2021. The Board considers its regulatory proposals at regularly scheduled public meetings, a schedule of which is included in item (30) below.
- C. The expected date of delivery of the final-form regulation: Summer 2022
- D. The expected effective date of the final-form regulation: Summer 2022
- E. The expected date by which compliance with the final-form regulation will be required: Upon publication in the *Pennsylvania Bulletin* as Final.
- F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

The Board regularly evaluates the effectiveness of its regulations. Additionally, the Board regularly reviews requests by licensees and members of the public to amend its regulations causing the Board to evaluate the regulations' impact and necessity. The Board reviews all regulatory proposals at regularly scheduled meetings. The Board's remaining meeting dates in 2022 are July 15, 2022, September 9, 2022, and November 18, 2022.

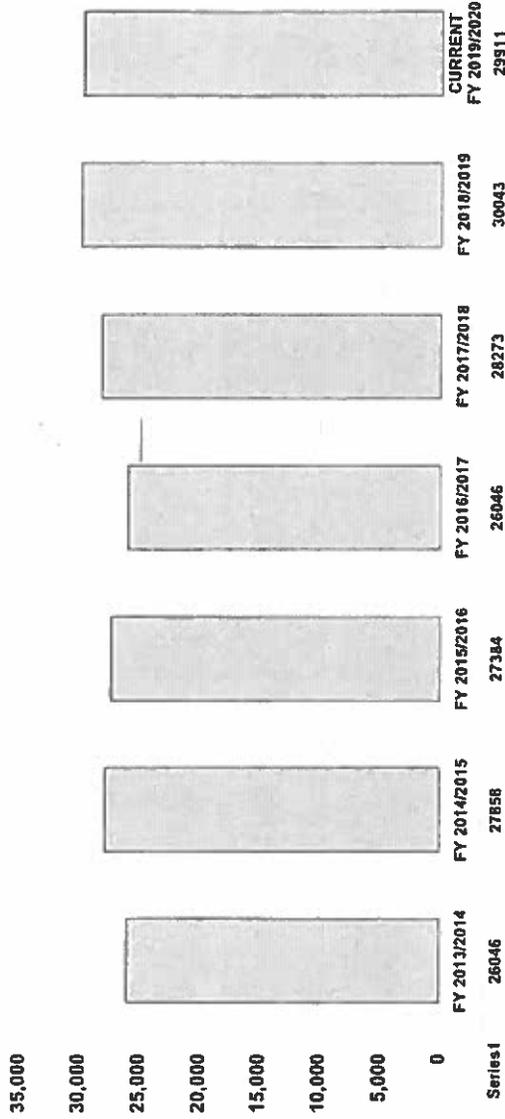
ATTACHMENT "A"

State Board of Dentistry

| | |
|------------------------------------|-------------|
| Projected Biennial Revenue | \$4,274,314 |
| Projected Biennial Budget/Expenses | \$4,712,358 |
| Projected Biennial Balance | (\$438,043) |

Projected biennial revenue and expenses from FY19-20 and FY20-21 were used to show anticipated biennial balance.

**STATE BOARD OF DENTISTRY
RENEWABLE LICENSEE COUNTS**



Series1

LICENSEES BY CLASS

| | FY 17-18 | FY 18-19 | FY 19-20 | FY 20-21 |
|------------------------------------|----------|----------|----------|----------|
| Dentist | 9,672 | 10,187 | 9,958 | 10,224 |
| Dental Hygienist | 9,128 | 9,519 | 9,335 | 9,578 |
| Expanded Function Dental Assistant | 2,417 | 2,675 | 2,804 | 2,931 |
| Anesthesia - Unrestricted | 337 | 409 | 393 | 405 |
| Anesthesia - Restricted I | 199 | 203 | 195 | 204 |
| Anesthesia - Restricted II | 2,311 | 2,432 | 2,379 | 2,467 |
| Dental Hygienist Local Anesthesia | 3,355 | 3,723 | 3,972 | 4,150 |
| Public Health DH Practitioner | 776 | 862 | 905 | 926 |
| EFDA Education Program | 10 | 10 | 7 | 7 |
| Restricted Faculty Licensee | 18 | 23 | 22 | 25 |

TOTAL

26,273 29,911 30,043 30,917 31,102/2021

State Board of Dentistry
Expense and Revenue History Comparison

| Cost Center | Actual Expenses FY 12-13 | Actual Expenses FY13-14 | Actual Expenses FY 14-15 | Actual Expenses FYTD 15-16 | Actual Expenses FY16-17 | Actual Expenses FY 17-18 | Actual Expenses FY 18-19 | Actual Expenses FYTD 18-20 | Actual Expenses FYTD 20-21 |
|-----------------------------|--------------------------|-------------------------|--------------------------|----------------------------|-------------------------|--------------------------|--------------------------|----------------------------|-------------------------------------|
| BPOA Administration | 335,103.31 | 284,166.52 | 409,543.89 | 337,418.07 | 494,501.37 | 457,511.23 | 554,093.15 | 347,773.25 | 229,360.92 |
| Commissioner's Office | 22,646.11 | 19,116.42 | 17,354.16 | 20,269.66 | 24,967.50 | 29,973.06 | 29,916.98 | 26,625.43 | 12,415.12 |
| Revenue Office | 10,550.71 | 9,967.23 | 13,310.94 | 11,767.74 | 13,883.61 | 13,261.38 | 12,574.97 | 12,086.57 | 7,410.16 |
| Departmental Services | 113,582.27 | 116,753.06 | 129,247.01 | 124,943.33 | 122,270.51 | 175,375.89 | 162,392.60 | 132,467.42 | 108,245.85 |
| Board Member Expenses | 15,940.46 | 17,495.98 | 12,010.68 | 9,229.17 | 14,525.69 | 12,716.64 | 12,832.31 | 15,928.07 | 4,044.06 |
| Legal Administration | 436,874.66 | 524,156.35 | 486,442.15 | 65,946.64 | 27,006.26 | 15,689.03 | 16,289.71 | 48,907.54 | 29,051.33 |
| Legal Prosecution | 46,216.97 | 44,745.60 | 57,739.88 | 458,889.34 | 587,570.34 | 659,409.66 | 678,386.68 | 813,779.25 | 459,672.15 |
| Legal Counsel | 0.00 | 0.00 | 0.00 | 81,410.90 | 81,055.96 | 95,887.51 | 87,063.53 | 140,366.53 | 88,492.23 |
| Hearing Expenses | 55,034.01 | 45,262.67 | 46,536.52 | 70,723.99 | 61,324.76 | 67,412.58 | 84,410.06 | 123,213.58 | 60,108.10 |
| Enforcement & Investigation | 583,765.00 | 526,758.06 | 676,923.11 | 744,227.00 | 706,132.17 | 583,091.90 | 670,019.27 | 684,139.44 | 363,252.71 |
| PHMP | 74,218.39 | 84,937.50 | 78,132.69 | 79,243.51 | 76,098.55 | 65,577.82 | 70,755.44 | 92,065.15 | 52,552.67 |
| TOTAL | 1,693,931.89 | 1,673,359.35 | 1,927,241.03 | 2,004,069.35 | 2,209,336.72 | 2,175,906.70 | 2,378,734.70 | 2,437,354.83 | 1,414,615.30 as of 3/10/2021 |

| Revenue By Source | Actual Revenue FY 11-12 | Actual Revenue FY 12-13 | Actual Revenue FY13-14 | Actual Revenue FY 14-15 | Actual Revenue FY 15-16 | Actual Revenue FY16-17 | Actual Revenue FY 17-18 | Actual Revenue FY 18-19 | Actual Revenue FY 19-20 | Actual Revenue FYTD 20-21 to 1/1/20 |
|--------------------------|-------------------------|-------------------------|------------------------|-------------------------|-------------------------|------------------------|-------------------------|-------------------------|-------------------------|-------------------------------------|
| Renewals | 43,985.00 | 2,982,460.00 | 31,912.00 | 3,164,894.00 | 31,427.00 | 3,086,511.00 | 19,275.00 | 3,223,082.00 | 22,577.00 | 3,109.00 |
| Applications | 60,085.00 | 61,310.00 | 152,230.00 | 224,195.00 | 227,640.00 | 227,517.00 | 203,285.00 | 165,975.00 | 139,840.00 | 58,055.00 |
| Letters of Good Standing | 10,725.00 | 13,290.00 | 12,180.00 | 13,685.00 | 13,200.00 | 12,725.00 | 13,770.00 | 13,987.38 | 12,055.00 | 4,470.00 |
| Civil Penalties | 41,160.00 | 34,775.00 | 64,500.00 | 41,575.00 | 54,749.98 | 43,616.66 | 75,825.00 | 94,226.23 | 102,270.35 | 16,350.00 |
| Act 48 Citations | 2,750.00 | 1,050.00 | 6,750.00 | 1,625.00 | 1,700.00 | 2,672.14 | 3,600.00 | 0.00 | 1,400.00 | 0.00 |
| Investigations | 1,000.00 | 0.00 | 9,001.83 | 2,586.26 | 799.28 | 10,290.71 | 25,029.20 | 13,174.27 | 49,223.96 | 5,100.00 |
| Licensee Lists | 14,896.77 | 10,624.19 | 11,291.21 | 12,823.45 | 12,073.28 | 78,381.69 | 30,436.44 | 20,325.59 | 18,948.13 | 7,310.38 |
| TOTAL REVENUE | 173,701.77 | 3,103,509.19 | 287,865.04 | 3,461,483.71 | 341,589.54 | 3,461,714.20 | 371,220.64 | 3,530,770.47 | 346,314.44 | 94,394.38 |

current revenue
916,429.73 3/10/2021

**State Board of Dentistry
No Change**

Renewal March of odd years
Last fee increase effective March 2015, Board approved 7/2012

| LICENSE COUNT | CURRENT RENEWAL FEE | TOTAL RENEWAL FEES |
|---------------|---------------------|--------------------|
| 10224 | \$263.00 | \$ 2,688,912.00 |
| 957# | \$42.00 | \$ 402,276.00 |
| 2931 | \$26.00 | \$ 76,206.00 |
| 405 | \$210.00 | \$ 85,050.00 |
| 204 | \$210.00 | \$ 42,840.00 |
| 2467 | \$53.00 | \$ 130,751.00 |
| 4150 | \$42.00 | \$ 174,300.00 |
| 926 | \$42.00 | \$ 38,892.00 |
| 7 | \$100.00 | \$ 700.00 |
| 25 | \$263.00 | \$ 6,575.00 |
| 30,917 | | \$ 3,646,502.00 |
| | | \$ 305,815.00 |
| | | \$ 325,610.91 |
| | | \$ 4,277,927.91 |

LICENSE CLASSES

- Dentist:
- Dental Hygienist
- Expanded Function Dental Assistant
- Anesthesia - Unrestricted
- Anesthesia - Restricted I
- Anesthesia - Restricted II
- Dental Hygienist Local Anesthesia
- Public Health OH Practitioner
- EFDA Education Program
- Restricted Faculty License

RENEWAL REVENUE:
BIENNIAL APPLICATION REVENUE:
BIENNIAL NON-RENEWAL OTHER REVENUE:
TOTAL BOARD REVENUE:

Renewal Year: \$ 3,928,000.00
 Non-Renewal Year: \$ 349,000.00

| FINANCIAL STATUS | Actual FY 17-18 | Projected FY 18-19 | Projected FY 19-20 | Projected FY 20-21 | Projected FY 21-22 | Projected FY 22-23 | Projected FY 23-24 | Projected FY 24-25 | Projected FY 25-26 | Projected FY 26-27 | Projected FY 27-28 |
|--------------------|-----------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| Beginning Balance: | 1,230,886.86 | (573,799.20) | 578,236.57 | (1,512,806.90) | 140,193.10 | (2,020,806.90) | (435,806.90) | (2,671,806.90) | (3,437,806.90) | (5,751,806.90) | (4,308,806.90) |
| Revenue: | 371,220.64 | 3,530,770.47 | 346,314.44 | 3,928,000.00 | 349,000.00 | 3,928,000.00 | 349,000.00 | 3,928,000.00 | 349,000.00 | 3,928,000.00 | 349,000.00 |
| Total Available: | 1,602,107.50 | 2,956,971.27 | 924,551.01 | 2,415,193.10 | -89,193.10 | 1,907,193.10 | (86,806.90) | 1,256,193.10 | (3,088,806.90) | (1,823,806.90) | (3,959,806.90) |
| Expenses/Budget: | 2,175,906.70 | 2,378,734.70 | 2,437,357.91 | 2,275,600.00 | 2,510,000.00 | 2,343,000.00 | 2,585,000.00 | 2,413,000.00 | 2,653,000.00 | 2,485,000.00 | 2,743,000.00 |
| Remaining Balance: | (573,799.20) | 578,236.57 | (1,512,806.90) | 140,193.10 | (2,020,806.90) | (435,806.90) | (2,671,806.90) | (1,156,806.90) | (5,751,806.90) | (4,308,806.90) | (6,702,806.90) |

State Board of Dentistry
PROPOSED BIENNIAL RENEWAL FEE INCREASE - EFFECTIVE FY 20-21 (March 2021)
 18% Renewal Fee Increase per Biennial Renewal - All Licensure Types

BOARD APPROVED 11/15/2019

| RENEWAL LICENSE CLASSES | CURRENT | | FY 22-23 & FY 23-24 (Increase Application and Renewal Fees) | | FY 24-25 & FY 25-26 (Increase Application and Renewal Fees) | | FY 26-27 & FY 27-28 (Increase Application and Renewal Fees) | |
|------------------------------------|---------------|------------------------|---|------------------------|---|------------------------|---|------------------------|
| | LICENSE COUNT | RENEWAL FEE | LICENSE COUNT | RENEWAL FEE | LICENSE COUNT | RENEWAL FEE | LICENSE COUNT | RENEWAL FEE |
| Denial | 10224 | \$ 203.00 | 10224 | \$ 310.00 | 10224 | \$ 366.00 | 10224 | \$ 432.00 |
| Dental Hygienist | 9578 | \$ 402,276.00 | 9578 | \$ 478,900.00 | 9578 | \$ 569,000.00 | 9578 | \$ 670,480.00 |
| Expanded Function Dental Assistant | 2931 | \$ 76,206.00 | 2931 | \$ 90,861.00 | 2931 | \$ 109,447.00 | 2931 | \$ 128,964.00 |
| Anesthesia - Unrestricted | 405 | \$ 85,050.00 | 405 | \$ 100,440.00 | 405 | \$ 118,665.00 | 405 | \$ 140,130.00 |
| Anesthesia - Restricted I | 204 | \$ 210.00 | 204 | \$ 248.00 | 204 | \$ 293.00 | 204 | \$ 346.00 |
| Anesthesia - Restricted II | 2467 | \$ 53.00 | 2467 | \$ 61.00 | 2467 | \$ 74.00 | 2467 | \$ 87.00 |
| Dental Hygienist Local Anesthesia | 4150 | \$ 42.00 | 4150 | \$ 50.00 | 4150 | \$ 59.00 | 4150 | \$ 70.00 |
| Public Health DH Practitioner | 7 | \$ 12.00 | 7 | \$ 18.00 | 7 | \$ 25.00 | 7 | \$ 30.00 |
| EFDA Education Program | 25 | \$ 100.00 | 25 | \$ 118.00 | 25 | \$ 139.00 | 25 | \$ 164.00 |
| Restricted Faculty License | 7 | \$ 263.00 | 7 | \$ 310.00 | 7 | \$ 366.00 | 7 | \$ 432.00 |
| TOTAL | 30,917 | \$ 3,646,502.00 | 30,917 | \$ 4,308,030.00 | 30,917 | \$ 5,086,135.00 | 30,917 | \$ 6,008,803.00 |
| TOTAL APPLICATION REVENUE | | \$ 305,815.00 | | \$ 472,680.00 | | \$ 526,378.00 | | \$ 567,002.00 |
| TOTAL OTHER REVENUE | | \$ 325,610.91 | | \$ 325,610.91 | | \$ 325,610.91 | | \$ 325,610.91 |
| TOTAL BOARD REVENUE | | \$ 4,277,927.91 | | \$ 5,106,300.91 | | \$ 5,932,122.91 | | \$ 6,901,415.01 |
| Renewal Year: | | \$ 3,928,000.00 | | \$ 4,575,000.00 | | \$ 5,366,000.00 | | \$ 6,300,000.00 |
| Non-Renewal Year: | | \$ 349,000.00 | | \$ 531,000.00 | | \$ 566,000.00 | | \$ 601,000.00 |

| FINANCIAL STATUS | CURRENT FEE | | RENEWAL PERIOD 1 - 2/2023 | | RENEWAL PERIOD 2 - 2/2025 | | RENEWAL PERIOD 3 - 2/2027 | |
|--------------------|-----------------|--------------------|---------------------------|--------------------|---------------------------|--------------------|---------------------------|--------------------|
| | Actual FY 18-19 | Projected FY 20-21 | Projected FY 22-23 | Projected FY 23-24 | Projected FY 24-25 | Projected FY 25-26 | Projected FY 26-27 | Projected FY 27-28 |
| Beginning Balance: | (573,799.28) | 578,236.57 | (2,020,806.90) | 211,193.10 | (1,842,806.90) | 1,110,193.10 | (986,806.90) | 2,828,193.10 |
| Revenue: | 3,530,770.47 | 346,314.44 | 4,575,000.00 | 531,000.00 | 5,366,000.00 | 566,000.00 | 6,300,000.00 | 601,000.00 |
| Total Available: | 2,956,971.27 | 924,551.01 | 2,554,193.10 | 742,193.10 | 3,523,193.10 | 1,676,193.10 | 5,313,193.10 | 3,429,193.10 |
| Expenses/Budget: | 2,378,734.70 | 2,437,357.91 | 2,343,000.00 | 2,443,000.00 | 2,413,000.00 | 2,653,000.00 | 2,485,000.00 | 2,743,000.00 |
| Remaining Balance: | 578,236.57 | (1,512,806.90) | 140,193.10 | (1,842,806.90) | 1,110,193.10 | (986,806.90) | 2,828,193.10 | 666,193.10 |

Application - Current vs. Proposed

5/19/2022

| Licensee Type | Current | | | 1st Renewal Period | | | 2nd Renewal Period (9.5% Inc.) | | | 3rd Renewal Period (9.5% Inc.) | | | |
|---|---------|----------|---------------|--------------------|----------|---------------|--------------------------------|----------|---------------|--------------------------------|----------|---------------|---------------|
| | Annual | Biennial | Cost | Annual | Biennial | Cost | Annual | Biennial | Cost | Annual | Biennial | Cost | Total |
| Anesthesia Restricted II permit App | 175 | 350 | \$ 15.00 | 175 | 350 | \$ 65.00 | 175 | 350 | \$ 71.00 | 175 | 350 | \$ 78.00 | \$ 27,300.00 |
| Dental Facility App | 75 | 150 | \$ 35.00 | 75 | 150 | \$ 65.00 | 75 | 150 | \$ 71.00 | 75 | 150 | \$ 78.00 | \$ 11,700.00 |
| Anesthesia Unrestricted permit App | 30 | 60 | \$ 100.00 | 30 | 60 | \$ 150.00 | 30 | 60 | \$ 165.00 | 30 | 60 | \$ 180.00 | \$ 10,800.00 |
| Restricted Faculty App | 5 | 10 | \$ 200.00 | 5 | 10 | \$ 235.00 | 5 | 10 | \$ 260.00 | 5 | 10 | \$ 282.00 | \$ 2,820.00 |
| Dental Hygienist Local Anesthesia App | 425 | 852 | \$ 20.00 | 425 | 852 | \$ 50.00 | 425 | 852 | \$ 55.00 | 425 | 852 | \$ 60.00 | \$ 51,120.00 |
| Public Healths DH App | 95 | 190 | \$ 20.00 | 95 | 190 | \$ 80.00 | 95 | 190 | \$ 88.00 | 95 | 190 | \$ 95.00 | \$ 18,050.00 |
| Dental Hygienist App by exam | 400 | 800 | \$ 75.00 | 400 | 800 | \$ 140.00 | 400 | 800 | \$ 154.00 | 400 | 800 | \$ 168.00 | \$ 136,400.00 |
| License by Criteria Approval App | 6 | 12 | \$ 200.00 | 6 | 12 | \$ 235.00 | 6 | 12 | \$ 260.00 | 6 | 12 | \$ 282.00 | \$ 3,984.00 |
| Dentist App | 465 | 930 | \$ 200.00 | 465 | 930 | \$ 235.00 | 465 | 930 | \$ 260.00 | 465 | 930 | \$ 282.00 | \$ 225,600.00 |
| EFDA App | 275 | 550 | \$ 75.00 | 275 | 550 | \$ 110.00 | 275 | 550 | \$ 120.00 | 275 | 550 | \$ 132.00 | \$ 69,300.00 |
| EFDA Education program App | 2 | 4 | \$ 200.00 | 2 | 4 | \$ 315.00 | 2 | 4 | \$ 345.00 | 2 | 4 | \$ 378.00 | \$ 1,512.00 |
| License by Criteria Approval Dental Hygienist App | 3 | 6 | \$ 75.00 | 3 | 6 | \$ 140.00 | 3 | 6 | \$ 154.00 | 3 | 6 | \$ 168.00 | \$ 1,008.00 |
| License by Criteria Approval EFDA App | 3 | 6 | \$ 75.00 | 3 | 6 | \$ 140.00 | 3 | 6 | \$ 154.00 | 3 | 6 | \$ 168.00 | \$ 1,008.00 |
| Anesthesia Restricted I permit App | 25 | 50 | \$ 100.00 | 25 | 50 | \$ 150.00 | 25 | 50 | \$ 165.00 | 25 | 50 | \$ 180.00 | \$ 9,000.00 |
| | 1984 | | \$ 307,815.00 | 1984 | | \$ 472,660.00 | 1984 | | \$ 520,378.00 | 1984 | | \$ 567,902.00 | |

