

# Renewal Instructional Sheet

**\*\*2019\*\***

THE BOARD HAS UPDATED THE ONLINE AND PAPER FORM RENEWAL PROCESS.

ON-LINE RENEWAL IS NOW AVAILABLE TO **ALL DENTAL LICENSEES** (ACTIVE, INACTIVE OR RETIRED/DISABLED STATUS) **AND ALL LIMITED DENTAL AND LIMITED DENTAL HYGIENE LICENSEES** (NOT AVAILABLE FOR LIMITED LICENSES FOR SUPERVISION).

A PAPER RENEWAL FORM MAY BE DOWNLOADED FROM THE BOARD'S WEBSITE.



**PAPER RENEWALS ARE DUE:** BY 11:59 PM SUNDAY, JUNE 30, 2019

To be deemed received on time, the paper form must be complete, all questions answered correctly, supporting documentation submitted if applicable, fees paid, signature affixed and physically received in the Board office. Postmarked date is not accepted for physical receipt.

**ONLINE RENEWALS ARE DUE:** BY 11:59 PM SUNDAY, JUNE 30, 2019

To be deemed received on time, the online renewal process must be complete with a confirmation received.

**PURSUANT TO STATUTE, NO TIME EXTENSIONS ARE GIVEN FOR LATE OR INCOMPLETE FILINGS.**  
**THERE ARE NO EXCEPTIONS.**

Failure to renew your license by the deadline will result in the automatic suspension of your license pursuant to NRS 631.330. The fee to reinstate a suspended license is **\$300.00** in addition to accumulated license renewal fees.

## **FEES / PAYMENTS**

Current license renewal fees are listed below

**Dental Active Renewal Fee** (General, Specialty, Restricted Geographical): **\$600.00 biennial**

**Dental Inactive Renewal Fee** (General or Specialty): **\$200.00 biennial**

**Dental Retired/Disabled Renewal Fee** (General or Specialty): **\$50.00 biennial**

**Anesthesia Permit Fee** (Administer AND/OR Site Permit): **\$200.00 each biennial**

**Limited Dental or Limited Dental Hygiene License Fee:** **\$200.00 annual**

Payment MUST BE remitted at the time of renewal. Fees will automatically append to your account upon the selection of the status type. The credit cards accepted for payment are

Discover, MasterCard and Visa. For PAPER RENEWALS the credit card payment form is attached.

## **CONTACT THE BOARD OFFICE WITH ALL QUESTIONS**

(702) 486-7044

(800) DDS EXAM

### **LOGIN INSTRUCTIONS**

The Board has integrated a new licensing system. When accessing the new system you will go to the “login screen.” “click” to register. The screen to register will request the following information; first name, last name, date of birth; last four digits of your SSN and your email address. Via electronic mail you will receive a “temporary” password. Log back into the system and enter in your username (email address) and the “temporary” password. Then you will be prompted to change the temporary password to your created password. Please retain your created password in a secured area.

### **STATUS CHANGE**

If you hold an **ACTIVE** license for the period of July 1, 2017 through June 30, 2019 and wish to change your licensure status to **INACTIVE or RETIRED/DISABLED** you may proceed with your renewal through the **ON-LINE RENEWAL PORTAL**. Please make the appropriate change when selecting the “status type”. However, if you hold a license in inactive or retired/disabled status and wish to change your status to **ACTIVE**, you may not change your licensure status through the renewal process. You are required to file an application for the reactivation of your license. This application may be downloaded from the Board’s website at [dental.nv.gov](http://dental.nv.gov)

If you are changing your license status to inactive or retired but held an active license during the previous biennial or annual period, you must comply with the CE requirement and retain your certificates for 3 years. Continuing education hours are not required once your license status has changed to inactive or retired/disabled status (effective July 1<sup>st</sup>), but are required while you held the active license. Please contact the Board office if you have questions regarding this statutory requirement.

### **INACTIVE or RETIRED/DISABLED STATUS**

If you are renewing in an **inactive or retired/disabled status** beginning July 1, 2019, you will proceed to the Affidavit section of the renewal form and submit payment.

\*\*The Affidavit affirmation at the end of the renewal MUST be answered, regardless of the status of your license (active, inactive, retired/disabled). By selecting the box you are affirming your understanding that omitting or providing false/inaccurate information is grounds for rejection of the renewal application and may result in disciplinary action.

### **ACTIVE STATUS**

If you are renewing in an active status beginning July 1, 2019, you are required to answer questions regarding Continuing Education, CPR, Prescription Monitoring Program, Dental Auxiliaries, Laser Certification, Injection of Botox, dermal and soft tissue fillers. If applicable,

renew anesthesia permits. You will proceed to the Affidavit section of the renewal form and submit payment.

