



**LOUISIANA STATE BOARD OF DENTISTRY**  
P.O. BOX 5256 ~ BATON ROUGE, LOUISIANA 70821-5256  
PHONE: 225-219-7330 ~ FAX: 225-219-0707  
[www.lsbd.org](http://www.lsbd.org)

## 2024-2025 DENTAL LICENSE RENEWAL PAPER FORM INSTRUCTIONS

You have chosen to renew your Louisiana dental license with the paper application. The only payment methods accepted by mail are checks or money orders. If you wish to pay for your license renewal with a credit card, you must renew your license online at [www.lsbd.org](http://www.lsbd.org).

Your Louisiana dental license will expire December 31, 2023. The 2024-2025 dental biennial renewal fee is \$540. *If you received your **original dental license during calendar year 2023, the biennial renewal fee is \$270.***

You will also pay a \$50.00 fee to fund the Dental Health Professional Monitoring Program (well-being program) administered by the Healthcare Professionals' Foundation of Louisiana. Although the board collects this fee, the entire fee goes to the Healthcare Professionals' Foundation of Louisiana. *If you received your **original dental license during calendar year 2023, the well-being fee is \$25.***

**Applications mailed by the licensee after December 31, 2023, must include a \$250 delinquent fee. There shall be no exceptions.**

The fees for personal anesthesia permit renewals are listed on the application. (Office anesthesia permits are automatically renewed with your dental license at no additional charge.) *You will only pay for the highest level of anesthesia permit you hold.* For example, if you hold a general anesthesia permit and you also use nitrous oxide, you will pay \$200 to renew your general anesthesia permit only. The general anesthesia permit also allows you to administer nitrous oxide.

All fees must be paid with a check or money order. Please include your name and license number on each check or money order that you submit for payment.

Complete all information requested on this application. You may attach additional sheets if necessary. Place a mark in the appropriate checkboxes on page 1 to indicate the fees you are including. Write the total amount (license renewal plus well-being program fee plus any anesthesia permit renewal) you are sending on the bottom of the first page of the application. Mail the completed application and the appropriate payments to the board office. All incomplete applications will be returned to the licensee and may delay processing of the license renewal.

***YOUR 2022-2023 CE MUST BE REPORTED TO CE BROKER BEFORE THE BOARD WILL PROCESS YOUR LICENSE RENEWAL.*** Please visit [www.lsbd.org](http://www.lsbd.org) for additional information.

Once we have received your completed application and fees, we will process it in the order in which it was received. Your renewal certificate and any applicable anesthesia permit(s) will be mailed to you as quickly as possible. You may also login to your Louisiana State Board of Dentistry online licensee account at [www.lsbd.org](http://www.lsbd.org) to print your renewal certificate at any time after your renewal has been processed.

LOUISIANA STATE BOARD OF DENTISTRY  
2024-2025 DENTAL LICENSE RENEWAL APPLICATION

- If you are no longer practicing dentistry and wish to **RETIRE** your Louisiana dental license, please check this box, sign and date this application, and return it to the board office. The Louisiana State Board of Dentistry will notify the Louisiana State Board of Pharmacy and the Drug Enforcement Administration of the retirement of your dental license.
- If you do not wish to renew your Louisiana dental license, please check this box, sign, date this application, and return it to the board office. The Louisiana State Board of Dentistry will list your license as lapsed due to non-renewal in the next Bulletin. Also, you will receive a notification from the board office following the March board meeting to inform you that this action was ratified.

License No. \_\_\_\_\_ Social security number \_\_\_\_\_

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

(This is where the board office will mail certificates and board correspondence.)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_

Email address \_\_\_\_\_

- By checking this box, you are authorizing the Louisiana State Board of Dentistry to forward notifications and updates to your email address. The LSBOD does not share your email address with any other entities or organizations.

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**PRACTICE TYPE**

Please check one. If your practice type is other than general, and you have not already done so, then you must submit documentation evidencing completion of a board approved program for your type of practice.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General dentistry   | <input type="checkbox"/> Endodontics          | <input type="checkbox"/> Oral & Maxillofacial Surgery |
| <input type="checkbox"/> Pediatric dentistry | <input type="checkbox"/> Dental public health | <input type="checkbox"/> Oral pathology               |
| <input type="checkbox"/> Prosthodontics      | <input type="checkbox"/> Orthodontics         | <input type="checkbox"/> Periodontics                 |

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**LICENSE RENEWAL FEE**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> License renewal <b>\$540</b> | <input type="checkbox"/> License renewal <b>\$270</b> (if you received your <b>original</b> dental license in 2023) | <input type="checkbox"/> Delinquent fee <b>\$250</b> (for applications postmarked after December 31, 2023) |
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**DENTAL HEALTH PROFESSIONAL MONITORING PROGRAM FEE (REQUIRED)**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> <b>\$50</b> | <input type="checkbox"/> <b>\$25</b> (if you received your <b>original</b> dental license in 2023) |
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**PERSONAL ANESTHESIA PERMIT**

(If you do **NOT** currently hold a personal anesthesia permit, leave this section blank.)

Check off the **highest** level of **personal** anesthesia permit you hold.