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application by Exam - Dentist: \$235.00

Estimated yearly revenue: \$109,275 (465 applications x \$235.00)

Fee Description:

The fee will be charged to every application by exam for a Dentist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (2hrs) | \$98.42 |
| Board Administrator review | (1hr) | \$67.82 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$5.73 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$234.85 |
| | Proposed Fee: | \$235.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing an application by exam for a Dentist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Dental Facility: \$65.00

Estimated yearly revenue: \$4,875 (75 applications x \$65.00)

Fee Description:

The fee will be charged to every application for a Dental Facility license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|----------------|
| Staff time-process application | (1hr) | \$49.21 |
| Transaction fee | | \$1.48 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$60.69 |
| | Proposed Fee: | \$65.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$65.00 be established for processing an application for a Dental Facility license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application by Exam - Dental Hygienist: \$140.00

Estimated yearly revenue: \$56,000 (400 applications x \$140.00)

Fee Description:

The fee will be charged to every application by exam for a Dental Hygienist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (.75hr) | \$36.90 |
| Board Administrator review | (.5hr) | \$33.91 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$3.34 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$137.03 |
| | Proposed Fee: | \$140.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing an application by exam for a Dental Hygienist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Expanded Function Dental Assistant: \$110.00

Estimated yearly revenue: \$30,250 (275 applications x \$110.00)

Fee Description:

The fee will be charged to every Application for an Expanded Function Dental Assistant license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (.5hr) | \$24.61 |
| Board Administrator review | (.25hr) | \$16.96 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$2.61 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$107.06 |
| | Proposed Fee: | \$110.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$110.00 be established for processing an application for an Expanded Function Dental Assistant license.

Board Staff -- Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Unrestricted: \$150.00

Estimated yearly revenue: \$4,500 (30 applications x \$150.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Unrestricted license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (2hrs) | \$98.42 |
| Board Administrator review | (.5hr) | \$33.91 |
| Transaction fee | | \$3.56 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$145.89 |
| | Proposed Fee: | \$150.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$150.00 be established for processing an application for an Anesthesia Permit Unrestricted license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA **Date:** September 10, 2019
Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs
Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Restricted I: \$150.00
Estimated yearly revenue: \$3,750 (25 applications x \$150.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Restricted I license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (2hrs) | \$98.42 |
| Board Administrator review | (.5hr) | \$33.91 |
| Transaction fee | | \$3.56 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$145.89 |
| | Proposed Fee: | \$150.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$150.00 be established for processing an application for an Anesthesia Permit Restricted I license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Anesthesia Permit Restricted II: \$65.00

Estimated yearly revenue: \$11,375 (175 applications x \$65.00)

Fee Description:

The fee will be charged to every application for an Anesthesia Permit Restricted II license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|-----------------------|---------|
| Staff time-process application | (1hr) | \$49.21 |
| Transaction fee | | \$1.48 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$60.69 |
| | Proposed Fee: | \$65.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$65.00 be established for processing an application for an Anesthesia Permit Restricted II license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: Statc - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Dental Hygienist Local Anesthesia: \$50.00

Estimated yearly revenue: \$21,250 (425 applications x \$50.00)

Fee Description:

The fee will be charged to every application for a Dental Hygienist Local Anesthesia license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|----------------|
| Staff time-process application | (.75hr) | \$36.90 |
| Transaction fee | | \$1.17 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$48.07 |
| | Proposed Fee: | \$50.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$50.00 be established for processing an application for a Dental Hygienist Local Anesthesia license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - Public Health DH Practitioner: \$80.00

Estimated yearly revenue: \$7,600 (95 applications x \$80.00)

Fee Description:

The fee will be charged to every application for a Public Health DH Practitioner license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|----------------|
| Staff time-process application | (1hr) | \$49.21 |
| Board Administrator review | (.25hr) | \$16.96 |
| Transaction fee | | \$1.90 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$78.07 |
| | Proposed Fee: | \$80.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$80.00 be established for processing an application for a Public Health DH Practitioner license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application - EFDA Education Program: \$315.00

Estimated yearly revenue: \$630 (2 applications x \$315.00)

Fee Description:

The fee will be charged to every application for an EFDA Education Program license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|----------------------------|------------------------------|-----------------|
| Board Administrator review | (2hrs) | \$135.64 |
| Board Committee review | (4hrs) | \$160.00 |
| Transaction fee | | \$7.64 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$313.38 |
| | Proposed Fee: | \$315.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$315.00 be established for processing an application for an EFDA Education Program license.

Board Staff – Staff opens, date stamps, scans, and uploads the application and all supporting documentation. Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews and prepares the documents for Board Committee review and uploads the program application and all supporting documents to the eAgenda for evaluation. The Committee completes a thorough review of all criteria related to the program curriculum, school accreditation, facility requirements, faculty qualifications, etc. to ensure the program meets the specifications as outlined in the Board's Regulations. If incomplete, a draft of the findings are submitted for preparation of a discrepancy notice to be prepared and sent to the EFDA Program Director. Once additional information is received and uploaded to the record, the information is resubmitted to Committee for further review and consideration. Once complete, the application is placed on the Board's agenda to be approved by the full Board at a regularly scheduled meeting. If approved, the application process is completed and the program license is issued through the licensing system. If denied, the program is issued a provisional denial letter by Board Counsel and provided the opportunity to request a hearing to appeal the Board's decision.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

Application – Restricted Faculty: \$235.00

Estimated yearly revenue: \$3,525 (15 applications x \$235.00)

Fee Description:

The fee will be charged to every application for a restricted faculty license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (2hrs) | \$98.42 |
| Board Administrator review | (1hr) | \$67.82 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$5.73 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$234.85 |
| | Proposed Fee: | \$235.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing an application for a restricted faculty license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by Criteria Approval Application - Dentist: \$235.00

Estimated yearly revenue: \$1,410 (6 applications x \$235.00)

Fee Description:

The fee will be charged to every License by Criteria Approval Application for a Dentist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (2hrs) | \$98.42 |
| Board Administrator review | (1hr) | \$67.82 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$5.73 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$234.85 |
| | Proposed Fee: | \$235.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$235.00 be established for processing a License by Criteria Approval Application for a Dentist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc.) Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by criteria approval application - Dental Hygienist: \$140.00

Estimated yearly revenue: \$420 (3 applications x \$140.00)

Fee Description:

The fee will be charged to every License by criteria approval application for a Dental Hygienist license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (.75hr) | \$36.90 |
| Board Administrator review | (.5hr) | \$33.91 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$3.34 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$137.09 |
| | Proposed Fee: | \$140.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing a License by criteria approval application for a Dental Hygienist license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

FEE REPORT FORM

Agency: State - BPOA

Date: September 10, 2019

Contact: K. Kalonji Johnson, Acting Commissioner
Bureau of Professional & Occupational Affairs

Phone No. 783-7194

Fee Title, Rate and Estimated Collections:

License by criteria approval application:
Expanded Function Dental Assistant

\$140.00

Estimated yearly revenue: \$420

(3 applications x \$140.00)

Fee Description:

The fee will be charged to every License by criteria approval application for an Expanded Function Dental Assistant license.

Fee Objective:

The fee should (1) offset the identifiable costs incurred by the State Board of Dentistry to process an application and (2) defray a portion of the Board's administrative overhead.

Fee-Related Activities and Costs:

| | | |
|--------------------------------|------------------------------|-----------------|
| Staff time-process application | (.75hr) | \$36.90 |
| Board Administrator review | (.5hr) | \$33.91 |
| Board Attorney review | (.25hr) | \$26.88 |
| Board Member review | (.25hr) | \$26.00 |
| Transaction fee | | \$3.34 |
| Administrative Overhead: | | \$10.00 |
| | Total Estimated Cost: | \$137.09 |
| | Proposed Fee: | \$140.00 |

Analysis, Comment, and Recommendation:

It is recommended that a fee of \$140.00 be established for processing a License by criteria approval application for an Expanded Function Dental Assistant license.

Board Staff – Staff opens, date stamps, scans, and uploads mail. Staff downloads supporting documents (exam scores, letters of good standing, etc). Before evaluating an application, staff must search all databases for any miscellaneous documents received in the office prior to the application. Staff then reviews the application by ensuring all documents are received, complete and correct. Staff makes appropriate notations in the applicant's file through the licensing system. If any documents are not received and/or are incorrect, staff creates and emails a discrepancy letter. In addition to evaluating the materials received, applications may require staff to complete additional research or clearance reports online. Applications with disciplinary/legal issues will require staff to review lengthy legal documents. When complete, staff forwards applications with disciplinary/legal action to the Board's Legal Counsel for review. Counsel may then request the application be reviewed by the Board. For those that require Board review, staff prepares and scans the application to be placed on the Board's meeting agenda. When an application is ready to be issued, staff issues the license through the licensing system.

ATTACHMENT "B"

Dentist Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Dentist

Obtained By: Examination

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$200.00 is required. Please note that all fees are non-refundable. \$235.00 |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the |

| CheckList Name | Instructions |
|---------------------------------------|--|
| | <p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume/Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:
Board/Commission: Dentistry
License Type: Dentist
Obtained By: Examination

| CheckList Name | Instructions |
|--------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$200.00 ²⁶⁰ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|---------------------------------------|--|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> |
| Record of Graduation | <p>Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |

| CheckList Name | Instructions |
|--|---|
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dentist
 Obtained By: Examination

| CheckList Name | Instructions |
|--------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$200.00 ²⁸² is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|---------------------------------------|---|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTII a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txlType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> |
| Record of Graduation | <p>Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |

| CheckList Name | Instructions |
|--|---|
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

**Dental Facility
Fictitious Name Application
Checklist**

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Facility
 Obtained By: Application

| CheckList Name | Instructions |
|--------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. If there are multiple office locations using this fictitious name, a separate application must be filed for each location. |
| Application Fee | An application fee of \$35.00 is required. Please note that all fees are non-refundable. \$65.00 |
| Specialty Document | Any dentist practicing under a dental specialty must upload a copy of the certificate relating to their specialty training or certification. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Facility

Obtained By: Application

| CheckList Name | Instructions |
|--------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. If there are multiple office locations using this fictitious name, a separate application must be filed for each location. |
| Application Fee | An application fee of \$35.00 ⁷¹ is required. Please note that all fees are non-refundable. |
| Specialty Document | Any dentist practicing under a dental specialty must upload a copy of the certificate relating to their specialty training or certification. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Facility

Obtained By: Application

| CheckList Name | Instructions |
|--------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If applicable, background check documents cannot be older than 90 days from the date of issuance. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. If there are multiple office locations using this fictitious name, a separate application must be filed for each location. |
| Application Fee | An application fee of \$ 1500 ⁷⁸ is required. Please note that all fees are non-refundable. |
| Specialty Document | Any dentist practicing under a dental specialty must upload a copy of the certificate relating to their specialty training or certification. |

Dental Hygienist Application Checklist

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dental Hygienist
 Obtained By: Examination

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 is required. Please note that all fees are non-refundable. \$ 140.00 |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the |

| CheckList Name | Instructions |
|---------------------------------------|--|
| | <p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Record of Graduation | <p>Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |
| Resume/Curriculum Vitae | <p>You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.</p> |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist

Obtained By: Examination

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 ¹⁵⁴ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|---------------------------------------|--|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Record of Graduation | <p>Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |
| Resume Curriculum Vitae | <p>You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.</p> |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist

Obtained By: Examination

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$ 75.00 ¹⁶⁸ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | Applicants who completed an accepted regional examination which would include ADEX, CDCA, CRDTS, CITA, SRTA or WREB must have their examination scores sent directly to the Board from the regional examination testing agency. Note: This would not apply to CDCA exam scores as they are accessible by the Board through CDCA's (formerly NERB) website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|---------------------------------------|--|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| National Examination | <p>You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed.</p> |
| Record of Graduation | <p>Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |
| Resume Curriculum Vitae | <p>You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application.</p> |

Expanded Function Dental
Assistant (EFDA) Application
Checklist

Evaluation results:
 Board/Commission: Dentistry
 License Type: Expanded Function Dental Asst
 Obtained By: Examination

| CheckList Name | Instructions |
|------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 is required. Please note that all fees are non-refundable. <u>\$ 110.00</u> |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History |

| CheckList Name | Instructions |
|--|---|
| | <p>Summary Check, available at https://www.fbi.gov/services/c/is/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Education Verification | <p>The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application.</p> |
| Education Verification-DH Education 75 Hours | <p>Certification of education form and an official transcript must be submitted directly from an accredited dental hygiene program which required successful completion of at least seventy-five (75) hours of clinical and didactic instruction in restorative functions.</p> |
| Education Verification-EFDA Education 2 Years | <p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program at an accredited two-year college or other accredited institution, which offers an associate degree.</p> |
| Education Verification-EFDA Education 200 Hours | <p>Certification of education form and an official transcript must be submitted directly from the Board-approved EFDA program where you completed an EFDA program consisting of at least two hundred (200) hours of clinical and didactic instruction.</p> |
| ELIGIBLE FOR EXAM | <p>Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam.</p> |
| Exam Results | <p>Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s).</p> |
| Other Jurisdiction's Law & Regulations | <p>If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on</p> |

| CheckList Name | Instructions |
|---------------------------------------|---|
| | <p>the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English.</p> |
| <p>Resume/Curriculum Vitae</p> | <p>If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application.</p> |

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: Examination

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 ¹³⁰ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Education Verification | The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application. |
| Exam Eligibility | Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam. |
| Exam Results | Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Other Jurisdiction's Law & Regulations | If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English. |
| Resume Curriculum Vitae | If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: Examination

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of 57.00 ^{73.2} is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Education Verification | The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application. |
| Exam Eligibility | Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam. |
| Exam Results | Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Other Jurisdiction's Law & Regulations | If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English. |
| Resume Curriculum Vitae | If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application. |

Anesthesia- Unrestricted Permit Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Unrestricted

Obtained By: Application

| CheckList Name | Instructions |
|---------------------------------|--|
| ABOMS Candidate | An original letter from the American Board of Oral and Maxillofacial Surgeons verifying that you are a candidate for examination must be sent directly to the Board. |
| Anesthesia Advanced Training | The education form must be completed certifying to completion of at least two years in a post-graduate program for advanced training in anesthesiology in accordance with Board Regulations must be sent directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$100.00 is required. Please note that all fees are non-refundable. \$ 150.00 |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Unrestricted Permit has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at http://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of</p> |

| CheckList Name | Instructions |
|-----------------------------|--|
| | Investigation (FBI) Identity History Summary Check, available at the link noted above. |
| Diplomate/Fellow | Current certification that you are a Diplomate of the American Board of Oral and Maxillofacial Surgeons, Fellow from the American Association of Oral Maxillofacial Surgeons or Fellow from the American Society of Dental Anesthesiology must be submitted directly to the Board. |
| Provisional Approval | Anesthesia Unrestricted permit holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Unrestricted

Obtained By: Application

| CheckList Name | Instructions |
|--|--|
| ABOMS Candidate | An original letter from the American Board of Oral and Maxillofacial Surgeons verifying that you are a candidate for examination must be sent directly to the Board. |
| Anesthesia Advanced Training | The education form must be completed certifying to completion of at least two years in a post-graduate program for advanced training in anesthesiology in accordance with Board Regulations must be sent directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$100 ¹⁶⁵ is required. Please note that all fees are non-refundable. |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Unrestricted Permit has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Diplomate/Fellow | Current certification that you are a Diplomate of the American Board of Oral and Maxillofacial Surgeons, Fellow from the American Association of Oral Maxillofacial Surgeons or Fellow from the American Society of Dental Anesthesiology must be submitted directly to the Board. |
| Provisional Approval | Anesthesia Unrestricted permit holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Unrestricted

Obtained By: Application

| CheckList Name | Instructions |
|---------------------------------|--|
| ABOMS Candidate | An original letter from the American Board of Oral and Maxillofacial Surgeons verifying that you are a candidate for examination must be sent directly to the Board. |
| Anesthesia Advanced Training | The education form must be completed certifying to completion of at least two years in a post-graduate program for advanced training in anesthesiology in accordance with Board Regulations must be sent directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$140.00 ⁷⁵⁰ is required. Please note that all fees are non-refundable. |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Unrestricted Permit has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Diplomate/Fellow | Current certification that you are a Diplomate of the American Board of Oral and Maxillofacial Surgeons, Fellow from the American Association of Oral Maxillofacial Surgeons or Fellow from the American Society of Dental Anesthesiology must be submitted directly to the Board. |
| Provisional Approval | Anesthesia Unrestricted permit holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Anesthesia- Restricted I Permit Application Checklist

Evaluation results:
 Board/Commission: Dentistry
 License Type: Anesthesia Permit-Restricted I
 Obtained By: Application

| CheckList Name | Instructions |
|---------------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$100.00 ^{\$150.00} is required. Please note that all fees are non-refundable. |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Restricted Permit I has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside. AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted. |
| Provisional Approval | Anesthesia Restricted Permit I holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Restricted I

Obtained By: Application

| CheckList Name | Instructions |
|---------------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization |
| Application Fee | An application fee of \$100.00 ⁷⁶⁵ is required. Please note that all fees are non-refundable. |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Restricted Permit I has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Provisional Approval | Anesthesia Restricted Permit I holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Evaluation results:
Board/Commission: Dentistry
License Type: Anesthesia Permit-Restricted I
Obtained By: Application

| CheckList Name | Instructions |
|--|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization |
| Application Fee | An application fee of \$ 100.00 ¹⁸⁰ is required. Please note that all fees are non-refundable. |
| Clinical Eval/Office Inspection | Once an applicant for the Anesthesia Restricted Permit I has completed the required clinical evaluation/office inspection, the results of the inspection must be submitted directly from PSOMS showing successful completion. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Provisional Approval | Anesthesia Restricted Permit I holders will be provided with the necessary information to schedule the required clinical evaluation/office inspection through PSOMS once the application has been submitted, evaluated and completed. |

Anesthesia- Restricted II Permit Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Restricted II

Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$15.00 is required. Please note that all fees are non-refundable. \$65.00 |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted. |
| Office Equipment Certification | During the application process, you will be required to identify the make, model and serial number of the equipment you will utilize in the administration of nitrous oxide/oxygen analgesia in the Commonwealth of Pennsylvania and certify to its proper working order, proper calibration, that the equipment contains a fail-safe system and that you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies. |