\*\*The Affidavit affirmation at the end of the renewal MUST be answered, regardless of the status of your license (active, inactive, retired/disabled). By selecting the box you are affirming your understanding that omitting or providing false/inaccurate information is grounds for rejection of the renewal application and may result in disciplinary action.

### **HOME AND OFFICE ADDRESSES**

You are required to update your current addresses pursuant to NAC 631.150. In addition, you will be required to select a **PRIMARY** office address (check box). This is whether you have one office or multiple offices. You will be required to select whether you want your home address or primary office address as your mailing address (check box). The Board will no longer maintain mailing addresses on file.

### **NEVADA BUSINESS LICENSE**

The Nevada State Controller's Office requires the Nevada State Board of Dental Examiners collect and report business license information. **This is a new requirement.** If you hold a Nevada business license, you will be required to submit the business license number and address assigned to that specific business license.

### **MILITARY SERVICE**

The Nevada Department of Veteran's Affairs requires the Nevada State Board of Dental Examiners collect and report military service information. **This is a new requirement.** If you have served in a branch(es) of the military you will be required to submit certain information such as the branch served in and the dates of service. Please have the information readily available to proceed with licensure renewal.

**MILITARY SERVICE**-This questions MUST be answered even if you have not served in the Military-If you have not served in the military you should answer "NO" and move onto the next section. If "YES" see information below:

### **CONTINUING EDUCATION REQUIREMENTS**

**BIENNIAL LICENSE RENEWALS** – Completion of 40 hours during the period of July 1, 2017 through June 30, 2019; 4 hours of which must be in the subject of Infection Control.

**ANNUAL LICENSE RENEWALS** - (Limited) – Completion of 20 hours during the period of July 1, 2018 through June 30, 2019; 2 hours of which must be in the subject of Infection Control

**CE ATTESTATION:** Regardless of a BIENNIAL OR ANNUAL renewal method, you will be required to attest you have completed the required number of hours of continuing education for your licensure type.

**COPIES OF CE CERTIFICATES ARE *NOT* REQUIRED FOR SUBMISSION**

Pursuant to Nevada Administrative Code 631.177(2), CE certificates must be maintained by the licensee for 3 years and are subject to audit.

ALL licensees MUST complete the state-mandated bioterrorism course within 2 years of initial licensure (THIS INCLUDES ACTIVE AND INACTIVE LICENSEES). This course is in addition to your continuing education requirement listed above. For those reporting completion of this course at this renewal time, you must submit a copy of your certificate of completion prior to accessing the on-line renewal portal.

**CPR CERTIFICATION**

Regardless of the renewal method you choose (online/paper), you will need to enter valid beginning and expiration dates of current CPR certification. You will not be able to complete the renewal process without valid certification. Your CPR certification expiration date cannot be on/before June 30, 2019. If your expiration date is on/before June 30, 2019, you will need to complete another live-instruction course before proceeding with renewal. If the expiration date occurs within the next renewal year, you must provide the Board with an updated copy of your certification when taken. Any course of instruction taken for required CPR certification must be taught by a certified instructor (live-instruction); and is in addition to your continuing education hours required for license renewal (NAC 631.173). Online recertification will NOT be accepted. You must retain a copy of your certification for 3 years as it will be subject to audit pursuant to NAC 631.177.

**DENTAL AUXILIARIES**

Pursuant to NAC 631.260, each licensee who employs any person, other than a dental hygienists, to assist him or her with radiographic procedures shall include with his or her application for renewal, a certified statement containing the name of each person so employed, his or her position and the date he or she began to assist.

Further, each licensee shall attest that each employee has received the following:

- (1) Adequate instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 459.5 52 H;
- (2) Training in cardiopulmonary resuscitation at least every 2 years while so employed;
- (3) A minimum of 4 hours of continuing education in infection control every 2 years while so employed; and
- (4) Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format

Regardless of the renewal method you choose (online/paper), **you will need the following information for reporting/certifying** each auxiliary staff member who assists with the above referenced procedures:

Employee Name

Title  
Date Began Assisting

Those employed by the University and Community College System of Nevada must identify dental assistants they delegate these duties to pursuant to NAC 631.220 working under their supervision. Written notification from an educational facility listing all such auxiliaries will be accepted. Please note on any paper renewal form if a letter is to be submitted or is on file with the Board office.