- Nitrous oxide inhalation \$50
- Moderate sedation \$200
- General anesthesia \$200
- If you currently hold a personal anesthesia permit and do **not** wish to renew it, please check this box. Your personal anesthesia permit will **not** be renewed, and you do not need to include the anesthesia renewal fee with your license renewal fee. **CONTACT THE BOARD OFFICE IF YOU WOULD LIKE TO RENEW A LOWER LEVEL PERMIT.**

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**TOTAL AMOUNT ENCLOSED:** \_\_\_\_\_

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## PRACTICE LOCATIONS

If you need additional space, please attach additional sheets.  
(You are **required** to notify the Louisiana State Board of Dentistry of any and all offices where you practice dentistry.)

Office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_ Phone \_\_\_\_\_

Office address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parish \_\_\_\_\_ Phone \_\_\_\_\_

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## DEA NUMBER

List your DEA number. If you do not have one, write N/A. \_\_\_\_\_

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## DENTAL HYGIENISTS EMPLOYED BY YOU

List the names and license numbers of all **Louisiana** dental hygienists employed by you—regardless of office location they work in.

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## EXPANDED DUTY DENTAL ASSISTANTS EMPLOYED BY YOU

List the names and certificate numbers of all **Louisiana** EDDAs employed by you—regardless of office location they work in.

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## PRESCRIPTION MONITORING PROGRAM

Your answers to the following question will determine your possible reporting requirements of **dispensed** controlled substances to the Prescription Monitoring Program (PMP).

Please be aware of the following:

“**Administering**” means the direct application of a drug to the body of a patient by injection, inhalation, ingestion, or any other means.

“**Dispensing**” means the actual preparation and delivery of a controlled substance to the patient. Most dentists write prescriptions and the pharmacy then actually **dispenses** the controlled substance. Therefore, writing a prescription is **NOT** dispensing. Only those dentists who **dispense more than a forty-eight hour supply of controlled substances** to patients prior or subsequent to performing an actual procedure on a patient must report to the PMP.

This does **NOT** affect your ability to prescribe controlled substances. The PMP is for the reporting of **dispensed** controlled substances only. If you are registered as a **dispenser**, you **MUST** report to the PMP no later than the next business day following the date of dispensing.

Do you dispense or administer controlled substances Schedules II-V in your **LOUISIANA** dental practice?

- I **dispense** controlled substances Schedules II-V in my LOUISIANA dental practice.  
 I **administer** controlled substances Schedules II-V in my LOUISIANA dental practice.  
 I **DO NOT dispense or administer** controlled substances Schedules II-V in my LOUISIANA dental practice. (Please select if you do NOT practice dentistry in Louisiana.)

**\*\* (At least one box MUST be checked.)**

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## CERTIFICATIONS

I hereby certify to the Louisiana State Board of Dentistry that all dental assistants employed by me and taking x-rays, have either met the employment criteria set forth in R.S. 37:792 or have successfully completed a course in x-ray function approved by the Louisiana State Board of Dentistry, or have been employed by me less than six (6) months and that persons performing expanded duty dental assistant duties have completed the appropriate education and their status has been confirmed by the board.

I hereby certify that I have read and understand the Federal Centers for Disease Control "Guidelines for Infection Control in Dental Health-Care Settings—2003" relative to preventing the transmission of HIV/HBV/HCV. I have read the Louisiana Administrative Code (Title 46 Professional and Occupational Standards – Part XXXIII Dental Health Professions: Chapter 12) "Transmission Prevention of Hepatitis B Virus, Hepatitis C Virus, and Human Immunodeficiency Virus" in the Dental Practice Act. I know that I may download an HIV/HBV/HCV self-reporting form from the board's website.

I hereby certify that I have the necessary equipment, training and personnel to properly administer anesthesia, analgesia, or sedation in compliance with R.S. 37:793 and LAC 46:XXXIII.1501-1515 or I do not administer anesthesia.

Since the last renewal of your Louisiana dental license, have you had an anesthesia incident in your office such as mortality, allergic reaction, or any type of incident resulting in the temporary or permanent physical or mental injury to a patient? **IF YES, ATTACH A COMPLETE EXPLANATION.**

Yes       No       N/A

Have you been convicted or entered a plea of guilty or nolo contendere to a criminal charge (whether or not the conviction or plea has been expunged) since your last Louisiana dental license renewal? Do not include minor traffic violations such as speeding. **IF YES, ATTACH A COMPLETE EXPLANATION.**

Yes       No

Since the last renewal of your dental license, have you been the subject of any disciplinary actions taken by any other state licensing agency or have you had any adverse dental malpractice payments made on your behalf? **IF YES, ATTACH A COMPLETE EXPLANATION.**

Yes       No

All required continuing education requirements to maintain my Louisiana dental license are complete and have been reported to CE Broker. **IF NO, ATTACH A COMPLETE EXPLANATION.**

Yes       No

I have carefully read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately, and completely shall constitute cause for the initiation of disciplinary action against my Louisiana dental license and rejection of this application or delay processing.

I hereby certify that all information furnished in this renewal application is true to the best of my knowledge and further, that I read the dental practice act generally, and particularly, R.S. 37:776(A) (3) and (4) and understand that providing false information or testimony to the board is punishable by a fine up to \$5,000.00 and/or could cause suspension, revocation or imposition of other restrictions on my dental license.

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Signature of dentist

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Date