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Restricted II

Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$15.00 ⁷¹ is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Office Equipment Certification | During the application process, you will be required to identify the make, model and serial number of the equipment you will utilize in the administration of nitrous oxide/oxygen analgesia in the Commonwealth of Pennsylvania and certify to its proper working order, proper calibration, that the equipment contains a fail-safe system and that you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies. |

Evaluation results:

Board/Commission: Dentistry

License Type: Anesthesia Permit-Restricted II

Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$ 15.00 ⁷⁸ is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Education Verification | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Office Equipment Certification | During the application process, you will be required to identify the make, model and serial number of the equipment you will utilize in the administration of nitrous oxide/oxygen analgesia in the Commonwealth of Pennsylvania and certify to its proper working order, proper calibration, that the equipment contains a fail-safe system and that you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies. |

**Dental Hygienist Local
Anesthesia Application
Checklist**

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist Local Anesthesia

Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$200.00 is required. Please note that all fees are non-refundable. <i>\$50.00</i> |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letter(s) of good standing/verification of licensure in that state or jurisdiction. The letter must include the license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted. |

Evaluation results:
Board/Commission: Dentistry
License Type: Dental Hygienist Local Anesthesia
Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$20.00 ⁵⁵ is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letter(s) of good standing/verification of licensure in that state or jurisdiction. The letter must include the license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist Local Anesthesia

Obtained By: Application

| CheckList Name | Instructions |
|--------------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$20.00 is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letter(s) of good standing/verification of licensure in that state or jurisdiction. The letter must include the license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form <u>directly</u> to the Board. The form will be available for download and printing once the application has been submitted. |

**Public Health Dental Hygienist
Practitioner (PHDHP)
Application Checklist**

Evaluation results:

Board/Commission: Dentistry

License Type: Public Health DH Practitioner

Obtained By: Application

| CheckList Name | Instructions |
|-------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$20.00 is required. Please note that all fees are non-refundable. \$ 80.00 |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Employment Verification | Each dentist-employer must complete the Certification of Active Practice form certifying the number of hours and dates of employment that you practiced as a dental hygienist under his/her supervision. A minimum of 3,600 hours of active practice as a dental hygienist is required. The form must be completed and submitted directly from each dentist employer. The form will be available for download and printing once the application has been submitted. |
| Malpractice Insurance | You must upload either a copy of the insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy showing that you have obtained professional liability insurance or that you |

| CheckList Name | Instructions |
|--------------------------------|---|
| | are a named insured covered by a group policy with a minimum amount of \$1,000,000 (one million) per occurrence and \$3,000,000 (three million) per annual aggregate. This information will need to be uploaded, where prompted, in order to submit your application. |
| Resume/Curriculum Vitae | You must submit a curriculum vitae(resume) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment(month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dental hygiene". Your curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Public Health DH Practitioner

Obtained By: Application

| CheckList Name | Instructions |
|-------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$ 24.00 ³⁸ is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Employment Verification | Each dentist-employer must complete the Certification of Active Practice form certifying the number of hours and dates of employment that you practiced as a dental hygienist under his/her supervision. A minimum of 3,600 hours of active practice as a dental hygienist is required. The form must be completed and submitted directly from each dentist employer. The form will be available for download and printing once the application has been submitted. |
| Malpractice Insurance | You must upload either a copy of the insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy showing that you have obtained professional liability insurance or that you are a named insured covered by a group policy with a minimum amount of \$1,000,000 (one million) per occurrence and \$3,000,000 (three million) per annual aggregate. This information will need to be uploaded, where prompted, in order to submit your application. |
| Resume Curriculum Vitae | You must submit a curriculum vitae(resume) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment(month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dental hygiene". Your curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Public Health DH Practitioner

Obtained By: Application

| CheckList Name | Instructions |
|-------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$24,000 ⁹⁵ is required. Please note that all fees are non-refundable. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Employment Verification | Each dentist-employer must complete the Certification of Active Practice form certifying the number of hours and dates of employment that you practiced as a dental hygienist under his/her supervision. A minimum of 3,600 hours of active practice as a dental hygienist is required. The form must be completed and submitted directly from each dentist employer. The form will be available for download and printing once the application has been submitted. |
| Malpractice Insurance | You must upload either a copy of the insurance issued by the insurer or a copy of the declarations page of the professional liability insurance policy showing that you have obtained professional liability insurance or that you are a named insured covered by a group policy with a minimum amount of \$1,000,000 (one million) per occurrence and \$3,000,000 (three million) per annual aggregate. This information will need to be uploaded, where prompted, in order to submit your application. |
| Resume Curriculum Vitae | You must submit a curriculum vitae(resume) of your practice activities since graduation from dental hygiene school through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment(month and year) and a description of the practice activity. If you did not practice during a specific time period, the timeframe should be documented as "no practice in dental hygiene". Your curriculum vitae must be uploaded to your online application in order to submit your application. |

Expanded Function Dental
Assistant (EFDA)
Education Program Application
(Paper)

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

Instructions

The following instructions will outline the steps necessary for approval of the EFDA program(s) offered by your institution. These instructions will assist you in the application process. Please follow the instructions in their entirety, as incomplete application submissions will result in the delay of approval of your program.

**If your institute offers multiple EFDA programs (i.e. Associates degree program and 200 hour certificate or diploma program) an application for each program must be submitted for approval.

APPLICATION CHECKLIST:

Fees:

- \$315.00**
- Submit a check or money order in the amount of ~~\$200.00~~ made payable to the "Commonwealth of PA". Note: Do not send cash. Application fees are non-refundable. The check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank regardless of the reason for non-payment.

Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, an updated application-processing fee will be required.

Pages 1 & 2:

- Provide the name and address of the institute, and if applicable, the department name and name and title of the individual responsible for processing correspondence from the Board.
- Provide the printed name and signature of the Program Director and the effective date for this title.
- List the name, license number, and brief job description for each faculty member associated with the EFDA program. Attach a detailed job description and curriculum vitae for each faculty member listed.
- Submit a copy of current certification as a certified dental assistant issued by the Dental Assisting National Board (DANB) for each faculty member associated with the EFDA program.
- The program director must certify page 2 of the application for each faculty member associated with the EFDA program certifying that he/she has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or that he/she will complete a course in educational methodology no later than 18 months after employment as a faculty member at which time verification must be submitted to the Board.

Page 3:

- Complete the form with the program accreditation information for EFDA program. In addition to the completed form, attach proof of accreditation for the EFDA program.

Page 4:

- The program director must complete and sign the Certification Statement regarding records retention.

Page 5:

- Follow the checklist on page 5 by attaching the required documentation for each bulleted item.

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8 1/2" x 11" PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

- (i) A setting in which expanded function dental assisting procedures are performed through direct patient care.
- (ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

- (1) The EFDA program goals and objectives.
- (2) The criteria for measuring competencies.
- (3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).
- (4) The curriculum vitae and job description of the EFDA program director.
- (5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.
- (6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.
- (7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.
- (8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.
- (9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

- (1) *Planning and assessment.*

Rev. 04/2016

(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

(i) Student selection.

(ii) Curriculum development and implementation.

(iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.

(iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.

(v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.

(vi) Participation in planning for and operation of facilities used in the EFDA program.

(vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.

(viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.

(ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

(i) Holds a current expanded function dental assistant certificate issued by the Board.

(ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.

(iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.

(iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy.

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedges.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

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(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

(A) Carve the anatomy of all teeth.

(B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.

(C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.

(D) Describe the problems associated with improper contouring of restorations.

(E) Identify and differentiate G.V. Black's cavity classifications.

(F) Select, prepare, assemble, place and remove a variety of matrices and wedges.

(G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.

(H) Assemble, place and remove rubber dams.

(I) Place sealants.

(J) Crown and bridge provisional fabrication.

(K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.

(L) Perform coronal polishing

(M) Perform fluoride treatments, including fluoride varnish.

(N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

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(1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.

(2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.

(3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.

(5) The Board will issue a written decision.

(6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(e) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (o) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (o)).

Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012, 42 Pa.B. 769.

CERTIFICATION OF PROGRAM DIRECTOR – COURSE IN EDUCATION METHODOLOGY
(Must be completed for each faculty member associated with the EFDA program except for licensed dentists)

CERTIFICATION STATEMENT

ONE of the following sections must be completed by the program director for each faculty member:

I, _____ certify that _____ has
(Name of Program Director – Please Print) (Name of faculty member – Please Print)
completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited
institution of postsecondary education at _____
(Name of accredited program – Please Print)

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

OR

I, _____ certify that _____ will
(Name of Program Director – Please Print) (Name of faculty member – Please Print)
complete a course in education methodology of at least 3 credits or 45 hours through an accredited
institution of postsecondary education no later than 18 months after employment as a faculty
member at this institution. I further certify that I will provide official certification to the Board upon
completion of this course.

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

PROGRAM ACCREDITATION

Check one*:

You must submit the required **PROOF OF ACCREDITATION** for the EFDA program as outlined below. (*If your school offers more than one method of EFDA education, an application for each type must be submitted.)

2 Year Associate Degree

Graduation from a Board-approved EFDA program at a 2-year college or other institution accredited or provisionally accredited by an accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation which offers an Associate Degree.

Initial Accreditation Date:

Next Accreditation Visit:

____/____/____

____/____/____

200-Hour Certificate/Diploma

Completion of a Board-approved EFDA Program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from a dental assisting program accredited by one of the following:

- The Commission on Dental Accreditation (CODA) of the American Dental Association

Initial Accreditation Date:

Next Accreditation Visit:

____/____/____

____/____/____

or

Select the Accreditation method →

- An accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board.

Initial Accreditation Date:

Next Accreditation Visit:

____/____/____

____/____/____

CERTIFICATION STATEMENT – RECORDS RETENTION

I, _____ certify
Name of Program Director – Please Print

that _____ records and retains
Name of EFDA Program – Please Print

student clinical evaluations as documentation of student competency for a minimum of 5 years from the student’s graduation or completion of the EFDA program as directed by 49 Pa. Code § 33.117(c)(1)(iii).

Signature of EFDA Program Director

Name of EFDA Program

Address

City State Zip

EFDA PROGRAM INFORMATION

Attach to this application the following documentation:

- EFDA program Goals and Objectives**
- Specific Criteria for measuring competencies**
- Description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction**
- A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities .**
- Course outlines, course descriptions or syllabi for the EFDA program curriculum**
- If necessary, other documentation related to the EFDA program requested by the Board**

ALL DOCUMENTS ABOVE MUST BE SUBMITTED TO THE BOARD ON 8 ½" X 11" SINGLE SIDED PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

Instructions

The following instructions will outline the steps necessary for approval of the EFDA program(s) offered by your institution. These instructions will assist you in the application process. Please follow the instructions in their entirety, as incomplete application submissions will result in the delay of approval of your program.

****If your institute offers multiple EFDA programs (i.e. Associates degree program and 200 hour certificate or diploma program) an application for each program must submitted for approval.**

APPLICATION CHECKLIST:

Fee:

- 345**
- Submit a check or money order in the amount of ~~\$200.00~~ made payable to the "Commonwealth of PA". Note: Do not send cash. Application fees are non-refundable. The check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank regardless of the reason for non-payment.

Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, an updated application-processing fee will be required.

Pages 1 & 2:

- Provide the name and address of the institute, and if applicable, the department name and name and title of the individual responsible for processing correspondence from the Board.
- Provide the printed name and signature of the Program Director and the effective date for this title.
- List the name, license number, and brief job description for each faculty member associated with the EFDA program. Attach a detailed job description and curriculum vitae for each faculty member listed.
- Submit a copy of current certification as a certified dental assistant issued by the Dental Assisting National Board (DANB) for each faculty member associated with the EFDA program.
- The program director must certify page 2 of the application for each faculty member associated with the EFDA program certifying that he/she has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or that he/she will complete a course in educational methodology no later than 18 months after employment as a faculty member at which time verification must be submitted to the Board.

Page 3:

- Complete the form with the program accreditation information for EFDA program. In addition to the completed form, attach proof of accreditation for the EFDA program.

Page 4:

- The program director must complete and sign the Certification Statement regarding records retention.

Page 5:

- Follow the checklist on page 5 by attaching the required documentation for each bulleted item.

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8 1/2" x 11" PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

- (i) A setting in which expanded function dental assisting procedures are performed through direct patient care.
- (ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

- (1) The EFDA program goals and objectives.
- (2) The criteria for measuring competencies.
- (3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).
- (4) The curriculum vitae and job description of the EFDA program director.
- (5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.
- (6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.
- (7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.
- (8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.
- (9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

- (1) *Planning and assessment.*

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(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

(i) Student selection.

(ii) Curriculum development and implementation.

(iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.

(iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.

(v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.

(vi) Participation in planning for and operation of facilities used in the EFDA program.

(vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.

(viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.

(ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

(i) Holds a current expanded function dental assistant certificate issued by the Board.

(ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.

(iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.

(iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedge.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

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(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

(A) Carve the anatomy of all teeth.

(B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.

(C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.

(D) Describe the problems associated with improper contouring of restorations.

(E) Identify and differentiate G.V. Black's cavity classifications.

(F) Select, prepare, assemble, place and remove a variety of matrices and wedges.

(G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.

(H) Assemble, place and remove rubber dams.

(I) Place sealants.

(J) Crown and bridge provisional fabrication.

(K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.

(L) Perform coronal polishing.

(M) Perform fluoride treatments, including fluoride varnish.

(N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

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- (1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.
- (2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.
- (3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.
- (4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.
- (5) The Board will issue a written decision.
- (6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(c) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (o) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (o)).

Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012. 42 Pa.B. 769

CERTIFICATION OF PROGRAM DIRECTOR – COURSE IN EDUCATION METHODOLOGY
(Must be completed for each faculty member associated with the EFDA program except for licensed dentists)

CERTIFICATION STATEMENT

ONE of the following sections must be completed by the program director for each faculty member:

I, _____ certify that _____ has
(Name of Program Director – Please Print) (Name of faculty member – Please Print)
completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited
institution of postsecondary education at _____.
(Name of accredited program – Please Print)

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

OR

I, _____ certify that _____ will
(Name of Program Director – Please Print) (Name of faculty member – Please Print)
complete a course in education methodology of at least 3 credits or 45 hours through an accredited
institution of postsecondary education no later than 18 months after employment as a faculty
member at this institution. I further certify that I will provide official certification to the Board upon
completion of this course.

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

| PROGRAM ACCREDITATION | |
|--|---|
| Check one*: | You must submit the required PROOF OF ACCREDITATION for the EFDA program as outlined below. (*If your school offers more than one method of EFDA education, an application for each type must be submitted.) |
| <p><u>2 Year Associate Degree</u></p> <p><input type="checkbox"/></p> | <p>Graduation from a Board-approved EFDA program at a 2-year college or other institution accredited or provisionally accredited by an accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation which offers an Associate Degree.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p> |
| <p><u>200-Hour Certificate/Diploma</u></p> <p><input type="checkbox"/></p> | <p>Completion of a Board-approved EFDA Program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from a dental assisting program accredited by one of the following:</p> <p><input type="checkbox"/> The Commission on Dental Accreditation (CODA) of the American Dental Association</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p> |
| <p>Select the Accreditation method →</p> | <p style="text-align: center;">or</p> <p><input type="checkbox"/> An accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board.</p> <p style="text-align: center;">Initial Accreditation Date: Next Accreditation Visit:</p> <p style="text-align: center;">_____ / ____ / _____ _____ / ____ / _____</p> |

CERTIFICATION STATEMENT – RECORDS RETENTION

I, _____ certify
Name of Program Director – Please Print

that _____ records and retains
Name of EFDA Program – Please Print

student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program as directed by 49 Pa. Code § 33.117(c)(1)(iii).

Signature of EFDA Program Director

Name of EFDA Program

Address

City State Zip

EFDA PROGRAM INFORMATION

Attach to this application the following documentation:

EFDA program Goals and Objectives

Specific Criteria for measuring competencies

Description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction

A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities

Course outlines, course descriptions or syllabi for the EFDA program curriculum

If necessary, other documentation related to the EFDA program requested by the Board

ALL DOCUMENTS ABOVE MUST BE SUBMITTED TO THE BOARD ON 8 ½" X 11" SINGLE SIDED PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

APPLICATION FOR APPROVAL OF EXPANDED FUNCTION DENTAL ASSISTANT EDUCATION PROGRAM

Instructions

The following instructions will outline the steps necessary for approval of the EFDA program(s) offered by your institution. These instructions will assist you in the application process. Please follow the instructions in their entirety, as incomplete application submissions will result in the delay of approval of your program.

****If your institute offers multiple EFDA programs (i.e. Associates degree program and 200 hour certificate or diploma program) an application for each program must submitted for approval.**

APPLICATION CHECKLIST:

Fee:

- 378**
- Submit a check or money order in the amount of ~~\$200.00~~ made payable to the "Commonwealth of PA". Note: Do not send cash. Application fees are non-refundable. The check or money order must be drawn on a U.S. bank. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank regardless of the reason for non-payment.

Should the application not be completed within six months, updated documentation may be required. Additionally, if the application process has not been completed within one year from the date it was received, an updated application-processing fee will be required.

Pages 1 & 2:

- Provide the name and address of the institute, and if applicable, the department name and name and title of the individual responsible for processing correspondence from the Board.
- Provide the printed name and signature of the Program Director and the effective date for this title.
- List the name, license number, and brief job description for each faculty member associated with the EFDA program. Attach a detailed job description and curriculum vitae for each faculty member listed.
- Submit a copy of current certification as a certified dental assistant issued by the Dental Assisting National Board (DANB) for each faculty member associated with the EFDA program.
- The program director must certify page 2 of the application for each faculty member associated with the EFDA program certifying that he/she has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or that he/she will complete a course in educational methodology no later than 18 months after employment as a faculty member at which time verification must be submitted to the Board.

Page 3:

- Complete the form with the program accreditation information for EFDA program. In addition to the completed form, attach proof of accreditation for the EFDA program.

Page 4:

- The program director must complete and sign the Certification Statement regarding records retention.

Page 5:

- Follow the checklist on page 5 by attaching the required documentation for each bulleted item.

NOTE: ALL DOCUMENTS MUST BE SUBMITTED ON SINGLE-SIDED, 8 1/2" x 11" PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Below are the Board's Regulations relating to EFDA program approval:

§ 33.117. EFDA program approval.

(a) *Definitions.* The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Clinical evaluation—An evaluation system based on observation of a student's performance of clinical skills in contexts that resemble those the student will be expected to encounter as an expanded function dental assistant in a dental office.

Clinical instruction—A learning experience in a clinical setting where the student performs expanded functions on patients under the supervision of an instructor.

Clinical setting—

- (i) A setting in which expanded function dental assisting procedures are performed through direct patient care.
- (ii) The term does not include a setting where procedures are performed on typodonts, manikins or by other simulation methods.

Competencies—Statements describing the necessary requirements to perform each procedure in § 33.205a (relating to practice as an expanded function dental assistant) to the level required to meet the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Competent—Having sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

Laboratory or preclinical instruction—A learning experience in which students perform expanded functions using study models, typodonts, manikins or other simulation methods under the supervision of the instructor.

(b) *Application.* EFDA programs shall apply for Board approval on forms to be provided by the Board and pay the fee in § 33.3 (relating to fees). The application must include the following information:

- (1) The EFDA program goals and objectives.
- (2) The criteria for measuring competencies.
- (3) Documentation of accreditation as required under section 3(d.1) of the act (63 P. S. § 122(d.1)).
- (4) The curriculum vitae and job description of the EFDA program director.
- (5) The curriculum vitae and job description of each faculty member assigned to the EFDA program.
- (6) A description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction.
- (7) A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities, if applicable.
- (8) Course outlines, course descriptions or syllabi for the EFDA program curriculum.
- (9) Other information related to the EFDA program requested by the Board.

