2020-2021 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.lsbd.org.

Your Louisiana dental hygiene license will expire December 31, 2019. The 2020-2021 dental biennial renewal fee is $200. If you received your original dental hygiene license during calendar year 2019, 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 2019, the well-being fee is $15.

Applications mailed by the licensee after December 31, 2019, 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 2018-2019 CE MUST BE REPORTED TO CE BROKER BEFORE THE BOARD WILL PROCESS YOUR LICENSE RENEWAL. Please visit 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 to print your renewal certificate at any time after your renewal has been processed.

NOTICE: Each applicant or licensee may submit complaints about actions or procedures of the board to the board (P.O. Box 5256, Baton Rouge, LA 70821-5256) or directly to the House Committee on House and Governmental Affairs (P.O. Box 94062, Baton Rouge, LA 70804) and the Senate Committee on Senate and Governmental Affairs (P.O. Box 94183, Baton Rouge, LA 70804).
LOUISIANA STATE BOARD OF DENTISTRY
2020-2021 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 LSBD 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 2019) ☐ Delinquent fee $100 (for applications postmarked after December 31, 2019)

**DENTAL HEALTH PROFESSIONAL MONITORING PROGRAM FEE**

☐ $30 ☐ $15 (if you received your original dental hygiene license in 2019)

**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/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.

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