

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 HYGIENE 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 hygiene license will expire December 31, 2009. The 2010-2011 Dental Hygiene biennial license renewal fee is \$200.00.

Applications mailed by the licensee after December 31, 2009 must include a \$100.00 delinquent fee.

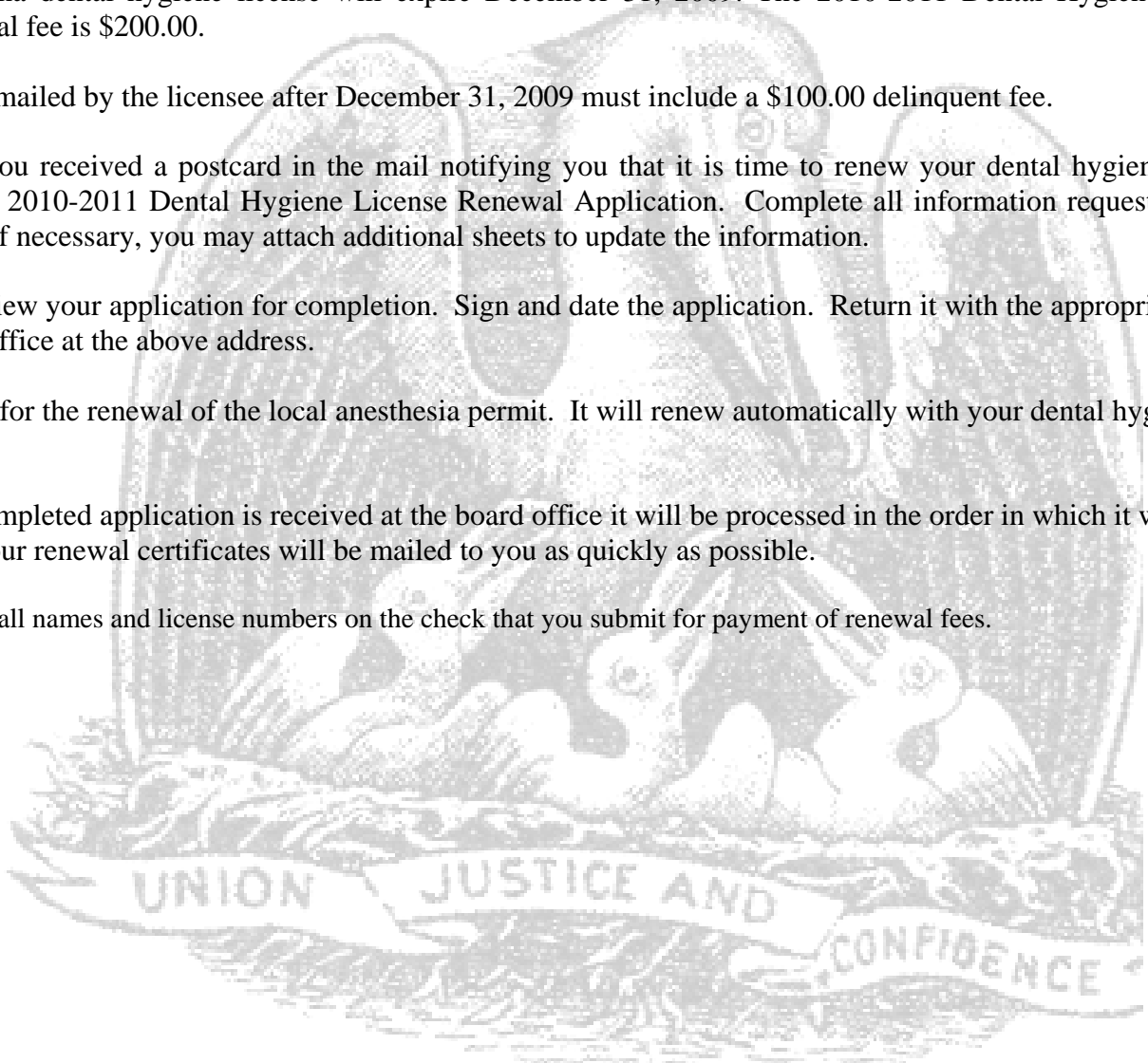
STEP 1: If you received a postcard in the mail notifying you that it is time to renew your dental hygiene license, download the 2010-2011 Dental Hygiene License Renewal Application. Complete all information requested on the application. If necessary, you may attach additional sheets to update the information.

STEP 2: Review your application for completion. Sign and date the application. Return it with the appropriate fee(s) to the board office at the above address.

No fee is due for the renewal of the local anesthesia permit. It will renew automatically with your dental hygiene license.

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.



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2010-2011 DENTAL HYGIENE LICENSE RENEWAL APPLICATION

Please complete all information requested on this application. You may attach additional sheets if necessary. Mail the completed application and fee to the board office at the address listed above. All incomplete applications will be returned to the licensee and this may delay the processing of your license renewal. Biennial DENTAL HYGIENE renewal fee: \$200.00. All applications postmarked after December 31, 2009 must include an additional \$100.00 delinquent fee.

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

If you do not wish to renew your Louisiana dental hygiene 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: _____
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MAILING ADDRESS: _____
(Mailing address is where the board office will mail certificates and board correspondence)

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____
(Please provide an email address that will assure you receive all important notifications from the board office)
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HOME ADDRESS: _____
(Home address determines your Louisiana State Board electoral district)

CITY: _____ STATE: _____ ZIP: _____
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LIST ALL DENTISTS THAT EMPLOY YOU:

CERTIFICATIONS

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.

Have you been convicted or entered a plea of guilty or nolo contendere to a criminal charge since your last Louisiana dental hygiene license renewal?
If yes, ATTACH A COMPLETE EXPLANATION _____ Yes _____ No

Since the last renewal of your dental hygiene license, have you been the subject of any disciplinary actions taken by any other state licensing agency?
If yes, ATTACH A COMPLETE EXPLANATION _____ Yes _____ No

All required Continuing Education requirements to maintain my Louisiana dental license are complete _____ Yes _____ No
If no, ATTACH A COMPLETE EXPLANATION

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 hygiene license and rejection of this application or delay processing.

Signature of Dental Hygiene Licensee

Date