(c) *Requirements for approval.* The Board will approve EFDA programs that meet the following requirements:

- (1) *Planning and assessment.*

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(i) The EFDA program shall delineate its program goals and objectives for preparing individuals in the expanded function dental assisting procedures in § 33.205a to a level consistent with the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(ii) The EFDA program shall develop specific criteria for measuring levels of competency for the procedures in § 33.205a which reflect the acceptable and prevailing standards and expectations of the dental community. Students shall be evaluated by faculty according to these predetermined criteria.

(iii) The EFDA program shall record and retain student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program.

(2) *Institutional accreditation.* The EFDA program shall comply with the accreditation requirements of section 3(d.1) of the act and § 33.102(c) (relating to professional education).

(3) *Program director.* The EFDA program shall identify a program director who is responsible for and involved in the following:

(i) Student selection.

(ii) Curriculum development and implementation.

(iii) Ongoing evaluation of program goals, objectives, content and outcomes assessment.

(iv) Annual evaluations of faculty performance including a discussion of the evaluation with each faculty member.

(v) Evaluation of student performance and maintenance of competency records for 5 years from graduation or completion of the EFDA program.

(vi) Participation in planning for and operation of facilities used in the EFDA program.

(vii) Evaluation of the clinical training and supervision provided in affiliated offices and off-campus facilities, as applicable.

(viii) Maintenance of records related to the EFDA program, including instructional objectives and course outcomes.

(ix) Instruction of licensed dentists overseeing off-campus clinical procedures performed by expanded function dental assistant students to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(4) *Faculty.* An EFDA program faculty member shall either be a dentist who holds a current license in good standing from the Board or meets the following criteria:

(i) Holds a current expanded function dental assistant certificate issued by the Board.

(ii) Has a minimum of 2 years of practical clinical experience as an expanded function dental assistant.

(iii) Holds National certification as a certified dental assistant issued by the Dental Assisting National Board.

(iv) Has completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education or complete a course in educational methodology no later than 18 months after employment as a faculty member.

(5) *Facilities and equipment.*

(i) The EFDA program shall provide physical facilities which provide space adequate to the size of its student body and sufficient to enable it to meet its educational objectives for laboratory, preclinical and clinical instruction.

(ii) The EFDA program shall provide equipment suitable to meet the training objectives of the course or program and shall be adequate in quantity and variety to provide the training specified in the course curriculum or program content.

(iii) If the EFDA program contracts for off-campus laboratory, preclinical or clinical instruction facilities, the following conditions must be met:

(A) There must be a formal written agreement between the EFDA program and the laboratory, preclinical or clinical facility.

(B) In off-campus clinical facilities, a licensed dentist shall oversee dental procedures performed on patients by EFDA program students. The licensed dentist shall receive instruction to ensure that the policies and procedures of the off-campus facility are consistent with the philosophy and objectives of the EFDA program.

(iv) The standards in this paragraph are equally applicable to extramural dental offices or clinic sites used for clinical practice experiences, such as internships or externships.

(6) *Curriculum.* The curriculum of an EFDA program must consist of the following components:

(i) *General education.* The EFDA program shall include general education subjects as determined by the educational institution with a goal of preparing the student to work and communicate effectively with patients and other health care professionals.

(ii) *Dental sciences.* The EFDA program shall include content in general dentistry related to the expanded functions in section 11.10(a) of the act (63 P. S. § 130k(a)) and as set forth in § 33.205a, including courses covering the following topics:

(A) Dental anatomy.

(B) Occlusion.

(C) Rubber dams.

(D) Matrix and wedge.

(E) Cavity classification and preparation design.

(F) Bases and liners.

(G) Amalgam restoration.

(H) Composite restoration.

(I) Sealants.

(J) Crown and bridge provisional fabrication.

(K) Dental law and ethics.

(L) Coronal polishing.

(M) Fluoride treatments, including fluoride varnish.

(N) Taking impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience component.* The EFDA program shall include a minimum of 120 hours of clinical experience performing expanded function dental assisting procedures as an integral part of the EFDA program. The clinical experience component shall be designed to achieve a student's clinical competence in each of the expanded function dental assisting procedures in § 33.205a.

(7) *Demonstrating competency.*

(i) *General education.* Students of the EFDA program shall be required to demonstrate competency in general education subjects by attaining a passing grade on examinations.

(ii) *Laboratory and preclinical instruction.* Students in the EFDA program shall be required to demonstrate competency by attaining a score of at least 80% in laboratory and preclinical courses. Students shall be required to demonstrate the knowledge and skills required to:

(A) Carve the anatomy of all teeth.

(B) Establish proper contact areas, embrasures, marginal adaptation, as well as facial and lingual heights of contour to restore the proper tooth form and function in restorative materials commonly used for direct restorations, such as amalgam and composite resin.

(C) Apply the basic concepts and terms of occlusion and carving concepts in the restoration of proper occlusal relationships.

(D) Describe the problems associated with improper contouring of restorations.

(E) Identify and differentiate G.V. Black's cavity classifications.

(F) Select, prepare, assemble, place and remove a variety of matrices and wedges.

(G) Place and finish Class I—VI restorations with correct marginal adaptation contour, contact and occlusion.

(H) Assemble, place and remove rubber dams.

(I) Place sealants.

(J) Crown and bridge provisional fabrication.

(K) Understand the act and this chapter as they apply to an expanded function dental assistant's responsibilities.

(L) Perform coronal polishing.

(M) Perform fluoride treatments, including fluoride varnish.

(N) Take impressions of teeth for study models, diagnostic casts and athletic appliances.

(iii) *Clinical experience.* EFDA program students shall be evaluated and deemed clinically competent by at least one licensed dentist evaluator in a clinical setting. The EFDA program director shall instruct the dentist clinical evaluators regarding the required competencies to ensure consistency in evaluation. Clinical competency is achieved when the dentist evaluator confirms the student has sufficient knowledge, skill and expertise in performing expanded functions to meet and maintain the acceptable and prevailing standard of care within the dental community in this Commonwealth.

(iv) *Documenting competency.*

(A) The EFDA program faculty and program director shall document the student's general education, preclinical and laboratory competency attainment.

(B) The licensed dentist evaluator shall document the student's clinical competency attainment prior to graduation from the EFDA program.

(C) The EFDA program director shall sign a statement certifying the student's competency attainment in general education, laboratory and preclinical instruction, and clinical experience to the Board as part of the student's application for certification as an expanded function dental assistant.

(D) The EFDA program shall retain supporting documentation evidencing the student's competency attainment for a minimum of 5 years from graduation or completion of the EFDA program.

(d) *Refusal or withdrawal of approval.* The Board may refuse to approve an EFDA program or may remove an EFDA program from the approved list if it fails to meet and maintain the requirements set forth in this section, in accordance with the following:

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(1) The Board will give an EFDA program notice of its provisional denial of approval or of its intent to remove the program from the approved list.

(2) The notice will set forth the requirements that are not being met or maintained by the EFDA program.

(3) A program served with a provisional denial or notice of intent to remove will be given 45 days in which to file a written answer to the notice.

(4) The EFDA program will be provided an opportunity to appear at a hearing to demonstrate why approval should not be refused or withdrawn.

(5) The Board will issue a written decision.

(6) The Board's written decision is a final decision of a governmental agency subject to review under 2 Pa.C.S. § 702 (relating to appeals).

(e) *Biennial renewal of EFDA program approval.* EFDA program approvals are renewable for a 2-year period beginning on April 1 of each odd-numbered year. An EFDA program shall apply for renewal of Board approval on forms provided by the Board and pay the fee for biennial renewal in § 33.3. Upon applying for renewal, the EFDA program shall update all of the information required under subsection (b)(1)—(9) or certify that there have not been changes to the EFDA program.

Authority

The provisions of this § 33.117 adopted under section 3(a), (b), (d.1)(1) and (o) of The Dental Law (63 P. S. § 122(a), (b), (d.1)(1) and (o)).

Source

The provisions of this § 33.117 adopted February 10, 2012, effective February 11, 2012. 42 Pa.B. 769.

CERTIFICATION OF PROGRAM DIRECTOR – COURSE IN EDUCATION METHODOLOGY
(Must be completed for each faculty member associated with the EFDA program except for licensed dentists)

CERTIFICATION STATEMENT

***ONE** of the following sections must be completed by the program director for each faculty member:*

I, _____ certify that _____ has
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

completed a course in education methodology of at least 3 credits or 45 hours offered by an accredited institution of postsecondary education at _____.
(Name of accredited program – Please Print)

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

OR

I, _____ certify that _____ will
(Name of Program Director – Please Print) (Name of faculty member – Please Print)

complete a course in education methodology of at least 3 credits or 45 hours through an accredited institution of postsecondary education no later than 18 months after employment as a faculty member at this institution. I further certify that I will provide official certification to the Board upon completion of this course.

Signature of Program Director

Name of EFDA Education Program

Address

City State Zip

PROGRAM ACCREDITATION

Check one*:

You must submit the required **PROOF OF ACCREDITATION** for the EFDA program as outlined below. (*If your school offers more than one method of EFDA education, an application for each type must be submitted.)

2 Year Associate Degree

Graduation from a Board-approved EFDA program at a 2-year college or other institution accredited or provisionally accredited by an accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation which offers an Associate Degree.

Initial Accreditation Date:

Next Accreditation Visit:

____ / ____ / ____

____ / ____ / ____

200-Hour Certificate/Diploma

Completion of a Board-approved EFDA Program, which offers a certificate or diploma, consisting of at least 200 hours of clinical and didactic instruction from a dental assisting program accredited by one of the following:

- The Commission on Dental Accreditation (CODA) of the American Dental Association

Initial Accreditation Date:

Next Accreditation Visit:

____ / ____ / ____

____ / ____ / ____

or

Select the Accreditation method →

- An accrediting agency approved by the United States Department of Education Council on Postsecondary Accreditation whose expanded function educational standards are approved by the Board.

Initial Accreditation Date:

Next Accreditation Visit:

____ / ____ / ____

____ / ____ / ____

CERTIFICATION STATEMENT – RECORDS RETENTION

I, _____ certify
Name of Program Director – Please Print

that _____ records and retains
Name of EFDA Program – Please Print

student clinical evaluations as documentation of student competency for a minimum of 5 years from the student's graduation or completion of the EFDA program as directed by 49 Pa. Code § 33.117(c)(1)(iii).

Signature of EFDA Program Director

Name of EFDA Program

Address

City State Zip

EFDA PROGRAM INFORMATION

Attach to this application the following documentation:

EFDA program Goals and Objectives

Specific Criteria for measuring competencies

Description of the physical facilities and equipment used by the EFDA program for laboratory, preclinical and clinical instruction

A copy of the formal written agreement for the use of off-campus laboratory, preclinical or clinical facilities

Course outlines, course descriptions or syllabi for the EFDA program curriculum

If necessary, other documentation related to the EFDA program requested by the Board

ALL DOCUMENTS ABOVE MUST BE SUBMITTED TO THE BOARD ON 8 ½" X 11" SINGLE SIDED PAPER. DO NOT INCLUDE BINDERS OR MEDIA DISCS.

Restricted Faculty License Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Restricted Faculty License

Obtained By: Application

| CheckList Name | Instructions |
|------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$ 700.00 is required. Please note that all fees are non-refundable. \$ 235.00 |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks . |

| CheckList Name | Instructions |
|---------------------------------------|--|
| | Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above. |
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Faculty | The dean of an accredited dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association must complete the Faculty Appointment Certification form. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action (s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at:</p> <p>http://www.legis.state.pa.us/cfdocs/Legis/L1/uconsCheck.cfm?txtType=HTM&year=2014&sessInd=0&smthLwInd=0&act=191</p> |
| Record of Graduation | Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to |

| CheckList Name | Instructions |
|---|---|
| | <p>the Board. The form will be available for download and printing once the application has been submitted.</p> <p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECLTY to the Board from the evaluating agency.</p> |
| Record of Graduation-Certification of Graduation Form | <p>Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> |
| Record of Graduation-Education Equivalency Evaluation Report | <p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECLTY to the Board from the evaluating agency.</p> |
| Specialty Document | <p>The program director or other authorized person must complete the Specialty/Advanced Training Certification form verifying successful completion of a specialty dentistry program or advanced dental training in a clinical field that is approved by the Commission on Dental Accreditation of the American Dental Association. The program must return the completed form directly to the Board.</p> |

Evaluation results:

Board/Commission: Dentistry

License Type: Restricted Faculty License

Obtained By: Application

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$240.00 ³⁶⁰ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|--|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Faculty | The dean of an accredited dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association must complete the Faculty Appointment Certification form. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at:</p> <p>http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> |
| Record of Graduation | <p>Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> <p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECTLY to the Board from the evaluating agency.</p> |
| Record of Graduation-Certification of Graduation Form | Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted. |

| CheckList Name | Instructions |
|---|--|
| Record of Graduation-Education Equivalency Evaluation Report | If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECTLY to the Board from the evaluating agency. |
| Specialty Document | The program director or other authorized person must complete the Specialty/Advanced Training Certification form verifying successful completion of a specialty dentistry program or advanced dental training in a clinical field that is approved by the Commission on Dental Accreditation of the American Dental Association. The program must return the completed form directly to the Board. |

Evaluation results:

Board/Commission: Dentistry

License Type: Restricted Faculty License

Obtained By: Application

| CheckList Name | Instructions |
|------------------------|---|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have been issued a license, certificate, registration, permit, or authorization. |
| Application Fee | An application fee of \$200.00 ²⁸² is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Faculty | The dean of an accredited dental school in this Commonwealth that is approved by the Commission on Dental Accreditation of the American Dental Association must complete the Faculty Appointment Certification form. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Opioid CE | <p>Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information.</p> <p>*The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at:</p> <p>http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191</p> |
| Record of Graduation | <p>Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted.</p> <p>If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECTLY to the Board from the evaluating agency.</p> |
| Record of Graduation-Certification of Graduation Form | Forward the Certification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing once the application has been submitted. |

| CheckList Name | Instructions |
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| Record of Graduation-Education Equivalency Evaluation Report | If you are a graduate of an unaccredited dental school, you must also present your education credentials to an approved education certification agency for evaluation. The education credential evaluation agency must verify that the education completed through the unaccredited dental school is equivalent to a US DMD/DDS degree. The report must be sent DIRECTLY to the Board from the evaluating agency. |
| Specialty Document | The program director or other authorized person must complete the Specialty/Advanced Training Certification form verifying successful completion of a specialty dentistry program or advanced dental training in a clinical field that is approved by the Commission on Dental Accreditation of the American Dental Association. The program must return the completed form directly to the Board. |

Criteria Approval- Dentist Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Dentist

Obtained By: Criteria Approval

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$200.00 is required. Please note that all fees are non-refundable. <u>\$235.00</u> |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the |

| CheckList Name | Instructions |
|---|--|
| | <p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u> regardless of whether or not you are licensed in another state, you should apply for licensure by examination. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required.</p> |

| CheckList Name | Instructions |
|--------------------------------|--|
| | The letter(s) must be sent directly to the Board from the respective licensing authority/authorities. |
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Opioid CE | Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txt?type=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191 |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume/Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:
 Board/Commission: Dentistry
 License Type: Dentist
 Obtained By: Criteria Approval

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. <i>260</i> |
| Application Fee | An application fee of \$200.00 is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|--|--|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Opioid CE | Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191 |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dentist

Obtained By: Criteria Approval

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$ 100.00 ²⁸² is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
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| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Opioid CE | Section 9.1(a) of ABC-MAP* requires that all prescribers or dispensers, as defined in Section 3 of ABC-MAP, applying for licensure/approval complete at least 4 hours of Board-approved education consisting of 2 hours in pain management or the identification of addiction and 2 hours in the practices of prescribing or dispensing of opioids. Applicants seeking licensure/approval on or after July 1, 2017, must document, within one year from issuance of the licensure/approval, that they completed this education either as part of an initial education program, a stand-alone course from a Board-approved course provider, or a continuing education course from an approved continuing education provider. The 4 hours of Board-approved education needs to be completed only once. See the Board's website for the Opioid Education Forms and additional information. *The Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP)(Act 191 of 2014, as amended) is available on the Legislature's website at: http://www.legis.state.pa.us/cfdocs/Legis/LI/uconsCheck.cfm?txtType=HTM&yr=2014&sessInd=0&smthLwInd=0&act=191 |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Criteria Approval- Dental Hygienist Application Checklist

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist

Obtained By: Criteria Approval

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of 505.00 is required. Please note that all fees are non-refundable. 5140.00 |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the |

| CheckList Name | Instructions |
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| | <p>Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations, regardless of whether or not you are licensed in another state, you should apply for licensure by examination.</u> Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| | required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities. |
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume/Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist

Obtained By: Criteria Approval

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 ¹⁵⁴ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|--|--|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Dental Hygienist

Obtained By: Criteria Approval

| CheckList Name | Instructions |
|-------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$75.00 ¹⁶⁸ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| Clinical Exam | You must contact the State Board who administered a state specific clinical examination for licensure and have the respective state send your examination scores directly to the Board. The examination information should include the date of the exam, the specific components of the examination and the scores achieved for each component of the exam. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |

| CheckList Name | Instructions |
|--|---|
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCII fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |
| Criteria Approval | <p>You must EITHER hold an active license to practice dentistry in another state AND must have completed a state specific clinical examination for licensure in that state; OR you must be licensed in another country whose standards for licensure are substantially equivalent to those under the law and regulations in this Commonwealth. <u>If you completed one of the regional examinations</u>, regardless of whether or not you are licensed in another state, <u>you should apply for licensure by examination</u>. Applicants who did not take one of the accepted regional examinations (ADEX, CDCA formerly NERB, CRDTS, CITA, SRTA or WREB) may apply by criteria approval and must fulfill the additional requirements as outlined.</p> |
| Criteria Approval-Licensure Requirements | <p>You must contact the licensing authority in the state, territory or country in which you are licensed and have the requirements for licensure in that jurisdiction sent directly to the Board. If submitting information from another country, it must be translated into English.</p> |
| Criteria Approval-Reciprocal State Certification/Letter | <p>If licensed in another state, you must contact the state licensing authority and have them send an official certification letter directly to the Board that states they will reciprocate with Pennsylvania applicants for licensure in that state on the basis of criteria approval.</p> |
| Databank Report | <p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.</p> |
| Letter of Good Standing (LOGS) | <p>You must contact the licensing authorities of the states, territories or countries where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter(s) must be sent directly to the Board from the respective licensing authority/authorities.</p> |

| CheckList Name | Instructions |
|--------------------------------|---|
| National Examination | You must contact the Joint Commission on National Dental Examinations of the American Dental Association and request your examination scores to be uploaded to their online portal which will be accessed by the Board when your application is reviewed. |
| Record of Graduation | Complete Section 1 of the education form and forward it to your school, program and/or institution verifying the required education for the specified license type. The school must return the completed form directly to the Board. The form will be available for download and printing once the application has been submitted. |
| Resume Curriculum Vitae | You must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. The curriculum vitae must be uploaded to your online application in order to submit your application. |

**Criteria Approval- Expanded
Function Dental Assistant
(EFDA) Application Checklist**

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: ~~Examination~~ *Criteria Approval*

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$ 500 ¹⁴⁰ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Education Verification | The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application. |
| Exam Eligibility | Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam. |
| Exam Results | Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Other Jurisdiction's Law & Regulations | If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English. |
| Resume Curriculum Vitae | If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: Examination *Criteria Approval*

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$ 75.00 ¹⁵⁴ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
| CPR Certification | A copy of your current CPR card obtained through the American Red Cross, the American Heart Association or an agency substantially similar approved by the Board. The card must reflect all three components – Infant, Child and Adult CPR. **NOTE** Online CPR certification courses are not accepted by the Board. This requires an upload in order to submit your application. |
| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Education Verification | The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application. |
| Exam Eligibility | Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam. |
| Exam Results | Once you have successfully passed the EFDA examination, your certificate will be issued if your application is complete and all documents are current. Once exam scores are received by the Board from PSI, please allow approximately 7-10 business days for the processing of your application. |
| Letter of Good Standing (LOGS) | You must contact the state board(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active or inactive, current or expired) and disciplinary standing. If discipline exists, all relevant orders/documents surrounding the disciplinary action(s) are also required. The letter must be sent directly to the Board from the respective licensing board(s). |
| Other Jurisdiction's Law & Regulations | If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English. |
| Resume Curriculum Vitae | If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application. |

