

Board of Dentistry
301 South Park
PO Box 200513
Helena MT 59620-0513
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(406) 841-2205

RENEWAL APPLICATION

License No

Check For New Address.
Indicate any changes below.

Name

Address

City State Zip Code

Country

Your Montana Dental Hygienist Volunteer license will lapse on March 1.

- 1) Complete all the information on the renewal application.
- 2) Answer the disciplinary question at the bottom of the form.
- 3) Submit a check or money order for \$5.00 made payable to the Board of Dentistry. Do Not Send Cash. Canadian and foreign residents pay in US funds only.
- 4) Renewals with a U.S. postal service postmarked after March 1st will be assessed a penalty fee by state law of 100% of the renewal fee increasing the total to \$10.00.
- 5) In order to maintain an active license you must maintain a "current" CPR/ACLS/PALS card. You may not renew as "ACTIVE" without a current card. Complete the CPR/ACLS/PALS statement below.
- 6) Incomplete or unsigned renewal applications will not be processed and WILL BE RETURNED.

I declare under penalty of perjury that all statements are true and that a false statement may lead to license discipline.

CPR/ACLS/PALS REQUIREMENT: I have a current and unexpired CPR, ACLS or PALS card. I am aware that I cannot practice without this current card, and I hold myself responsible for fulfilling this requirement.

Circle One: ACLS CPR PALS Expiration Date: _____

Yes No HAVE ANY LEGAL OR DISCIPLINARY ACTIONS BEEN INSTITUTED AGAINST YOU OR ANY OF YOUR PROFESSIONAL LICENSES SINCE EITHER YOUR INITIAL LICENSURE IN MONTANA OR SINCE YOU RENEWED YOUR LICENSE, WHICHEVER OCCURRED LATEST? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your signature: _____ Date: _____

DO NOT SEND CASH