

LOUISIANA STATE BOARD OF DENTISTRY

365 Canal Street, Suite 2680
New Orleans, Louisiana 70130
(504)568-8574 phone ~ (504)568-8598 fax ~ (877)467-4488 Toll free
Website: www.lsbdb.org

2010-2011 DENTAL LICENSE RENEWAL INSTRUCTIONS

Please complete all information requested on this application. You may attach sheets if necessary. Mail the completed application and fee to the board office listed above. All incomplete applications will be returned to the licensee and may delay the processing of your license renewal.

Your Louisiana dental license will expire December 31, 2009. The 2010-2011 Dental biennial license renewal fee is \$500.00.

Applications mailed by the licensee after December 31, 2009 must include a \$250.00 delinquent fee.

STEP 1: Review the postcard which you received in the mail notifying you that it is time to renew your license.

STEP 2: If your postcard does not indicate that you hold a personal permit for the administration of anesthesia, skip to step 4 of this instruction sheet.

STEP 3: If your postcard indicates that you hold a personal permit for the administration of anesthesia, please review the following chart of personal anesthesia permit fees to determine the amount that you should add to your dental renewal fee:

PERSONAL PERMIT LEVEL	RENEWAL FEE
NITROUS OXIDE INHALATION	\$50.00*
ADULT – ECS	\$50.00*
PEDO – ECS	\$50.00*
PARENTERAL SEDATION	\$200.00*

***YOU ONLY PAY FOR THE HIGHEST LEVEL OF ANESTHESIA FOR WHICH YOU HOLD A PERMIT. THIS INFORMATION IS PRINTED ON YOUR RENEWAL NOTIFICATION POSTCARD.**

STEP 4: Download the 2010-2011 Dental License Renewal Application. Complete all information requested on both pages of the application. If necessary, you may attach additional sheets to update the information.

STEP 5: Review your application for completion. Sign and date the application. Return same to the board office at the above address.

Once your completed application is received at the board office it will be processed in the order in which it was received. Your renewal certificates will be mailed to you as quickly as possible.

Please include all names and license numbers on the check that you submit for payment of renewal fees.

LOUISIANA STATE BOARD OF DENTISTRY

2010-2011 DENTAL LICENSE RENEWAL APPLICATION

Biennial DENTAL renewal fee: \$500.00 ~ Review your renewal postcard to determine if you should add an additional fee for a personal anesthesia permit renewal. The fees for the personal anesthesia permit fee are listed on the 2010-2011 Instructions.

If you are no longer practicing dentistry and wish to **RETIRE** your Louisiana dental license, please check here , sign, date the application and return same 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 Louisiana dental license.

If you do not wish to renew your Louisiana dental license, please check here , sign and date the 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 Winter Bulletin. Also, you will receive a notification from the board office following the May board meeting to inform you that this action was ratified.

LICENSE NO. _____ NAME _____ SSN _____

MAILING ADDRESS: _____

(Mailing address is where the board office will mail certificates and board correspondence)

CITY _____ STATE _____ ZIP _____ PARISH _____

EMAIL ADDRESS: _____

(Please provide a valid email address to ensure you receive all important notifications from the board office)

HOME ADDRESS: _____

(Home address determines your Louisiana State Board of Dentistry electoral district)

CITY _____ STATE _____ ZIP _____ PARISH _____

OFFICE ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PARISH _____

PHONE _____

OFFICE ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PARISH _____

PHONE _____

OFFICE ADDRESS: _____

CITY _____ STATE _____ ZIP _____ PARISH _____

PHONE _____

List the names **and license numbers** of all dental hygienists employed by you:

List all states in which you currently hold or have held a license to practice dentistry:

PERSONAL ANESTHESIA PERMITS

(If you do NOT currently hold any personal anesthesia permits, leave this section blank.)

Please check off the **highest** level of personal anesthesia permit you hold:

_____ NITROUS OXIDE INHALATION (\$50.00)

_____ PEDO—ECS (\$50.00)

_____ ADULT—ECS (\$50.00)

_____ PARENTERAL SEDATION (\$200.00)

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TYPE OF PRACTICE (please check one). If your practice type is other than general, you must submit documentation evidencing completion of a board approved program for your type of practice if you have not already done so.

<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"/> Orthodontics & Dental Orthopedics
<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Oral Pathology	

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Your answers to the following questions 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** 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. If you are registered as a **dispenser**, you **MUST** report to the PMP no less than once every fourteen days, even if those reports are zero controlled substances dispensed.

For more information, please refer to R.S. 40:1001-1014 and LAC 46:LIII.2901-2931.

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.

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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 “Recommended Infection Control Practices for Dentistry, 1993” 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 booklet. 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.1501-1513 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 since your last Louisiana dental license renewal? 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 claims rendered against you? IF YES, 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 practice.

All required continuing education requirements to maintain my Louisiana dental license are complete. IF NO, ATTACH A COMPLETE EXPLANATION

Yes No

Signature of dentist

Date