Evaluation results:

Board/Commission: Dentistry

License Type: Expanded Function Dental Asst

Obtained By: ~~Examination~~ *Criteria Approval*

| CheckList Name | Instructions |
|------------------------|--|
| Application | If this application is not completed within six months, updates of certain sections of the application and supporting documents will be required. If this application is not completed within one year, you will be required to complete a new application and resubmit the application fee. You may not practice in the Commonwealth of Pennsylvania until you have issued a license, certificate, registration, permit or authorization. |
| Application Fee | An application fee of \$50.00 ¹⁶⁸ is required. Please note that all fees are non-refundable. |
| Child Abuse CE | All health-related licensees/certificate holders and funeral directors are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website. |
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| Criminal History Check | <p>Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency that is the official repository for criminal history record information for every state in which you have lived, worked, or completed professional training/studies for the past five (5) years. The report(s) must be dated within 90 days of the date the application is submitted. For applicants living, working, or completing training/studies in Pennsylvania, your CHRC request will be automatically submitted to the Pennsylvania State Police upon submission of this application. The PATCH fee will be included at checkout. Your PA CHRC will be sent directly to the Board/Commission. You will be notified if additional action is required. For individuals living, working, or completing training/studies outside of Pennsylvania during the past five (5) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC's or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p> |

| CheckList Name | Instructions |
|---|--|
| Databank Report | Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application. |
| Education Verification | The Certification of Education form must be completed by your education program and sent directly to the Board along with an official transcript. The required form is available for download upon submission of the application. |
| Exam Eligibility | Once your application is complete, the Board will make you eligible to sit for the EFDA examination through PSI. You will receive email notification after you have been made eligible. The testing agency will then notify you directly on how to register for the exam. |
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| Other Jurisdiction's Law & Regulations | If you are licensed/certified to practice as an expanded function dental assistant in another state, territory or country, and wish to be considered on the basis of substantial equivalency, provide evidence that the standards for licensure in the state, territory or country in which you hold a current and valid unrestricted license are substantially equivalent to those required under the act and this chapter. A copy of the Law and/or Rules and Regulations from the state, territory or country in which you are licensed must be submitted. If submitting information from another country, it must be translated into English. |
| Resume Curriculum Vitae | If you have engaged in practice as an expanded function dental assistant since completion of your EFDA curriculum/graduation, you must submit a curriculum vitae (resume) of your practice activity since graduation through the present. Note: This does not include your externship. Practice activities should be listed in chronological order, include the name, city and state of the employer, dates of employment (month and year) and a description of the practice activity. If you have not practice during a specific timeframe, "no practice" should be documented. If applicable, the curriculum vitae may be uploaded to your online application. |

Dentist Biennial Renewal Application

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dentist - DS

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 documents. |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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 contumacious), 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 payer 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. 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. |
| | | 14. Do you practice dentistry in the Commonwealth of Pennsylvania? |
| | | 15. If yes, do you maintain the required professional liability insurance? |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, ~~2017~~²⁰²¹ to March 31, ~~2019~~²⁰²³ in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ~~2017~~²⁰²¹ and March 31, ~~2018~~²⁰²¹ (No exemption from Act 31 s.e. requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing dentistry in Pennsylvania after March 31, ~~2018~~²⁰²³, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing dentistry in Pennsylvania after March 31, ~~2018~~²⁰²³

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ |
| FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: U on renewal the license will expire March 31, 2021 ²⁰²⁵ \$260.00 \$310.00 |
| <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 will be assessed if postmarked AFTER 03-31-2023²³</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> | |
| <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019²⁰²³</p> | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION

Dentist - DS

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 renewing, 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 contumacious), 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 payer 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, hallucinogens 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. 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. |
| | | 14. Do you practice dentistry in the Commonwealth of Pennsylvania? |
| | | 15. If yes, do you maintain the required professional liability insurance? |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, ²⁰²³2017 to March 31, ²⁰²⁵2018 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.
NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ²⁰²³2017 and March 31, ²⁰²⁵2018. (No exemption from Act 31 c.e. requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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. §4804 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: _____

INACTIVE STATUS

If you will not be practicing dentistry in Pennsylvania after March 31, ²⁰²⁵2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing dentistry in Pennsylvania after March 31, ²⁰²⁵2019.

| | |
|--|---------------------------------------|
| EXPIRATION DATE: → | March 31, ²⁰²⁵ 2019 |
| NOTE: Upon renewal the license will expire March 31, ²⁰²⁷ 2021 | |
| FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” → | \$263.00 \$310.00 \$366.00 |
| <p>Write your license number on your payment. A \$26.00 fee will be assessed for returned payments.</p> <p>LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-²⁵2019</p> <p>FRACTISING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, ²⁰²⁵2019</p> | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dentist - DS

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 renewing, 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, pled guilty or pled contemners), 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 payer 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 immoderate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgement 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. 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. |
| | | 14. Do you practice dentistry in the Commonwealth of Pennsylvania? |
| | | 15. If yes, do you maintain the required professional liability insurance? |

Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, ~~2019~~²⁰²⁵ to March 31, ~~2019~~²⁰²⁷ in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.
NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ~~2019~~²⁰²⁵ and March 31, ~~2019~~²⁰²⁷ (No exemption from Act 31 c.e. requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing dentistry in Pennsylvania after March 31, ~~2019~~²⁰²⁷, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing dentistry in Pennsylvania after March 31, ~~2019~~²⁰²⁷.

| | |
|--|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ NOTE: Upon renewal the license will expire March 31, 2021 ²⁰²⁹ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$260.00 \$310.00 / \$432.00 |
| <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 will be assessed if postmarked AFTER 03-31-2019²⁰²⁷</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p style="font-weight: bold; font-size: 1.2em;">TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p style="font-weight: bold;">RETURN BY: MARCH 1, 2019²⁰²⁷</p> | |

**Dental Hygienist Biennial
Renewal Application**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Dental Hygienist - DH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 7 - Provide details AND attach certified copies of legal documents. |
|-----|----|--|
| | | 1. With the exception of the one you are currently renewing, 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 contemner), 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 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? |
| | | 8. 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. |

Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 20 credit hours of continuing education during the period from April 1, ²⁰²¹~~2017~~ to March 31, ²⁰²³~~2019~~ in acceptable courses obtained through approved program sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ²⁰²¹~~2017~~ and March 31, ²⁰²³~~2019~~. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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. §4811.

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: _____

INACTIVE STATUS

If you will not be practicing dental hygiene in Pennsylvania after March 31, ~~2019~~ ²⁰²³, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing dental hygiene in Pennsylvania after March 31, ~~2019~~ ²⁰²³.

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$10.00 \$ <u>50.00</u> |
| NOTE: Upon renewal the license will expire March 31, 2021 ²⁰²⁵ | |
| Write your license number on your payment. A \$20.00 fee will be assessed for returned payments. | |
| LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31- 2019 ²⁰²³ | |
| PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |
| TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES | |
| RETURN BY: MARCH 1, 2019 ²⁰²³ | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION Dental Hygienist - DH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 7 - provide details AND attach certified copies of legal document(s). |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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 contumacious), 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 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? |
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Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 20 credit hours of continuing education during the period from April 1, ²⁰²³2017 to March 31, ²⁰²⁵2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ²⁰²³2017 and March 31, ²⁰²⁵2019.
(No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

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Signature of Certificate Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be practicing dental hygiene in Pennsylvania after March 31, ~~2019~~ ²⁰²⁵, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing dental hygiene in Pennsylvania after March 31, ~~2019~~ ²⁰²⁵.

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the license will expire March 31, 2021 ²⁰²⁷ \$42.00 \$ 50.00 ^{\$59.00} |

Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.

LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~19~~ ²⁵

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

**TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~ ²⁰²⁵**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION Dental Hygienist - DH

Return to:

State Board of Dentistry
PO Box 5417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 7 - provide details AND attach certified copies of legal document(s). |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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 contumacious), 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 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? |
| | | 8. 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. |

Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 20 credit hours of continuing education during the period from April 1, 2017 to March 31, 2025 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2017 and March 31, 2019. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing dental hygiene in Pennsylvania after March 31, ²⁰²⁷2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing dental hygiene in Pennsylvania after March 31, ²⁰¹⁷2019.

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the license will expire March 31, ²⁰²⁷ \$41.00 \$ 50.00 / \$ 70.00 |
| <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 will be assessed if postmarked AFTER 03-31-²⁷27</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019 ²⁰²⁷</p> | |

**Expanded Function Dental
Assistant (EFDA) Biennial
Renewal Application**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION Expanded Function Dental Assistant - DF

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CERTIFICATE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 7 - provide details AND attach certified copies of legal documents. |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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 contumacious), 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 your last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogens or other drugs or substances that may impair judgment or coordination? |
| | | 8. 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. |

Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 10 credit hours of continuing education during the period from April 1, ²⁰²¹2017 to March 31, ²⁰²³2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. Expanded function dental assistants must complete 3 of the 10 required hours of continuing education in the area of coronal polishing. ²⁰²¹ This is not required if you met this requirement during the previous biennial period. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ²⁰²¹2017 and March 31, ²⁰²³2019. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2018~~²⁰²³, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2018~~²⁰²³.

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2018 ²⁰²³ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the certificate will expire March 31, 2021 ²⁰²⁵ \$26.00 \$31.00 |
| Write your certificate number on your payment. A \$20.00 fee will be assessed for returned payments. | |
| LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31- 18 ²³ | |
| PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |
| TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATE BEFORE IT EXPIRES | |
| RETURN BY: MARCH 1, 2019²⁰²³ | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Expanded Function Dental Assistant - DF

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CERTIFICATE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 7 - provide details AND attach certified copies of legal documents. |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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? <i>(If "Yes" List the profession and state or jurisdiction here ->)</i> |
| | | 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 contumacious), 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 your last renewal, whichever is later, have you engaged in the Intemperate or habitual use or abuse of alcohol or narcotics, hallucinotics or other drugs or substances that may impair judgment or coordination? |
| | | 8. 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. |

Continuing Education - SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 10 credit hours of continuing education during the period from April 1, 2023 to March 31, 2025 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. Expanded function dental assistants must complete 3 of the 10 required hours of continuing education in the area of coronal polishing. *This is not required if you met this requirement during the previous biennial period.* NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, 2023 and March 31, 2025. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2019~~²⁰²⁵, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2019~~²⁰²⁵.

| | |
|--|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the certificate will expire March 31, 2021 ²⁰²⁷ \$ 36.00 \$31.00 \$37.00 |
| <p>Write your certificate 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 will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019²⁰²⁵</p> | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Expanded Function Dental Assistant - DF

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CERTIFICATE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 7 – provide details AND attach certified copies of legal documents. |
|-----|----|--|
| | | 1. With the exception of the one you are currently renewing, 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 voluntarily surrendered 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, pled guilty or pled contemner), received probation without verdict, accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violation? 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 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? |
| | | 8. 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. |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 10 credit hours of continuing education during the period from April 1, ²⁰²⁵~~2024~~ to March 31, ²⁰²⁷~~2026~~ in acceptable courses obtained through approved program sponsors with no more than 50% of the credits obtained through individual study. Expanded function dental assistants must complete 3 of the 10 required hours of continuing education in the area of coronal polishing. This is not required if you met this requirement during the previous biennial period. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I wish to claim exemption from the continuing education requirements because my initial certificate was issued between April 1, ²⁰²⁵~~2024~~ and March 31, ²⁰²⁷~~2026~~. (No exemption from Act 31 requirement)
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2019~~²⁰²⁷, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

I will not be practicing as an expanded function dental assistant in Pennsylvania after March 31, ~~2019~~²⁰²⁷.

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the certificate will expire March 31, 2021 ²⁰²⁹ \$36.00 \$31.00 \$44.00 |

Write your certificate number on your payment. A \$20.00 fee will be assessed for returned payments.

LATE FEE - \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~19~~²⁷

PRACTICING ON AN EXPIRED CERTIFICATE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATE BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~²⁰²⁷

**Anesthesia Unrestricted
Biennial Renewal Application**

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Unrestricted Permit - DA

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

PERMIT NUMBER

EMAIL

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to general anesthesia, deep sedation and/or conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering ²⁰²³ general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ~~2019~~, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, ~~2019~~ ²⁰²³

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$210.00 ^{#248.00} |

Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~19~~ ²³

PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~ ²⁰²³

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
Anesthesia Unrestricted Permit - DA**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to general anesthesia, deep sedation and/or conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ²⁰²⁵~~2019~~, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, ²⁰²⁵~~2019~~.

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$218.00 \$248.00 / \$293.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed. If postmarked AFTER 03-31-²⁵19</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019 ²⁰²⁵</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
Anesthesia Unrestricted Permit - DA**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to general anesthesia, deep sedation and/or conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ~~2019~~²⁰²⁷, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

- I will not be administering general anesthesia, deep sedation, conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, ~~2019~~²⁰²⁷

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁹ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$210.00 \$248.00 \$346.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-2019²⁰²⁷</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019²⁰²⁷</p> | |

**Anesthesia Restricted I Biennial
Renewal Application**

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
Anesthesia Restricted Permit I - DP**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|--|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ²⁰²³~~2018~~, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, ~~2018~~ ²⁰²³

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2018 ²⁰²³ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$210.00 \$248.00 |

Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~18~~ ²³

PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES
RETURN BY: MARCH 1, 2018 ²⁰²³

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Restricted Permit I - DP

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

ADDRESS CHANGE – The address above is a new address and not on file with the Board.

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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2019, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, 2019. ²⁰²⁵

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$210.00 \$210.00 \$248.00 \$273.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019 ²⁰²⁵</p> | |

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

STATE BOARD OF DENTISTRY

RENEWAL APPLICATION Anesthesia Restricted Permit I - DP

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Have you successfully completed the clinical evaluation/office inspection through PSOMS within the last six (6) years? Note: It is the responsibility of the permit holder to maintain a current clinical evaluation/office inspection within the allotted six (6) year period. Failure to maintain a current clinical evaluation/office inspection subjects you to disciplinary action. |
| | | 2. Have you completed 15 credit hours of Board-approved c.e. in courses related to conscious sedation during the biennial period? Note: ACLS/PALS certification cannot be counted towards the 15 credit hours required for the biennial renewal of your anesthesia permit. |
| | | 3a. Do you treat adult patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 3b. If YES, do you have current ACLS certification? |
| | | 4a. Do you treat pediatric patients utilizing conscious sedation and/or nitrous oxide/oxygen analgesia? |
| | | 4b. If YES, do you have current PALS certification? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia in Pennsylvania after March 31, 2019, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee, clinical evaluation/office inspection, ACLS/PALS certification or 15 hours of continuing education is required to maintain inactive status.

I will not be administering conscious sedation and/or nitrous oxide/oxygen analgesia after March 31, 2019. 2027

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 - 2027 NOTE: Upon renewal the permit will expire March 31, 2021 2029 |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$210.00 \$248.00 \$346.00 |

Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19 27

PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

**TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES
RETURN BY: MARCH 1, 2019 2027**

**Anesthesia Restricted II
Biennial Renewal Application**

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Restricted Permit II - DN

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PERMIT NUMBER _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|--|
| | | <p>1. Since your initial application or your last renewal, whichever is later, has the make, model and serial number of any nitrous equipment that you utilize changed? Note: If "YES", please document the information below. If additional space is required, please provide the additional information on a separate 8 1/2 x 11 sheet of paper.</p> <p>a) Make: _____</p> <p>b) Model: _____</p> <p>c) Serial Number: _____</p> |
| | | 2. Is the equipment in proper working order? |
| | | 3. Is the equipment properly calibrated? |
| | | 4. Does the equipment contain a fail-safe system? |
| | | 5. Do you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies related to the administration of nitrous oxide/oxygen analgesia? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ~~2019~~ ²⁰²³, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or equipment is required to maintain inactive status.

I will not be administering nitrous oxide/oxygen analgesia after March 31, ~~2019~~ ²⁰²³

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$53.00 \$ 63.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19 ²³</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019 ²⁰²³</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Restricted Permit II - DN

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PERMIT NUMBER _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|---|
| | | 1. Since your initial application or your last renewal, whichever is later, has the make, model and serial number of any nitrous equipment that you utilize changed? Note: If "YES", please document the information below. If additional space is required, please provide the additional information on a separate 8 1/2 x 11 sheet of paper. a) Make: _____ b) Model: _____ c) Serial Number: _____ |
| | | 2. Is the equipment in proper working order? |
| | | 3. Is the equipment properly calibrated? |
| | | 4. Does the equipment contain a fail-safe system? |
| | | 5. Do you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies related to the administration of nitrous oxide/oxygen analgesia? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ~~2019~~²⁰²⁵, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or equipment is required to maintain inactive status.

I will not be administering nitrous oxide/oxygen analgesia after March 31, ~~2019~~²⁰²⁵.

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$51.00 \$163.00 \$74.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-2019²⁰²⁵</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019²⁰²⁵</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Anesthesia Restricted Permit II - DN

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ PERMIT NUMBER _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met all requirements below. |
|-----|----|--|
| | | <p>1. Since your initial application or your last renewal, whichever is later, has the make, model and serial number of any nitrous equipment that you utilize changed? Note: If "YES", please document the information below. If additional space is required, please provide the additional information on a separate 8 1/2 x 11 sheet of paper.</p> <p>a) Make: _____</p> <p>b) Model: _____</p> <p>c) Serial Number: _____</p> |
| | | 2. Is the equipment in proper working order? |
| | | 3. Is the equipment properly calibrated? |
| | | 4. Does the equipment contain a fail-safe system? |
| | | 5. Do you have written office procedures for administering nitrous oxide/oxygen analgesia and handling emergencies related to the administration of nitrous oxide/oxygen analgesia? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Permit Holder (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering nitrous oxide/oxygen analgesia in Pennsylvania after March 31, ~~2019~~²⁰²⁷, you may place your anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or equipment is required to maintain inactive status.

I will not be administering nitrous oxide/oxygen analgesia after March 31, ~~2019~~²⁰²⁷.

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁹ |
| FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$51.00 \$63.00 \$87.00 |

Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-18²⁷

PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~²⁰²⁷

**Dental Hygienist
Local Anesthesia Biennial
Renewal Application**

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

PERMIT NUMBER

EMAIL

Check if appropriate:
[] ADDRESS CHANGE - The address above is a new address and not on file with the Board.
[] 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

Table with 2 columns: YES, NO. Note: Your permit cannot be renewed unless you have met the requirement below.
1. Have you completed 3 credit hours of Board-approved continuing education in courses related to the administration of local anesthesia, including pharmacology or other related courses during the biennial period? Note: The 3 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene.

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Licensee (Mandatory): Date:

INACTIVE STATUS

If you will not be administering local anesthesia in Pennsylvania after March 31, 2019, ²⁰²³ you may place your local anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be administering local anesthesia after March 31, 2019. ²⁰²³

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | 542.00 \$50.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-2023</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019 ²⁰²³</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

PERMIT NUMBER

EMAIL

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
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

Table with 2 columns: YES, NO. Row 1: Question 1: Have you completed 3 credit hours of Board-approved continuing education in courses related to the administration of local anesthesia, including pharmacology or other related courses during the biennial period? Note: The 3 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene.

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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 Licensee (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering local anesthesia in Pennsylvania after March 31, 2018, you may place your local anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be administering local anesthesia after March 31, 2018.

