

Board of Dentistry
301 South Park
PO Box 200513
Helena MT 59620-0513
E-MAIL: DLIBSDLicensingUnitA@mt.gov
mt.gov
(406) 444-6880

RENEWAL APPLICATION

License No

Check For New Address.
Indicate any changes below.

Name	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Country	<input type="text"/>		
E-MAIL	<input type="text"/>		

Your Montana **DENTAL HYGIENIST** license and / or Local Anesthesia Permit will lapse on March 1 .

TO RENEW ONLINE GO TO: <https://ebiz.mt.gov/pol/> (Online transaction must be completed no later than 11:59 PM, MST on the renewal deadline date. Failure to complete the transaction by 11:59 PM, will result in the addition of a late fee.)

OR:

- 1) Complete all the information on the renewal application.
- 2) Read the continuing education attest statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) Submit a check or money order for \$140.00 made payable to the Board of Dentistry. Do not send cash. Canadian and foreign residents pay in U.S. funds only.
- 5) 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 \$280.00.
- 6) 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.
- 7) 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.

_____ Mark here if you hold a **Limited Access Permit:**

An additional fee of \$20.00 (\$40 if after March 1st) is required to renew the permit and must be submitted with this renewal form. The Continuing Education statement below also applies to the additional 12 hours of education that is required to maintain your Limited Access permit.

CONTINUING EDUCATION ATTEST STATEMENT:

I am aware of the continuing education requirement and hold myself responsible for fulfilling that requirement. I will submit "proof of attendance" when audited or upon request by the Board.

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