



**LOUISIANA STATE BOARD OF DENTISTRY**  
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[www.lsbdb.org](http://www.lsbdb.org)

## 2025-2026 DENTAL HYGIENE LICENSE RENEWAL PAPER FORM INSTRUCTIONS

You have chosen to renew your Louisiana dental hygiene 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.lsbdb.org](http://www.lsbdb.org).

Your Louisiana dental hygiene license will expire December 31, 2024. The 2025-2026 dental hygiene biennial renewal fee is \$200. *If you received your **original** dental hygiene license during calendar year 2024, the biennial renewal fee is \$100.*

You will also pay a \$30.00 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 hygiene license during calendar year 2024, the well-being fee is \$15.*

**Applications mailed by the licensee after December 31, 2024, must include a \$100 delinquent fee. There shall be no exceptions.**

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.

If you hold a nitrous oxide and/or local anesthesia permit, it will be automatically renewed with your dental hygiene license. There is no separate fee.

Complete all information requested on this application. You may attach additional sheets if necessary. Place a mark in the appropriate checkboxes on the renewal application to indicate the fees you are including. Write the total amount (license renewal plus well-being program fee plus the delinquent fee if required) you are sending on the bottom 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 2023-2024 CE MUST BE REPORTED TO CE BROKER BEFORE THE BOARD WILL PROCESS YOUR LICENSE RENEWAL.*** Please visit [www.lsbdb.org](http://www.lsbdb.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.lsbdb.org](http://www.lsbdb.org) to print your renewal certificate at any time after your renewal has been processed.

# LOUISIANA STATE BOARD OF DENTISTRY 2025-2026 DENTAL HYGIENE LICENSE RENEWAL APPLICATION

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

If you do not wish to renew your Louisiana dental hygiene license, please check this box, sign and 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. \_\_\_\_\_ Name \_\_\_\_\_ SSN \_\_\_\_\_

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.

List the names and license numbers of all dentists you work for—regardless of office location you work in.

## LICENSE RENEWAL FEE

License renewal **\$200**

License renewal **\$100** (if you received your **original** dental hygiene license in 2024)

Delinquent fee **\$100** (for applications postmarked after December 31, 2024)

## DENTAL HEALTH PROFESSIONAL MONITORING PROGRAM FEE

**\$30**

**\$15** (if you received your **original** dental hygiene license in 2024)

## CERTIFICATIONS

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/HSV/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/HSV/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 (whether or not the conviction, or plea has been expunged) since your last Louisiana dental hygiene 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 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 hygiene 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 hygiene license and rejection of this application or delay processing.

\_\_\_\_\_  
Signature of dental hygienist

\_\_\_\_\_  
Date