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2018 ²⁰²⁵ NOTE: Upon renewal the permit will expire March 31, 2021 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$42.00 \$50.00 \$59.00 |
| <p>Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-18²⁵</p> <p>PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2018 ²⁰²⁵</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION
Dental Hygiene Local Anesthesia Permit - DHA

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PERMIT NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 | Note: Your permit cannot be renewed unless you have met the requirement below. |
|-----|----|--|
| | | 1. Have you completed 3 credit hours of Board-approved continuing education in courses related to the administration of local anesthesia, including pharmacology or other related courses during the biennial period? Note: The 3 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene. |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

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 Licensee (Mandatory): _____ Date: _____

INACTIVE STATUS

If you will not be administering local anesthesia in Pennsylvania after March 31, 2019, you may place your local anesthesia permit on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be administering local anesthesia after March 31, 2019. 2027

| | |
|---|--|
| EXPIRATION DATE: → | March 31, 2019 2027 NOTE: Upon renewal the permit will expire March 31, 2027 2027 |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | 50.00 \$50.00 \$70.00 |
| Write your permit number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19 27 | |
| PRACTICING ON AN EXPIRED PERMIT MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |
| TO ENSURE YOU RECEIVE YOUR NEW PERMIT BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019 2027 | |

**Public Health Dental Hygienist
Practitioner (PHDHP)
Biennial Renewal Application**

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**RENEWAL APPLICATION
Public Health Dental Hygiene Practitioner - PHDH**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CERTIFICATION NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 | Note: Your certification cannot be renewed unless you have met the requirement below. |
|-----|----|---|
| | | 1. Have you completed 5 credit hours of Board-approved continuing education in public-health related courses during the biennial period? Note: The 5 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene. |
| | | 2. Do you maintain the required professional liability insurance? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing as a public health dental hygiene practitioner in Pennsylvania after March 31, ~~2018~~²⁰²³, you may place your certification on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be practicing as a public health dental hygiene practitioner after March 31, ~~2018~~²⁰²³.

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2018 ²⁰²³ NOTE: Upon renewal the certification will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$42.00 \$ 50.00 |

Write your certification number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~18~~²³

PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATION BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~²⁰²³

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

RENEWAL APPLICATION
Public Health Dental Hygiene Practitioner - PHDH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17108-8417

NAME

STREET ADDRESS

CITY STATE ZIP CODE

CERTIFICATION NUMBER

EMAIL

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
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

Table with 2 columns: YES, NO. Row 1: Note: Your certification cannot be renewed unless you have met the requirement below. Row 2: 1. Have you completed 5 credit hours of Board-approved continuing education... Row 3: 2. Do you maintain the required professional liability insurance?

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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.

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.

Signature of Certificate Holder (Mandatory): Date:

INACTIVE STATUS

If you will not be practicing as a public health dental hygiene practitioner in Pennsylvania after March 31, 2019, you may place your certification on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be practicing as a public health dental hygiene practitioner after March 31, 2019. ²⁰²⁵

| | |
|--|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ NOTE: Upon renewal the certification will expire March 31, 2021 ²⁰²⁷ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$42.00 \$50.00 \$59.00 |
| <p>Write your certification number on your payment. A \$20.00 fee will be assessed for returned payments. LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-2025 PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATION BEFORE IT EXPIRES RETURN BY: MARCH 1, 2019 ²⁰²⁵</p> | |

STATE BOARD OF DENTISTRY

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION
Public Health Dental Hygiene Practitioner - PHDH

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CERTIFICATION NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 | Note: Your certification cannot be renewed unless you have met the requirement below. |
|-----|----|---|
| | | 1. Have you completed 5 credit hours of Board-approved continuing education in public-health related courses during the biennial period? Note: The 5 credit hours can be credited towards the continuing education requirement for the renewal of the license to practice dental hygiene. |
| | | 2. Do you maintain the required professional liability insurance? |

NOTE: Indicating that you completed the requirements if you have not, subjects you to disciplinary and criminal action for **BOTH** failure to complete the requirements **AND** for falsifying a renewal.

VERIFICATION OF INFORMATION

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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: _____

INACTIVE STATUS

If you will not be practicing as a public health dental hygiene practitioner in Pennsylvania after March 31, ²⁰²⁷2019, you may place your certification on inactive status by checking the box below. The form must be completed in its entirety. No fee or continuing education is required to maintain inactive status.

I will not be practicing as a public health dental hygiene practitioner after March 31, ~~2019~~ ²⁰²⁷

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ NOTE: Upon renewal the certification will expire March 31, 2021 ²⁰²⁹ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$42.00 \$50.00 \$70.00 |

Write your certification number on your payment. A \$20.00 fee will be assessed for returned payments.
LATE FEE - a \$6.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~2019~~ ²⁰²⁷

PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW CERTIFICATION BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~ ²⁰²⁷

Expanded Function Dental
Assistant (EFDA)
Education Program Biennial
Renewal Application

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program - DFP
200 Hour Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions, please submit a written letter of explanation outlining the changes. |
|-----|----|--|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competence, and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

VERIFICATION OF INFORMATION

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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 EFDA Program Director (Mandatory): _____ Date: _____

| | |
|---|---------------------------------|
| EXPIRATION DATE: → | March 31, 2019 2023 |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$118.00 \$118.00 |
| Write the EFDA program license number on the payment. A \$20.00 fee will be assessed for returned payments. | |
| LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-19 23 | |
| OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program - DFP
2 Year Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions please submit a written letter of explanation outlining the changes. |
|-----|----|--|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives the criteria for measuring competency and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

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. §4811.

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. §4804 relating to unsworn falsification to authorities and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of EFDA Program Director (Mandatory): _____ Date: _____

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ |
| | NOTE: Upon renewal the license will expire March 31, 2021 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | SIGNATURE: <i>[Signature]</i> \$118.00 |
| Write the EFDA program license number on the payment. A \$20.00 fee will be assessed for returned payments. | |
| LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31- ²³ | |
| OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program – DFP
200 Hour Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions, please submit a written letter of explanation outlining the changes. |
|-----|----|---|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competency and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? _____ |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

VERIFICATION OF INFORMATION

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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 EFDA Program Director (Mandatory): _____

Date: _____

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2025 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the license will expire March 31, 2027 \$139.00 \$230.00 |
| Write the EFDA program license number on the payment. A \$30.00 fee will be assessed for returned payments. | |
| LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-25 | |
| OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program - DFP
2 Year Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions, please submit a written letter of explanation outlining the changes. |
|-----|----|---|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competency and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

VERIFICATION OF INFORMATION

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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 EFDA Program Director (Mandatory): _____ Date: _____

| | |
|---|---------------------------------------|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$100.00 \$236.00 \$139.00 |

Write the EFDA program license number on the payment. A \$20.00 fee will be assessed for returned payments.

LATE FEE - a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-²⁰²⁵

**OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY
ACTIONS AND ADDITIONAL MONETARY PENALTIES**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION EFDA Program - DFP 200 Hour Program

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED - CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions, please submit a written letter of explanation outlining the changes. |
|-----|----|--|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competence, and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

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Signature of EFDA Program Director (Mandatory): _____ Date: _____

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ |
| | NOTE: Upon renewal the license will expire March 31, 2029 |
| FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$100.00 \$236.00 \$164.00 |
| <p>Write the EFDA program license number on the 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 will be assessed if postmarked AFTER 03-31-²⁷</p> <p>OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

**RENEWAL APPLICATION
EFDA Program – DFP
2 Year Program**

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED – CHECK "YES" OR "NO" FOR EACH QUESTION

| YES | NO | If "YES" to any of the questions, please submit a written letter of explanation outlining the changes. |
|-----|----|---|
| | | 1. Since your initial application or your last renewal, whichever is later, has the location of the EFDA program documented above changed? |
| | | 2. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's goals and objectives, the criteria for measuring competency and/or the record retention policy? |
| | | 3. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's faculty reported to the Board? |
| | | 4. Since your initial application or last renewal, whichever is later, have there been any changes to the EFDA program's facilities and equipment reported to the Board? |
| | | 5. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's curriculum? |
| | | 6. Since your initial application or your last renewal, whichever is later, have there been any changes to the EFDA program's director position? |

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 EFDA Program Director (Mandatory): _____ Date: _____

| | |
|---|--------------------------------------|
| EXPIRATION DATE: → | March 31, 2015 ²⁰²⁷ |
| FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$10.00 \$236.00 \$164.00 |
| NOTE: Upon renewal the license will expire March 31, 2027 ²⁰²⁹ | |
| Write the EFDA program license number on the payment. A \$20.00 fee will be assessed for returned payments. | |
| LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-2027 | |
| OPERATING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES | |

**Restricted Faculty License
Biennial Renewal Application**

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Restricted Faculty - RFD

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 documents. |
|-----|----|--|
| | | 1. With the exception of the one you are currently renewing, 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 contemner), 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 payer 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 controlled substances? |
| | | 13. 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. |
| | | 14. Since your initial application or your last renewal, whichever is later, are you still employed as a faculty member at the designated dental school? |
| | | 15. Do you maintain the required professional liability insurance? |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, ~~2017~~ ²⁰²¹ to March 31, ~~2019~~ ²⁰²³ in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study. NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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: _____

INACTIVE STATUS

If you will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, ~~2019~~ ²⁰²³, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, ~~2019~~ ²⁰²³.

| | |
|---|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²³ |
| FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" → | NOTE: Upon renewal the license will expire March 31, 2021 ²⁰²⁵ \$263.00 ^{\$310.00} |

Write your license number on your payment. A \$20.00 fee will be assessed for returned payments.

LATE FEE – a \$5.00 per month, or part of a month will be assessed if postmarked AFTER 03-31-~~19~~ ²³

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES
RETURN BY: MARCH 1, ~~2019~~ ²⁰²³

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Restricted Faculty - RFD

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE – The address above is a new address and not on file with the Board.
- 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 documents. |
|-----|----|---|
| | | 1. With the exception of the one you are currently renewing, 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 contumacious), 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 payer 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, hallucinotics 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. 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. |
| | | 14. Since your initial application or your last renewal, whichever is later, are you still employed as a faculty member at the designated dental school? |
| | | 15. Do you maintain the required professional liability insurance? |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

- I have attended/completed the required 30 credit hours of continuing education during the period from April 1, ²⁰²³2017 to March 31, ²⁰²⁵2019 in acceptable courses obtained through approved programs sponsors with no more than 50% of the credits obtained through individual study.
NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

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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: _____

INACTIVE STATUS

If you will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, ²⁰²⁵2019, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, ²⁰²⁵2019.

| | |
|--|--|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁵ NOTE: Upon renewal the license will expire March 31, ²⁰²⁷ 2021 |
| FEE – Payable to "COMMONWEALTH OF PENNSYLVANIA" → | \$261.00 \$310.00 \$366.00 |
| <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 will be assessed if postmarked AFTER 03-31-²⁵2019</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, ²⁰²⁵2019</p> | |

State Board of Dentistry

KEEP A COPY OF THIS APPLICATION
FOR YOUR RECORDS.

RENEWAL APPLICATION Restricted Faculty - RFD

Return to:

State Board of Dentistry
PO Box 8417
Harrisburg, PA 17105-8417

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

LICENSE NUMBER _____

EMAIL _____

Check if appropriate:

- ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- 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 renewing, 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 -> |
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| | | 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? |
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| | | 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 payer 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? |
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| | | 14. Since your initial application or your last renewal, whichever is later, are you still employed as a faculty member at the designated dental school? |
| | | 15. Do you maintain the required professional liability insurance? |

Continuing Education – SELECT ONE BELOW. You are required to maintain certificates for a minimum of 4 years after completion of the program. Do not submit any certificates or proof of completion to the Board. The Board will be conducting a random audit and you will be required to supply them to the Board upon request.

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NOTE: CPR cannot be counted towards fulfillment of the continuing education credit hours required.
- I have received written approval from the Board for an extension or waiver of the required continuing education based on illness, emergency or hardship.

NOTE: Indicating that you completed the required continuing education hours if you have not, subjects you to disciplinary and criminal action for BOTH failure to complete the requirements AND for falsifying a renewal.

VERIFICATION OF INFORMATION

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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: _____

INACTIVE STATUS

If you will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, 2027, you may place your certificate on inactive status by checking the box below. The form must be completed in its entirety. No fee, CPR certification or continuing education is required to maintain inactive status.

- I will not be practicing as a restricted faculty member in a Pennsylvania dental school after March 31, 2027.

| | |
|--|---|
| EXPIRATION DATE: → | March 31, 2019 ²⁰²⁷ |
| | NOTE: Upon renewal the license will expire March 31, 2029 |
| FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” → | \$261.00 \$310.00 \$432.00 |
| <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 will be assessed if postmarked AFTER 03-31-2027</p> <p>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</p> <p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RETURN BY: MARCH 1, 2019 ²⁰²⁷</p> | |

CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)**

RECEIVED

JUL - 7 2022

**Independent Regulatory
Review Commission**

DO NOT WRITE IN THIS SPACE

| | | |
|---|--|---|
| <p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p> | <p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p>_____ State Board of Dentistry (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. 16A-4634</p> <p>DATE OF ADOPTION: _____</p> <p>BY: <u>Shawn M. Casey, D.M.D.</u> Shawn M. Casey, D.M.D.</p> <p>TITLE <u>Chairman, State Board of Dentistry</u> (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p> | <p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u>[Signature]</u> (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p>_____ June 24, 2022 DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p> |
|---|--|---|

FINAL RULEMAKING

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF DENTISTRY**

49 PA CODE CHAPTER 33

§ 33.3

FEES

The State Board of Dentistry (Board) hereby amends § 33.3 (relating to fees) and rescinds § 33.339 (relating to fees for issuance of permits) to read as set forth in Annex A.

Effective Date

This rulemaking will be effective upon publication in the *Pennsylvania Bulletin*. The initial increase for application fees will be implemented immediately upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*. Thereafter, the subsequent graduated increases for application fees will be implemented on a 2-fiscal-year (FY) basis. The initial renewal fee increases will be implemented for the April 1, 2023-March 31, 2025, biennial renewal. The second and third renewal fee increases will be implemented for the April 1, 2025-March 31, 2027, and April 1, 2027-March 31, 2029, biennial renewals and thereafter.

Statutory Authority

Section 3(o) of The Dental Law (act), (63 P.S. § 122(o)), authorizes the Board to adopt, promulgate, and enforce such rules and regulations as may be deemed necessary by the Board and proper to carry into effect the powers conferred by the act. Section 4(b) of the act (63 P.S. § 123(b)) requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a 2-year period. Section 4(a) of the act (63 P.S. § 123(a)) provides that the fee for an applicant for examination and licensure to practice dentistry or as a dental hygienist or certification for an expanded function dental assistant (EFDA) in this Commonwealth shall be fixed by the Board by regulation. In terms of application fees for licensure and certification by criteria approval, section 3(f) of the act (63 P.S. § 122(f)), authorizes fees for applicants who have licenses from other states, territories or Canada. Section 11.2(a)(2), (4) and (6) (63 P.S. § 130c(a)(2), (4) and (6)) of the act require the Board to establish anesthesia permit fees. Section 11.11(a)(7) of the act (63 P.S. § 130/(a)(7)) gives the Board authority to impose an application fee for a restricted faculty applicant in the same amount as is prescribed by the Board for licensure to practice dentistry.

Under section 3(g.1) of the act (63 P.S. § 122(g.1)), one of the Board's duties is "[t]o receive and record all filings of the names and fictitious names of providers of dental services..." Another duty of the Board under section 3(b) of the act (63 P.S. § 122(b)), is to "...determine the acceptability and to approve and disapprove institutions and colleges of this State and of other states and countries for the education of students desiring... to be certified as expanded function dental assistants." Under the authority of sections 3(o) and 4(b) of the act, the Board is increasing the fees for fictitious names for dental facilities and EFDA educational programs.

Regarding biennial renewal fees, Section 3 (j) of the act (63 P.S. § 122(j)) empowers the Board "[t]o provide for, regulate, and require biennial renewals of all persons licensed or certified in accordance with provisions of this act...[and] to require, as a condition precedent to such biennial renewal, the payment of such biennial renewal fee as shall be fixed by regulation of the board." Additionally, under section 11.11(d) of the act (63 P.S. § 130/(d)), to renew a restricted

faculty license, a licensee must pay a biennial renewal fee in the same amount as the fee prescribed by the Board for renewal of licensure to practice dentistry.

Background and Need for Amendment

This final-form rulemaking increases application fees to reflect updated costs of processing applications and increases all the Board's biennial renewal fees to ensure its revenue meets or exceeds the Board's current and projected expenses. This rulemaking increases the following application fees under § 33.3 (relating to fees) on a graduated basis: dentist, dental facility fictitious name, dental hygienist, expanded function dental assistant, anesthesia (unrestricted), anesthesia (restricted I), anesthesia (restricted II), dental hygienist local anesthesia, public health dental hygienist practitioner, expanded function dental assistant education program, restricted faculty license, criteria approval (dentists), criteria approval (dental hygienists), criteria approval (expanded function dental assistants). Approximately 1,984 applicants will be impacted annually by the increased application fees.

The Board is also implementing graduated biennial renewal fee increases for the following licenses, certificates, registrations and permits under § 33.3 (relating to fees): dentist, dental hygienist, expanded function dental assistant, anesthesia (unrestricted), anesthesia (restricted I), anesthesia (restricted II), dental hygienist local anesthesia, public health dental hygienist practitioner, expanded function dental assistant education program and restricted faculty license. There are approximately 30,917 individuals who possess current licenses, certificates and registrations issued by the Board who will be required to pay more to renew their licenses, certifications, registrations, or permits.

Under section 4(b) of the act, 63 P.S. § 123(b), the Board is required by law to support its operations from the revenue it generates from fees, fines and civil penalties. In addition, the act provides that the Board shall increase fees if the revenue raised by fees, fines and civil penalties is not sufficient to meet expenditures over a two-year period. The Board raises the majority of its revenue through biennial renewal fees. A small percentage of its revenue comes from application fees, fines and civil penalties. The Board receives an annual report from the Department of State's Bureau of Finance and Operations (BFO) regarding the Board's income and expenses.

BFO data demonstrates that the Board's revenue is insufficient to meet expenditures over a two-year period resulting in a projected deficit of approximately \$2.6 million by the end of FY 2022-2023 – FY 2023-2024, and a projected deficit of approximately \$5.7 million following FY 2024-2025 – FY 2025-2026. It is therefore necessary for the Board to raise fees to meet or exceed projected expenditures, in compliance with section 4(b) of the act.

For the Board to meet or exceed projected expenditures with the delayed implementation date, BFO recommended increased application fees that are reflective of actual costs to process applications in each biennium, and an 18% renewal fee increase for each renewal cycle commencing with the April 1, 2023 – March 31, 2025 biennial renewal and continuing through the April 1, 2025 – March 31, 2027 biennial renewal period and concluding following the April 1,

2027 – March 31, 2029 biennial renewal period. The last time the Board approved a renewal fee increase was in July of 2012, which was effective for the April 2015 renewal period.

In consideration of the comments received in response to the proposed rulemaking regarding the timing of the biennial renewal fee increases, the Board voted to delay the implementation of the biennial fee increase until the April 1, 2023-March 31, 2025 biennial renewal. In March 2022, representatives from BFO met with the Board and provided summaries of the Board's revenue and expenses through FY 2027-2028. Based upon the financial information that BFO presented to the Board on March 11, 2022, the Board adopted the new schedule of fees set forth in accompanying Annex A. The increased fees are projected to produce sufficient revenue to meet expenditures, while reducing budget deficits, over three biennial renewal periods. In FY 2022-2023 through FY 2023-2024, with the fee increase, the Board's revenue of approximately \$5.1 million will be sufficient to meet its expenditures of approximately \$4.9 million and reduce the deficit. In FY 2024-2025 through FY 2025-2026, the Board's revenue of approximately \$5.93 million will be sufficient to meet its expenditures of approximately \$5.07 million and reduce the deficit. In FY 2026-2027 through FY 2027-2028, the Board's revenue of approximately \$6.9 million will be sufficient to meet its expenditures of approximately \$5.23 million and also eliminate the deficit. By the end of FY 2027-2028, the Board will have a positive balance of \$682,193. Thus, the proposed fee structure will allow the Board to meet expenditures over a two-year period as required by Section 4(b) of the act, 63 P.S. § 123(b), and will put the Board back on firm financial ground without creating a significant surplus of funds.

Summary and Responses to Comments

Notice of the proposed rulemaking was published at 50 Pa.B. 6356 (November 14, 2020). Publication was followed by a 30-day public comment period during which the Board received four public comments. Two of the public comments were from dentists. The Board also received a comment from the Pennsylvania Dental Association (PDA) and the Pennsylvania Academy of General Dentistry (PAGD). In addition, the Independent Regulatory Review Commission (IRRC) submitted comments. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC) did not submit comments.

