

THE FASTEST WAY TO**RENEW IS ONLINE!**

To renew online go to:

<https://ebiz.mt.gov/pol/>**MONTANA BOARD OF DENTISTRY**

PO BOX 200513

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

(406) 444-6880

EMAIL: dlibsdhel@mt.gov WEBSITE: www.dentistry.mt.gov*Your Montana Dental Hygienist license and/or local Anesthesia Permit will expire on March 1 .***If you are submitting the paper renewal form, please follow these instructions:**

1) Complete all the information on the renewal form, below, and forward both the form and a check to the address above. If you have questions about the form or fees due, please contact the board using the information shown above.

2) Submit a check or money order for \$140.00 (plus any applicable fees as required below) made payable to the Board of Dentistry. Canadian and foreign residents must pay in U.S. funds only. **Do not send cash.**

3) Renewals 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, plus the anesthesia permit late fee if applicable.

4) Incomplete or unsigned renewal applications must be corrected before the March 1 deadline to avoid the assessment of a late fee.

RENEWAL FORM **LICENSE NUMBER**☐ **CHECK FOR NEW ADDRESS**

(Indicate any changes below)

Name

Address

City

State

Zip Code

Country

E-MAIL

Limited Access Permit (LAP)

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

I understand I have a recurring duty to comply with continuing education, certification, or other requirements established by 37-1-306, MCA and ARM 24.138.403, 24.138.514, 24.138.518, 24.138.525, 24.138.2101, 24.138.2102, 24.138.2103, 24.138.2104, 24.138.2105 24.138.2106 and 24.138.3229 and that I may be audited for compliance with these requirements. If I am found to be out of compliance with these requirements, I understand my license may be subject to disciplinary action, or administratively suspended until I meet the requirements of the law or rules stated above.

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. **Check One:** ACLS CPR PALS Expiration Date: _____

Discipline

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? Montana 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. ☐ Yes ☐ No

Inactive Status

If you are requesting to place your license on inactive status, or are currently inactive, please initial the box below. For a dental hygienist, the yearly inactive fee is \$140.00 which should be submitted with this form.

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

Your signature: _____

Date: _____