Texas State Board of Dental Examiners
333 Guadalupe, Tower 3, Suite 800
Austin, Texas 78701-3942
Phone: (512) 463-6400
Website: www.tsbde.state.texas.gov

MILITARY DENTAL HYGIENIST RENEWAL FORM

INSTRUCTIONS: A license may only be renewed within 45 days of its expiration date. Make your check or money order payable to the Texas State Board of Dental Examiners (TSBDE).

FULL NAME: _____ **E-MAIL ADDRESS:** _____

LICENSE NUMBER: _____ **LICENSE EXPIRATION DATE:** _____ **DAYTIME PHONE:** _____

1. **JURISPRUDENCE ASSESSMENT**: Licensed dental hygienists are required to complete the Jurisprudence Assessment once every 3 years. Find the last time you completed your assessment at: https://txn.esslearning.com/catalogs/tsbde/
   - Date of your Jurisprudence Assessment for License Renewal Certificate of Completion: _____

2. **BASIC LIFE SUPPORT CPR COMPLIANCE**: ✓ **Check One.** All Texas licensed dental hygienists must hold a current Basic Life Support CPR Card.
   - _____ My BLS CPR is current. CPR Card Issued Date: _____ (MM/DD/YYYY) CPR Card Expiration Date: _____(MM/DD/YYYY)
   - _____ My BLS CPR Card is not current. I am attaching my physician's letter of explanation or proof of residence outside the U.S.

3. **ANNUAL LICENSE RENEWAL CONTINUING EDUCATION COMPLIANCE: (✓ Check One)**
   - _____ I am in compliance with completing all required continuing education for this registration period.
   - _____ I am in my first registration period and exempt from completing continuing education for this registration period.

4. **DISCIPLINARY ACTION HISTORY: (✓ Check One)**
   - _____ I have not been the subject of any disciplinary action not yet reported to the TSBDE.
   - _____ I have been the subject of disciplinary action not yet reported to the TSBDE and I am attaching a letter of explanation and a certified copy of all actions taken against my license.

5. **CRIMINAL HISTORY: (✓ Check One)**
   - _____ I have not been arrested, indicted, convicted or received a court order for any criminal offense not yet been reported to the TSBDE.
   - _____ I have been arrested, indicted, convicted or received a court order for a criminal offense not yet reported to the TSBDE and I am attaching a letter of explanation and certified copies of legal documentation pertaining to the arrest, indictment, conviction or court order.

6. **HAVE YOU CHANGED YOUR ADDRESS IN THE LAST 60 DAYS**: (✓ **Check One)**

   Important Notice: Your primary mailing address will be displayed online to the public.
   - _____ I have not changed my address in the last 60 days.
   - _____ I have changed my address in the last 60 days. If you have not reported this change to the TSBDE, fill out the section below.

   ·· _____ **Use my Home Address as my primary mailing address** **OR** ·· _____ **Use my Office Address as my primary mailing address.**

HOME ADDRESS INFORMATION	OFFICE ADDRESS INFORMATION
Home Address: _____	**Office Name:** _____
_____	**Office Address:** _____
City: _____	**City:** _____
State: _____ **Zip Code:** _____	**State:** _____ **Zip Code:** _____
Telephone Number: _____	**Telephone Number:** _____

7. **HAVE YOU CHANGED YOUR NAME IN THE LAST 60 DAYS**: _____ NO _____ YES

   If you answered "Yes" you must include with this renewal form legal documentation showing proof of the name change (e.g., Marriage License, Divorce Decree, etc.) Do not mail in your annual registration certificate.

   _____
   PRINT YOUR FULL LEGAL NAME HERE

8. **FEES DUE.** Pay all fees as they apply to you. **PENALTY FEE NOTE**: If paying the penalty fee for being 91-365 days past your expiration date you must also pay the penalty fee for being 1 to 90 days past due as well.)

· **Military Exempt if your Command does not require a fee be paid.**	**Military Exemption**			**No Fee OR**
· **Annual Fee if your Command does requires a renewal be fee.**	**Annual Renewal Fee**		**$**	**106.00**
· **Penalty Fee if paid 1-90 days after the Expiration Date.**	**Penalty Fee**	(If Applicable)	**+ $**	**50.00**
· **Penalty Fee if paid 91-365 days after the Expiration Date.**	**Penalty Fee**	(If Applicable)	**+ $**	**50.00**
· **Name Change if being made at time of license renewal.**	**Name Change Fee**	(If Applicable)	**+ $**	**25.00**
		TOTAL AMOUNT PAID:	**$**	_____

9. **SIGNATURE AND DATE.**

   I hereby attest by my signature, under penalty of perjury, that I have completed and possess all required certifications as required by the Occupations Code and the TSBDE Rules and Regulations. All information provided on this form is true and accurate and I understand that I may be asked to produce for the TSBDE any documentation I am required to maintain for licensure.