Timing of fee increase

The Board originally planned for this final rulemaking to be effective in time for the 2021 biennial renewal period. Two dentists questioned the timing of the fee increase. They commented that the dental community was negatively impacted financially by the COVID-19 pandemic, specifically with the costs associated with keeping their practices safe for patients and team members. One dentist pointed out that the dental community was barely starting to bounce back from the ongoing pandemic, indicating that a fee increase for the 2021 renewal period was poorly timed and gave minimal financial notice to the dental community.

PDA commented that while it appreciates the need for the Board to forecast expenditures and budget prudently, PDA urged the Board to reconsider increasing fees at a time when many dentists and their teams were dealing with significant financial hardship due to the COVID-19

pandemic. PDA asked the Board to consider the acute situation that many dentists and their staff were facing by considering the latest data from the American Dental Association's Health Policy Institute (HPI), including, the fact that it took until mid-June of 2020 for patient volume in the majority of dental practices to bounce back to 75 percent of pre-COVID levels. According to PDA, patient volume in dental practices was estimated at 76 percent as patients were hesitant to seek medical and dental care until the vaccine was readily available to the public. Additionally, dentists were not able to schedule as many patients as usual due to the current CDC guidelines. HPI also found that staffing in dental offices was at 90 percent of pre-pandemic levels, which left a significant amount of dental team members who were unemployed and would have difficulty in paying higher fees. Finally, HPI data suggested that dental practices were absorbing exorbitant costs for personal protection equipment (PPE), a cost PDA anticipated would likely rise as dental suppliers struggle to meet demand. Ultimately, PDA requested that the Board consider the needs of the dental community at this critical juncture and delay implementing fee increases until the dental community recovers from the devastating impact of COVID-19 and resumes practicing at pre-pandemic levels.

PAGD questioned whether implementing fee increases in time for the 2021 biennial renewal period would give licensees sufficient advance notice. PAGD recommended that the Board implement the fee increases for the 2023 biennial renewal period due to the COVID-19 pandemic. PAGD also expressed concern about the impact of fee increases on dental practices that are small businesses. In particular, PAGD was concerned that dental practices that require staff to pay their own licensing fees may find it more difficult to recruit and hire staff if licensing fees are increased. Such businesses, however, have the option to pay the licensing fee of staff and to increase the service fees charged to consumers.

IRRC agreed with the commentators' concerns and commented that a fee increase during the height of the pandemic was not reasonable. IRRC commented that the second wave of the pandemic created unprecedented financial and operational challenges for the dental community. IRRC recommended that the Board withdraw the rulemaking and submit it at a later date to allow additional time for the regulated community to review and comment on the proposal. In the alternative, IRRC asked the Board to explain how the Board would implement this rulemaking if it was not finalized prior to the April 1, 2021, renewal cycle.

In response to the comments relating to the impact of the COVID-19 pandemic on the dental community, the Board reconsidered the implementation date of the fee increase and agreed with IRRC and the commentators that the timing of the fee increase, given the pandemic, could have an unintended negative impact upon the dental community during a time of great uncertainty. Thus, at its January 15, 2021, meeting, the Board voted to delay the implementation of the graduated application fee increases until the date of publication of the final-form rulemaking in the *Pennsylvania Bulletin*, which the Board anticipates will occur in the Summer of 2022. The Board also voted to delay the implementation of the biennial renewal increases until the April 1, 2023-March 31, 2025, biennial renewal period, as recommended by PAGD.

In response to IRRC's question as to how the Board would implement the renewal fee if the regulation was not finalized prior to the April 1, 2021, renewal cycle, the Board amended the

implementation dates, as noted above, so that the renewal fee increases will be effective in 2023 instead of 2021. Delaying the implementation dates provided additional time for the dental community to navigate and recover from the impact of the pandemic and provided additional time to implement the biennial renewal fees.

General opposition to the fee increase

The Board received two comments from individual dentists expressing general opposition to the fee increases, asserting that the amount of the increases are excessive and arbitrary. They also questioned the basis of the fee increases, requesting a complete financial report and question the 18 percent increase in biennial renewal fees. PAGD respects the financial pressures that are shouldered by the Board and the deficits that must be addressed but asserted that the increases are excessive and arbitrary and requested greater transparency regarding the basis for the increases. PAGD specifically asked for an explanation for the increased expenses between FY 2012-2013 and 2018-2019. IRRC reiterated these comments and also asked the Board to address the adverse economic impacts that commentators asserted.

In response to the comments of general opposition to the proposed fee increases, the Board begins by noting that Section 4(b) of the act requires the Board to increase fees by regulation to meet or exceed projected expenditures if the revenues raised by fees, fines and civil penalties imposed under the act are not sufficient to meet expenditures over a two-year period. BFO data demonstrates that the Board's revenue is insufficient to meet expected expenditures over a two-year period resulting in a projected deficit of approximately \$2.67 million by the end of FY 2022-2023 – FY 2023-2024, a projected deficit of approximately \$5.7 million following FY 2024-2025 – FY 2025-2026 and a projected deficit of approximately \$6.7 million dollars at the conclusion of FY 2026-2027 – FY 2027-2028. Based on this data, the law mandates the Board to increase fees by regulation to meet or exceed projected expenditures. While the Board delayed the implementation of fee increases due to the extreme circumstances surrounding the pandemic, in addition to a concern that there was insufficient time to implement a fee increase for the April 1, 2021-March 31, 2023, renewal cycle, the Board is not able to make an exception to the law which mandates an increase in fees by regulation when revenue fails to meet expenditures over a two-year period. The appropriate mechanism for an exception to the law is through the legislature.

Regarding the basis for the fee increases, the majority of the Board's costs are personnel-related, and much of those costs are not within the Board's control. Staff are generally employees of the Commonwealth, most of whom are civil service personnel, and many are union positions. For these employees, the Board is bound by the negotiated contract. Personnel costs associated with investigation and enforcement depend largely on the number of complaints received that need to be investigated, and the number of those matters that result in disciplinary action. The Board has no control over the number of complaints that are filed against licensees and unlicensed individuals, nor may they control which matters are or are not prosecuted.

The proposed application fee increases occur on a graduated basis so that the application fees collected during each biennium reflect the anticipated costs of processing applications for that biennium. These fees are designed to cover the cost to process applications and are borne by

individual applicants. Actual cost calculations for application fees are based upon the following formula:

$$\begin{array}{r} \text{number of minutes to perform the function} \\ \times \\ \text{pay rate for the classification of the personnel performing the function} \\ + \\ \text{a proportionate share of administrative overhead} \end{array}$$

The application fees are based on time study reports created within the Bureau of Professional and Occupational Affairs giving each step in the process and the amount of time it takes to process one application. That amount is multiplied by the anticipated application requests for 1 year (times two since the increases are biennial). Increases which will be effective immediately and then again on July 1, 2025, and July 1, 2027, are calculated at an approximately 9.5% increase as pay increases for staff that process applications are 2.5% in July and 2.25% in January or 4.75 % annually (9.5% biennially) and the fee is almost entirely dependent upon personnel-related costs.

Regarding the basis of the biennial renewal fees for dentists, dental hygienists, EFDAs, anesthesia-unrestricted permits, anesthesia-restricted I permits, anesthesia-restricted II permits, dental hygienist local anesthesia permits, public health dental hygiene practitioners, EFDA education program approval and restricted faculty licenses, the fees will increase on a graduated basis by 18 percent for each renewal cycle beginning with the April 1, 2023—March 31, 2025 biennial renewal period and continuing through the April 1, 2027—March 31, 2029 biennial renewal period. The Board adopted the 18 percent graduated increase because, as the calculations show in the answer to Question 10 of the Regulatory Analysis Form, the graduated fees will generate adequate revenue to meet its expenses during each biennium; FY 2022-2023 through FY 2023-2024, FY 2024-2025 through FY 2025-2026, and FY 2026-2027 through FY 2027-2028. By the end of FY 2027-2028, the budget deficit will be eliminated, and the Board will have a positive balance of \$682,193.

On an annual basis, during a public meeting where stakeholders are present, the Board reviews its fiscal status and receives an annual report from BFO regarding the Board's income and expenses. A copy of the BFO report is posted to the Board's website. In response to the request for additional information regarding the Board's financial needs, including the dramatic rise in expenses of major cost centers in the preceding six years, specifically in FY 2012-2013 and FY 2018-2019, the Board provided an explanation of page 3 of the BFO report (included as Attachment A) which contains the Board's Expense and Revenue History Comparison for FY 2012-2013 through FY2020-2021. There was a dramatic increase in expenses between FY 2014-2015 to FY 2015-2016 for Legal Prosecution. The reason for the dramatic increase in FY 2015-2016 is that the prosecution division began implementing a practice wherein all practice-related complaints would receive expert review. The prosecution division determined that public protection necessitated expert review to secure successful prosecution of licensees who pose a risk to the community. Based on the success of this plan of action, the prosecution division continues to utilize expert review for most practice-related complaints. In addition, prior to FY 2015-2016, expenses for Board Counsel and the Professional Compliance Office (PCO) were included under

the Cost Center for Legal Administration. These expenses also include other legal administrative costs, such as renting of office space, phones, legal administrative staff, printing copiers, furniture and the like. In FY 2015-2016, Board Counsel became its own Cost Center and expenses related to PCO went under Legal Prosecution Cost Center. This explains the dramatic decrease in expenses for Legal Administration in FY 2015-2016 and gives further explanation to the dramatic increase in expenses for Legal Prosecution in FY 2015-2016. Additionally, it explains why the Cost Center for Board Counsel shows expenses totaling \$ 0.00 until FY 2015-2016.

Over the last few fiscal years, the Board has had some sizable increases to expenses for a variety of reasons. One of the largest financial impacts for the Board was the incorporation of The Pennsylvania Justice Network (JNET), due in part to the enactment of the act of February 15, 2018 (P.L. 14, No. 6) (Act 6 of 2018), which requires mandatory self-reporting of criminal convictions. The Board uses JNET to identify criminal convictions of licensees and to verify compliance with Act 6 of 2018's mandatory reporting requirement. Initially, the Board was one of three (3) boards under the Bureau that incorporated JNET criminal notifications into their business processes. Across the three (3) boards, there was a sizable 27.5% average increase in the number of complaints being processed and opened for prosecution. With the additional complaints, increased expenses due to higher prosecutions, investigations, expert witness usage, and hearings resulted. Since incorporation of JNET, expenses have been relatively steady in all of these cost categories. More than likely, this new level of legal workload is one that will be part of the financial picture for the Board going forward.

In addition to the legal increases, all 29 boards and commissions under the Bureau have undergone an information technology transformation upgrade with the incorporation of the Pennsylvania Licensing System (PALS). Expenses associated with PALS, including the initial build as well as ongoing maintenance, are proportionately spread across all entities based on licensee population to effectively share costs per licensee. While the initial build is in the past, it has contributed to higher administrative expenses for all boards and commissions during the last few fiscal years. Due to PALS' high functioning database with enhanced features over the Department's previous License 2000 platform, maintenance for this system requires a larger financial commitment from all boards and commissions than the previous system.

When considering this proposed fee increase, the Board conducted a comparison of application fees and renewal fees charged by surrounding states. The Board found that even by comparing the highest fee increases, the Commonwealth's application fees and renewal fees are still among the lowest or are in line with fees charged in surrounding states.

The Board is empathetic to all the concerns put forth by commenters, including adverse economic impact during the pandemic. The Board has delayed the implementation of these fee increases to avoid additional adverse fiscal impact to the dental community during the height of the pandemic. The Board, however, is dutybound to ensure that the Board remains fiscally sound so that it may carry out the mandates of the General Assembly set forth in the act in furtherance of public health and safety. Increasing fees is critical to sustain the operations of the Board. The Board is statutorily obligated to increase fees by regulation when revenues raised by fees, fines and civil penalties under the act are insufficient to meet expenditures over a 2-year period. The Board meets

this criterion, and thus, is required to increase its fees.

IRRC Additional Comments

IRRC reiterated the concerns of the commentators, including the timing of this regulation and the basis for the Board's financial needs. IRRC asked the Board to consider withdrawing the regulation and resubmitting it at a later date. As discussed above, the Board amended the proposed regulation and delayed the implementation of the fee increases until 2023. The Board believes that delaying the fee increases has allowed the dental community to recover economically; dental offices are open and patient volume has increased significantly since the proposed regulation was published in November of 2020. In March of 2022, the American Dental Association's Health Policy Institute (HPI) released the results of a national study (Economic Outlook and Emerging Issues in Dentistry: Insights from Data from March 2022) which showed that dental patient appointment schedules have risen to approximately 88% of full capacity; this represents the highest patient volume levels since the beginning of the COVID-19 pandemic. The most common reason for dental patient schedules not being 100 % full was patient cancellations.

IRRC also asked the Board to revise the Preamble and the Regulatory Analysis Form to include statutory authority citations for all fees contained in § 33.3. The Board added the citations in the final-form preamble and RAF.

Description of Amendments to the Final-Form Rulemaking

The final-form rulemaking changes the implementation dates of the graduated application fee increases in § 33.3(a) and the graduated renewal fee increases in § 33.3(b). The application fee increases in § 33.3(a) will be implemented immediately upon publication of the final-form rulemaking in the Pennsylvania Bulletin, with subsequent graduated fee increases on July 1, 2025, and July 1, 2027. The biennial renewal fees will increase by 18% on a graduated basis over three renewal cycles. The initial fee increases will impact the renewal fees for the April 1, 2023–March 31, 2025, biennial renewal, with the second fee increase occurring for the April 1, 2025–March 31, 2027, biennial renewal and the third fee increase occurring for the April 1, 2027–March 31, 2029, biennial renewal period. The Board also amended the third graduated biennial renewal increase in § 33.3(b) by adding “and thereafter.” The term “thereafter” was added to clarify that the final fee increase for the 2027-2029 renewal period would remain the fee for all biennial renewal years thereafter, unless or until there is a new fee increase or decrease.

Fiscal Impact

The amendments will increase the application fees and biennial renewal fees for all license, certification and permit types issued by the Board. The Board receives approximately 1,984 applications annually from its various licensee types. There are currently 30,917 licensees and permit holders who will be impacted by the fee increase. Existing licensees will be required to pay 18 percent higher renewal fees every 2 years commencing in the April 1, 2023–March 31, 2025, biennial renewal period and continuing through the April 1, 2027–March 31, 2029, biennial renewal period.

As set forth below, the proposed graduated increase will impact applicants and licensees as follows:

Dentists

The Board receives approximately 465 dentist applications per year. The graduated application fee increases will impact applying dentists as follows: FYs 2022–2023 and 2023–2024, the application fee for dentist applicants will increase by \$35, followed by an increase of \$25 in FYs 2024–2025 and 2025–2026, and an increase of \$22 in FYs 2026–2027 and 2027–2028.

There are approximately 10,224 dentists who must renew biennially. In FY 2022–2023, dentists will pay an additional \$47 to renew their license, followed by an increase of \$56 to renew their license in FY 2024–2025, and an additional \$66 to renew their license in FY 2026–2027.

Dental facility (fictitious name)

The Board receives approximately 75 dental facility (fictitious name) applications per year. The graduated application fee increases will impact applying dental facilities as follows: FYs 2022–2023 and 2023–2024, the application fee for a dental facility (fictitious name) will increase by \$30, followed by an increase of \$6 in FYs 2024–2025 and 2025–2026, and an increase of \$7 in FYs 2026–2027 and 2027–2028.

Dental facilities are not required to renew the fictitious name registration with the Board; therefore, the initial application fee is the only fiscal impact to dental facilities.

Dental Hygienist

The Board receives approximately 400 dental hygienist applications per year. The graduated application fee increases will impact applying dental hygienists as follows: FYs 2022–2023 and 2023–2024, the application fee for dental hygienist applicants will increase by \$65, followed by an increase of \$14 in FYs 2024–2025 and 2025–2026, and an increase of \$14 in FYs 2026–2027 and 2027–2028.

There are approximately 9,578 dental hygienists who must renew biennially. In FY 2022–2023, dental hygienists will pay an additional \$8 to renew their license, followed by an increase of \$9 to renew their license in FY 2024–2025, and an additional \$11 to renew their license in FY 2026–2027.

Expanded Function Dental Assistant (EDFDA)

The Board receives approximately 275 EFDA applications per year. The graduated application fee increases will impact applying EFDAs as follows: FYs 2022–2023 and 2023–2024, the application fee for EFDA applicants will increase by \$35, followed by an increase of \$10 in FYs 2024–2025 and 2025–2026, and an increase of \$12 in FYs 2026–2027 and 2027–2028.

There are approximately 2,931 EFDAs who must renew biennially. In FY 2022-2023, EFDAs will pay an additional \$5 to renew their license, followed by an increase of \$6 to renew their license in FY 2024-2025, and an additional \$7 to renew their license in FY 2026-2027.

Anesthesia - Unrestricted Permit

The Board receives approximately 30 anesthesia unrestricted permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - unrestricted permit as follows: FYs 2022-2023 and 2023-2024, the application fee for an anesthesia -unrestricted permit will increase by \$50, followed by an increase of \$15 in FYs 2024-2025 and 2025-2026, and an increase of \$15 in FYs 2026-2027 and 2027-2028.

There are approximately 405 anesthesia - unrestricted permit holders who must renew biennially. In FY 2022-2023, anesthesia - unrestricted permit holders will pay an additional \$38 to renew their permit, followed by an increase of \$45 to renew their permit in FY 2024-2025, and an additional \$53 to renew their permit in FY 2026-2027.

Anesthesia - Restricted I Permit

The Board receives approximately 25 anesthesia - restricted I permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - restricted I permit as follows: FYs 2022-2023 and 2023-2024, the application fee for an anesthesia - restricted I permit will increase by \$50, followed by an increase of \$15 in FYs 2024-2025 and 2025-2026, and an increase of \$15 in FYs 2026-2027 and 2027-2028.

There are approximately 204 anesthesia - restricted I permit holders who must renew biennially. In FY 2022-2023, anesthesia - restricted I permit holders will pay an additional \$38 to renew their permit, followed by an increase of \$45 to renew their permit in FY 2024-2025, and an additional \$53 to renew their permit in FY 2026-2027.

Anesthesia - Restricted II Permit

The Board receives approximately 175 anesthesia - restricted II permit applications per year. The graduated application fee increases will impact applicants applying for an anesthesia - restricted II permit as follows: FYs 2023-2023 and 2023-2024, the application fee for an anesthesia - restricted II permit will increase by \$50, followed by an increase of \$6 in FYs 2024-2025 and 2025-2026, and an increase of \$7 in FYs 2026-2027 and 2027-2028.

There are approximately 2,467 anesthesia restricted II permit holders who must renew biennially. In FY 2022-2023, anesthesia restricted II permit holders will pay an additional \$10 to renew their permit, followed by an increase of \$11 to renew their permit in FY 2024-2025, and an additional \$13 to renew their permit in FY 2026-2027.

Dental Hygienist Local Anesthesia Permit

The Board receives approximately 425 dental hygienist local anesthesia permit applications per year. The graduated application fee increases will impact applicants applying for a dental hygienist local anesthesia permit as follows: FYs 2022-2023 and 2023-2024, the application fee for a dental hygienist local anesthesia permit will increase by \$30, followed by an increase of \$5 in FYs 2024-2025 and 2025-2026, and an increase of \$5 in FYs 2026-2027 and 2027-2028.

There are approximately 4,150 dental hygienist local anesthesia permit holders who must renew biennially. In FY 2022-2023, dental hygienist local anesthesia permit holders will pay an additional \$8 to renew their permit, followed by an increase of \$9 to renew their permit in FY 2024-2025, and an additional \$11 to renew their permit in FY 2026-2027.

Public Health Dental Hygiene Practitioners

The Board receives approximately 95 public health dental hygiene practitioner applications per year. The graduated application fee increases will impact applying public health dental hygiene practitioners as follows: FYs 2022-2023 and 2023-2024, the application fee for a public health dental hygiene practitioner will increase by \$60, followed by an increase of \$8 in FYs 2024-2025 and 2025-2026, and an increase of \$7 in FYs 2026-2027 and 2027-2028.

There are approximately 926 public health dental hygiene practitioners who must renew biennially. In FY 2022-2023, public health dental hygiene practitioners will pay an additional \$8 to renew their license, followed by an increase of \$9 to renew their license in FY 2024-2025, and an additional \$11 to renew their license in FY 2026-2027.

Expanded Function Dental Assistant Education Program

The Board receives approximately 2 EFDA program applications per year. The graduated application fee increases will impact applicants for EFDA education programs as follows: FYs 2022-2023 and 2023-2024, the application fee for an EFDA education program will increase by \$115, followed by an increase of \$30 in FYs 2024-2025 and 2025-2026, and an increase of \$33 in FYs 2026-2027 and 2027-2028.

There are approximately 7 EFDA education programs that must renew biennially. In FY 2022-2023, EFDA education programs will pay an additional \$18 to renew their license, followed by an increase of \$21 to renew their license in FY 2024-2025, and an additional \$25 to renew their license in FY 2026-2027.

Restricted Faculty License Holders

The Board receives approximately 5 restricted faculty license applications per year. The graduated application fee increases will impact applicants for a restricted faculty license as follows: FYs 2022-2023 and 2023-2024, the application fee for a restricted faculty license will increase by \$35, followed by an increase of \$25 in FYs 2024-2025 and 2025-2026, and an increase of \$22 in FYs 2026-2027 and 2027-2028.

There are approximately 25 restricted faculty license holders who must renew biennially. In FY 2022-2023, restricted faculty license holders will pay an additional \$47 to renew their license, followed by an increase of \$56 to renew their license in FY 2024-2025, and an additional \$66 to renew their license in FY 2026-2027.

Dental License by Criteria Approval

The Board receives approximately 6 dental license by criteria approval applications per year. The graduated application fee increases will impact applicants for dental license by criteria approval as follows: In FYs 2022-2023 and 2023-2024, the application fee for a dental license by criteria approval will increase by \$35, followed by an increase of \$25 in FYs 2024-2025 and 2025-2026, and an increase of \$22 in FYs 2026-2027 and 2027-2028.

Dental Hygienist Applications by Criteria Approval

The Board receives approximately 3 dental hygienist license by criteria approval applications per year. The graduated application fee increases will impact applicants for dental hygienist license by criteria approval as follows: FYs 2022-2023 and 2023-2024, the application fee for a dental hygienist license by criteria approval will increase by \$65, followed by an increase of \$14 in FYs 2024-2025 and 2025-2026, and an increase of \$14 in FYs 2026-2027 and 2027-2028.

Expanded Function Dental Assistant Applications by Criteria Approval

The Board receives approximately 3 EFDA license by criteria approval applications per year. The graduated application fee increases will impact applicants for EFDA license by criteria approval as follows: FYs 2022-2023 and 2023-2024, the application fee for an EFDA by criteria approval will increase by \$65, followed by an increase of \$14 in FYs 2024-2025 and 2025-2026, and an increase of \$14 in FYs 2026-2027 and 2027-2028.

Total Economic Impact to Applicants and Licensee/Permit Holders

Based upon the graduated application fee increases, the total economic impact to all applicants per fiscal year is as follows:

| | |
|-----------|-----------|
| FY 22-23: | \$85,105 |
| FY 23-24: | \$85,105 |
| FY 24-25: | \$25,604 |
| FY 25-26: | \$25,604 |
| FY 26-27: | \$24,887 |
| FY 27-28: | \$24,887 |
| <hr/> | |
| Total: | \$271,192 |

Based upon the biennial renewal fee increases, the economic impact to all license/permit holders is as follows:

| | |
|-----------|-----------|
| FY 22-23: | \$661,528 |
| FY 24-25: | \$778,105 |
| FY 26-27: | \$922,668 |

| | |
|--------|-------------|
| TOTAL: | \$2,362,301 |
|--------|-------------|

The proposed regulation should have no other fiscal impact on the private sector, the general public or political subdivisions of the Commonwealth.

Paperwork Requirements

The proposed rulemaking will require the Board to alter its online application and renewal forms to reflect the new fees; however, the amendments will not create additional paperwork for the regulated community or for the private sector.

Sunset Date

The Board continuously monitors the effectiveness of its regulations. Therefore, no sunset date has been assigned. Additionally, BFO provides the Board with an annual report detailing the Board's financial condition. In this way, the Board continuously monitors the adequacy of its fee schedule.

Regulatory Review

Under section 5(a) of the Regulatory Review Act, 71 P.S. § 745.5(a), on October 29, 2020, the Board submitted a notice of proposed rulemaking, published at 50 Pa.B. 6356 (November 14, 2020), to IRRC and the Chairpersons of the HPLC and SCP/PLC for review and comment. Publication was followed by a 30-day public comment period during which the Board received four public comments.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Board has considered all comments from the IRRC and the public. The HPLC and the SCP/PLC did not submit comments.

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on July 7, 2022, the Board delivered this final-form rulemaking to IRRC, the HPLC and the SCP/PLC. Under section 5.1(g)(3) and (j.2) of the Regulatory Review Act (71 P.S. § 745.5a(g)(3) and (j.2)), on _____, the final-form rulemaking was deemed approved by the HPLC and the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____ and approved the final-form rulemaking.

Additional information

Additional information may be obtained by writing to Christina Townley, Board Administrator, State Board of Dentistry, P.O. Box 2649, Harrisburg, PA 17105-2649, ST-DENTISTRY@pa.gov.

Findings

The State Board of Dentistry finds that:

- (1) Public notice was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), referred to as the Commonwealth Documents Law and the regulations promulgated thereunder 1 Pa. Code §§ 7.1 and 7.2.
- (2) A public comment period was provided as required by law and all comments were considered in drafting this final-form rulemaking.
- (3) The amendments to this final-form rulemaking do not enlarge the original purpose for the proposed regulation published at 50 Pa.B. 6356.
- (4) These amendments to the regulations of the State Board of Dentistry are necessary and appropriate for the regulation of the practice of dentistry in the Commonwealth.

Order

The Board, acting under its authorizing statute, ORDERS that:

- (A) The regulations of the State Board of Dentistry at 49 Pa. Code, Chapter 33, are amended by amending §§ 33.3 and 33.339 to read as set forth in Annex A.
- (B) The Board shall submit this final-form rulemaking to the Office of the Attorney General and the Office of General Counsel for approval as required by law.
- (C) The Board shall submit this final-form rulemaking to IRRC, the HPLC and the SCP/PLC as required by law.
- (D) The Board shall certify this final-form rulemaking and shall deposit it with the Legislative Reference Bureau as required by law.
- (E) The final-form rulemaking shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

SHAWN M. CASEY, D.M.D.
Chairperson
State Board of Dentistry

List of Public Commentators

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Paul@1447dental.com

Kendra Hornick, DDS
Somerset, PA 15501
kendrahornickdds@gmail.com

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 33. STATE BOARD OF DENTISTRY

Subchapter A. GENERAL PROVISIONS

* * * * *

§ 33.3. Fees.

[(a) Following is the schedule of fees charged by the Board:

| | |
|--|-------|
| Application fee – dentists..... | \$200 |
| Application fee – dental hygienists | \$75 |
| Application fee – expanded function dental assistants | \$75 |
| Application fee – certificate of public health dental hygiene practitioner | \$20 |
| Application fee – local anesthesia permit | \$20 |
| Criteria approval application fee dentists | \$200 |
| Criteria approval application fee – dental hygienists..... | \$75 |
| Criteria approval application fee expanded function dental assistants..... | \$75 |
| Fictitious name registration fee..... | \$35 |
| Verification of license, permit or registration fee – dentists, dental hygienists and expanded function dental assistants..... | \$15 |
| Certification of scores, permit or registration fee – dentists, dental hygienists and expanded function dental assistants..... | \$25 |
| EFDA program approval application fee..... | \$200 |
| Biennial renewal fee – dentists..... | \$263 |

| | |
|--|-------|
| Biennial renewal fee – dental hygienists..... | \$42 |
| Biennial renewal fee – expanded function dental assistants..... | \$26 |
| Biennial renewal fee – EFDA program approval..... | \$100 |
| Biennial renewal fee – certificate of public health dental hygiene practitioner..... | \$42 |
| Biennial renewal fee – local anesthesia permit..... | \$42 |
| Application fee – dental radiology authorization..... | \$75 |
| Notification application – postgraduate training or faculty member..... | \$75 |

(b) For fees related to anesthesia permits, refer to § 33.339 (relating to fees for issuance of permits).]

Following is the schedule of fees charged by the Board: Editor's Note: The blank in the first column of effective dates refers to the date of publication of the final-form rulemaking in the Pennsylvania Bulletin.

(a) Application fees

| | | <u>Effective</u> <u>July 1, 2023</u> | <u>Effective</u> <u>July 1, 2025</u> |
|---|-----------------|---|---|
| | | EFFECTIVE JULY 1, 2025 | EFFECTIVE JULY 1, 2027 |
| <u>Dentist</u> | <u>\$235.00</u> | <u>\$260.00</u> | <u>\$282.00</u> |
| <u>Dental Facility</u> <u>Fictitious Name</u> | <u>\$65.00</u> | <u>\$71.00</u> | <u>\$78.00</u> |
| <u>Dental Hygienist</u> | <u>\$140.00</u> | <u>\$154.00</u> | <u>\$168.00</u> |
| <u>Expanded Function</u> <u>Dental Assistant</u> | <u>\$110.00</u> | <u>\$120.00</u> | <u>\$132.00</u> |
| <u>Anesthesia –</u> <u>Unrestricted</u> | <u>\$150.00</u> | <u>\$165.00</u> | <u>\$180.00</u> |

| | | | |
|--|-----------------|-----------------|-----------------|
| <u>Anesthesia – Restricted I</u> | <u>\$150.00</u> | <u>\$165.00</u> | <u>\$180.00</u> |
| <u>Anesthesia – Restricted II</u> | <u>\$65.00</u> | <u>\$71.00</u> | <u>\$78.00</u> |
| <u>Dental Hygienist Local Anesthesia</u> | <u>\$50.00</u> | <u>\$55.00</u> | <u>\$60.00</u> |
| <u>Public Health Dental Hygienist Practitioner</u> | <u>\$80.00</u> | <u>\$88.00</u> | <u>\$95.00</u> |
| <u>Expanded Function Dental Assistant Education Program</u> | <u>\$315.00</u> | <u>\$345.00</u> | <u>\$378.00</u> |
| <u>Restricted Faculty License</u> | <u>\$235.00</u> | <u>\$260.00</u> | <u>\$282.00</u> |
| <u>Criteria approval – dentists</u> | <u>\$235.00</u> | <u>\$260.00</u> | <u>\$282.00</u> |
| <u>Criteria approval – dental hygienists</u> | <u>\$140.00</u> | <u>\$154.00</u> | <u>\$168.00</u> |
| <u>Criteria approval – expanded function dental assistants</u> | <u>\$140.00</u> | <u>\$154.00</u> | <u>\$168.00</u> |

(b) Biennial renewal fees

Following is the schedule of biennial renewal fees charged by the Board:

| <u>April 1, 2021– March 31, 2023</u> <u>Biennial Renewal</u> | <u>April 1, 2023– March 31, 2025</u> <u>Biennial Renewal</u> | <u>April 1, 2025– March 31, 2027</u> <u>Biennial Renewal</u> |
|--|--|---|
| <u>APRIL 1, 2023 - MARCH 31, 2025</u> <u>BIENNIAL RENEWAL</u> | <u>APRIL 1, 2025 - MARCH 31, 2027</u> <u>BIENNIAL RENEWAL</u> | <u>APRIL 1, 2027 - MARCH 31, 2029</u> <u>BIENNIAL RENEWAL AND THEREAFTER</u> |

| | | | |
|---|--------------|--------------|--------------|
| <u>Dentist</u> | <u>\$310</u> | <u>\$366</u> | <u>\$432</u> |
| <u>Dental Hygienist</u> | <u>\$50</u> | <u>\$59</u> | <u>\$70</u> |
| <u>Expanded Function Dental Assistant</u> | <u>\$31</u> | <u>\$37</u> | <u>\$44</u> |
| <u>Anesthesia – Unrestricted</u> | <u>\$248</u> | <u>\$293</u> | <u>\$346</u> |
| <u>Anesthesia – Restricted I</u> | <u>\$248</u> | <u>\$293</u> | <u>\$346</u> |
| <u>Anesthesia – Restricted II</u> | <u>\$63</u> | <u>\$74</u> | <u>\$87</u> |
| <u>Dental Hygienist Local Anesthesia</u> | <u>\$50</u> | <u>\$59</u> | <u>\$70</u> |
| <u>Public Health Dental Hygienist Practitioner</u> | <u>\$50</u> | <u>\$59</u> | <u>\$70</u> |
| <u>Expanded Function Dental Assistant Education Program</u> | <u>\$118</u> | <u>\$139</u> | <u>\$164</u> |
| <u>Restricted Faculty License</u> | <u>\$310</u> | <u>\$366</u> | <u>\$432</u> |

(c) Miscellaneous fees

Verification of license, permit or registration fee –
dentists, dental hygienists and expanded function dental assistants.....\$15

**Subchapter E. ADMINISTRATION OF GENERAL ANESTHESIA, DEEP SEDATION,
CONSCIOUS SEDATION AND NITROUS OXIDE/OXYGEN ANALGESIA**

§ 33.339. [Fees for issuance of permits.] Reserved.

[The following fees are charged for the issuance of permits under this subchapter:

(1) *Unrestricted permit.*

| | |
|----------------------|-------|
| (i) Initial | \$100 |
| (ii) Renewal..... | \$210 |
| (iii) Temporary..... | \$100 |

(2) *Restricted permit I.*

| | |
|----------------------|-------|
| (i) Initial | \$100 |
| (ii) Renewal..... | \$210 |
| (iii) Temporary..... | \$100 |

(3) *Restricted permit II.*

| | |
|----------------------|-------|
| (i) Initial | \$15 |
| (ii) Renewal..... | \$53 |
| (iii) Temporary..... | \$15] |



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF DENTISTRY
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-7162

July 7, 2022

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harrisstown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Final Regulation
State Board of Dentistry
16A-4634: Fees

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Dentistry pertaining to Fees.

The Board will be pleased to provide whatever information the Commission may require during the course of its review of the rulemaking.

Sincerely,

A handwritten signature in cursive script that reads "Shawn M. Casey, D.M.D.".

Shawn M. Casey, D.M.D., Chairperson
State Board of Dentistry

SMC/rkr
Enclosure

cc: Arion R. Claggett, Acting Commissioner of Professional and Occupational Affairs
K. Kalonji Johnson, Deputy Secretary of Regulatory Programs
Marc Farrell, Deputy Director of Policy, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State
Ronald K. Rouse, Board Counsel, State Board of Dentistry
State Board of Dentistry

From: [Blauch, Tammy](#)
To: [Christman, William](#); [Smeltz, Jennifer](#)
Subject: RE: DELIVERY: Regulation 16A-4634 (Tomlinson)
Date: Thursday, July 7, 2022 10:08:36 AM

Hello William,
Confirming receipt of the regulation.
Have a great day.

Tammy Blauch
Executive Secretary
Office of Senator Robert Tomlinson
Room 286 Main Capitol
Harrisburg, PA 17120
(717)-787-5072
Fax: (717)772-2991
tblauch@pasen.gov

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JUL - 7 2022

Independent Regulatory
Review Commission

From: Christman, William <wchristman@pa.gov>
Sent: Thursday, July 7, 2022 10:04 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>; Blauch, Tammy <tblauch@pasen.gov>
Subject: DELIVERY: Regulation 16A-4634 (Tomlinson)
Importance: High

Ⓢ CAUTION : External Email Ⓢ

Please provide written (email) confirmation of receipt of the delivery of the attached rulemaking.

Please be advised that the State Board of Dentistry is delivering the following final rulemaking:

- 16A-4634 Fees

William Christman | Legal Assistant
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg PA 17106 - 9523
Phone: 717.783.7200 | Fax: 717.787.0251
wchristman@pa.gov | www.dos.pa.gov

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transmissions shall not constitute a waiver of the attorney-client or any other privilege.

From: Rolko, Seth
To: Christman, William; Vazquez, Enid
Subject: Re: DELIVERY: Regulation 16A-4634 (Boscola)
Date: Thursday, July 7, 2022 2:07:03 PM

Received. Thank you.

Get [Outlook for iOS](#)

From: Christman, William <wchristman@pa.gov>
Sent: Thursday, July 7, 2022 2:05:41 PM
To: Rolko, Seth <seth.rolko@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>
Subject: FW: DELIVERY: Regulation 16A-4634 (Boscola)

■ EXTERNAL EMAIL ■

Good afternoon,

This is a follow-up about confirmation of receipt for the attached rulemaking.

Sincerely,

William Christman | Legal Assistant
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg PA 17106 - 9523
Phone: 717.783.7200 | Fax: 717.787.0251
wchristman@pa.gov | www.dos.pa.gov

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Review Commission**

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From: Christman, William
Sent: Thursday, July 7, 2022 10:04 AM
To: Rolko, Seth <seth.rolko@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>
Subject: DELIVERY: Regulation 16A-4634 (Boscola)
Importance: High

Please provide written (email) confirmation of receipt of the delivery of the attached rulemaking.

Please be advised that the State Board of Dentistry is delivering the following final rulemaking:

- 16A-4634 Fees

William Christman | Legal Assistant

Office of Chief Counsel | Department of State

Governor's Office of General Counsel

P.O. Box 69523 | Harrisburg PA 17106 - 9523

Phone: 717.783.7200 | Fax: 717.787.0251

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From: [Emily Hackman](#)
To: [Christman, William](#)
Cc: [Nicole Sidle](#)
Subject: RE: DELIVERY: Regulation 16A-4634 (Hickernell)
Date: Thursday, July 7, 2022 10:30:04 AM

Received.

EMILY EPLER HACKMAN | ADMINISTRATIVE ASSISTANT II

David S. Hickernell, Majority Chairman
Professional Licensure Committee
98th Legislative District
Room 43, East Wing
Harrisburg, PA 17120-2098
717-783-2076

Representative Mindy Fee
37th Legislative District
Room 47, East Wing
Harrisburg, PA 17120-2037
717-772-5290

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JUL - 7 2022

**Independent Regulatory
Review Commission**

From: Christman, William <wchristman@pa.gov>
Sent: Thursday, July 7, 2022 10:02 AM
To: Nicole Sidle <nsidle@pahousegop.com>; Emily Hackman <Eepler@pahousegop.com>
Subject: DELIVERY: Regulation 16A-4634 (Hickernell)
Importance: High

Please provide written (email) confirmation of receipt of the delivery of the attached rulemaking.

Please be advised that the State Board of Dentistry is delivering the following final rulemaking:

- 16A-4634 Fees

William Christman | Legal Assistant
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg PA 17106 - 9523
Phone: 717.783.7200 | Fax: 717.787.0251
wchristman@pa.gov | www.dos.pa.gov

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From: Orchard, Kari L.
To: Christman, William; Barton, Jamie
Subject: RE: DELIVERY: Regulation 16A-4634 (Burns)
Date: Thursday, July 7, 2022 12:39:34 PM

Received. Thank you!

Kari Orchard

Executive Director (D) | House Professional Licensure Committee
Chairman Frank Burns, 72nd Legislative District

From: Christman, William <wchristman@pa.gov>

Sent: Thursday, July 7, 2022 10:05 AM

To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>

Subject: DELIVERY: Regulation 16A-4634 (Burns)

Importance: High

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JUL - 7 2022

**Independent Regulatory
Review Commission**

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Please be advised that the State Board of Dentistry is delivering the following final rulemaking:

- 16A-4634 Fees

William Christman | Legal Assistant

Office of Chief Counsel | Department of State

Governor's Office of General Counsel

P.O. Box 69523 | Harrisburg PA 17106 - 9523

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