Signature: _____ **Date:** _____

GENERAL INFORMATION

Renewal Requirements

Dental Hygienists who do not renew their license before the expiration date, may not practice until your license is brought into a current status. You may begin practicing again **after** you have received your registration certificate and display it where services are provided. There is no grace period for late renewal of a license.

Dental Hygienist Penalties. Texas Occupations Code, Section 257.002 states that a person whose license has been expired may not engage in activities that require a license until the license has been renewed. A person whose license has been expired for less than 90 days may renew the license by paying a renewal fee that is equal to 1-1/2 times the normally required renewal fee. A license that has been expired for more than 90 days but less than one year may be renewed by paying a renewal fee that is two times the normally required renewal fee. A license that has been expired for one year or more may not be renewed. No exceptions will be made to this provision.

Jurisprudence Assessment for License Renewal. This requirement may only be met by taking the online TSBDE Jurisprudence Assessment once every three years for licensure renewal.

To purchase the TSBDE Jurisprudence Assessment visit: **www.tsbde.state.texas.gov/Jurisprudence**.

Annual Renewal - Continuing Education. All Texas licensees holding an active license to practice in Texas must annually collect a minimum of 12 hours of appropriate Continuing Education (CE), as required by the Texas Occupations Code and the TSBDE Rules and Regulations at Chapter 104.

The following conditions and restrictions shall apply to coursework submitted for renewal purposes:

- At least 8 hours of coursework must be either technical or scientific as related to clinical care. The terms "technical" and "scientific" as applied to CE shall mean that courses have significant intellectual or practical content and are designed to directly enhance the practitioner's knowledge and skill in providing clinical care to the individual patient.
- Up to 4 hours of coursework may be in risk-management courses. Acceptable "risk management" courses include courses in risk management, record-keeping, and ethics.
- Up to 6 hours of coursework may be self-study. These self-study hours must be provided by those entities cited in TSBDE Chapter 104. Examples of self-study courses include correspondence courses, video or audio courses and reading courses. Live or recorded webinars are considered self-study and not lecture.
- Hours of coursework in the standards of the OSHA or in CPR may not be considered in the 12-hour requirement.
- Hours of coursework in practice finance may not be considered in the 12-hour requirement.

CE Exemption for the First Registration Period. Dental Hygienists in their first registration period are exempt from completing CE.

Student Loan Default. Dental Hygienists in default of student loans will not be allowed to renew a license until a repayment agreement has been approved by the Texas Guaranteed Student Loan Corporation or Texas Higher Education Coordinating Board and notification has been received by the TSBDE.

Child Support Default. Dental Hygienists in default of paying child support will not be allowed to renew a license until a repayment agreement has been approved by the Texas Attorney General, Office of Child Support and notification has been received by the TSBDE.

CPR Requirement. Section 257.004 of the Texas Occupations Code requires that all licensed dentists, dental hygienists, and registered dental assistants sign a written statement that the applicant has successfully completed a current course/program in CPR, or holds a physician's verification that the applicant is physically unable to complete CPR, or applicant resides in a foreign country. Applicants signing the statement on Page 1 of this application must maintain documentation of CPR status. CPR training must include a written assessment and a demonstration of skills. Computer and video-based CPR training courses given by an instructor that include training on a hands-on practice manikin by the applicant and a written assessment of skills, either taken online or in a classroom setting, are acceptable. Online courses that do not include a live instructor for a demonstration of skills and training on a practice manikin by the applicant are not acceptable.

Licensure Retirement. Dental Hygienists requesting their license be retired are required to submit an TSBDE Retirement Request Form **PRIOR** to the expiration of their license. A request for licensure retirement is subject to the license being current and in good standing with no open investigations or active board orders in effect at the time of request. Once the retirement is granted, annual licensure fees and continuing education requirements are waived for the period the license is in retirement. Reactivation of a retired license must be requested in writing and in compliance with TSBDE Rule 101.7 which is available for review on the TSBDE website.