### **ANESTHESIA RENEWAL**

For those licensees who currently hold a general anesthesia, moderate sedation, or pediatric moderate sedation, or site permit for the administration of general anesthesia, moderate sedation or pediatric moderate sedation, this section must be completed and renewal fees paid. Your administrator permit fee (if you have such) is a fee of \$200.00 biennial. If you have site permit(s), the site permit fee for each location is \$200.00 each (biennial). Your permits renew in the same manner as the license you have been issued. (Example: you have 1 administrator (MS, PMS or GA) permit and 1 office location registered. You will pay a total of \$400.00 to renew both permits - \$200 for one site/one administrator for 2 years.) The online renewal portal should note the type and number of permits we have registered for you. You will select all the permits you wish to renew. Any permits not selected and renewed will automatically expire June 30, 2019. When renewing on paper form, you will be required to submit the permit information for all the permits you wish to renew. If you believe there is an error or need further assistance, please contact the Board office immediately.

For those holding an anesthesia permit for the administration of moderate sedation, pediatric moderate sedation or general anesthesia, you must provide valid dates of current certification of ACLS and/or PALS as applicable.

### **AFFIDAVIT**

**ALL** QUESTIONS IN THIS SECTION **MUST** BE ANSWERED regardless of the status of your license or renewal method chosen. See explanations below:

**QUESTION 1** – This question pertains to filings of claims, malpractice or disciplinary actions FILED or SERVED during the period of July 1, 2017 through June 30, 2019 (limited license renewal is for July 1, 2018 to June 30, 2019). You **MUST** answer based on your scenario below:

- NO Filings / Complaints – Answer ‘NO’;
- HAVE 1 OR MORE Filings/Complaints that you HAVE reported to the Board –

Answer ‘NO’ - HAVE 1 OR MORE Filings/Complaints that you HAVE NOT reported to the Board – Answer ‘YES’

**\*\* If you have answered “yes” You may upload documents or provide a detailed explanation in the comments section.**

**QUESTION 2 – CHILD SUPPORT** – This question **MUST** be answered even if you **DO NOT** HAVE CHILDREN, based on your scenario below:

- NO Children - Answer ‘NO’ and question 7a should be left blank (on paper renewal);

- HAVE Children AND HAVE a court order for child support - Answer 'YES' and then answer 2a 'Yes' if you are in compliance with the court order or answer 'No' if you are not in compliance with the court order;

- HAVE Children and DO NOT HAVE a court order for child support – Answer 'NO' and question 2a should be left blank (on paper renewal)

**QUESTION 3- CHAPTER 631 OF NRS AND NAC-** As a licensee you will be asked if you are conducting practice in accordance with the statutes and regulations. Answering yes indicates that you are following the dental statutes and regulations of Chapter 631.

**In addition to the above, ALL QUESTIONS IN THIS SECTION MUST BE ANSWERED** by all licensees choosing an active status. See explanations below:

**QUESTION 4- HISTORY OF SUBSTANCE ABUSE-** As a licensee you will be asked if you have a history of substance abuse.

**QUESTION 5 – CERTIFICATION OF LASER USE** – This question **MUST** be answered:

- DO NOT USE Laser - Answer 'NO' and question 8a should be left blank (on paper renewal);

- USE Laser AND have previously provided certification to the Board - You answer 'YES' and then answer 8a 'Yes' ONLY if you have confirmed receipt of your certification by the Board (for online renewals, confirmation of receipt of your laser certificate will be evident on the initial renewal verification screen). Any questions regarding this, contact the Board office;

- USE Laser AND HAVE NOT previously submitted certification to the Board - You must renew on paper. Print the renewal form and answer 'YES' to this question, answer 'No' for question 8a AND attach a copy of your laser certification to the renewal form.

**QUESTION 6 – CERTIFICATION OF BOTOX, DERMAL AND SOFT TISSUE**

**FILLERS** – This question **MUST** be answered:

- DO NOT INJECT Botox, dermal and soft tissue fillers - Answer 'NO' and question 6a should be left blank (on paper renewal) and move to next question;

- INJECT Botox, dermal and soft tissue fillers and certification - You answer 'YES' and then answer 6a 'Yes' ONLY if you have obtained certification through a course approved by the Board. You will be required to attach your certificate of completion for Botox, dermal and soft tissue fillers. Failure to attach your course certification to inject Botox, dermal and soft tissue fillers will result in you NOT being able to proceed with on-line renewal until such time as you attach the certification or renew your license through paper form method.

**QUESTION 7- CHILD NEGLECT-** As a licensee you will be asked if you are aware you are required to report child neglect

**QUESTION 8- PRESCRIPTION MONITORING PROGRAM (PMP)-** As a licensee you be asked if you have complied with the PMP requirement.

Pursuant to NAC 631.045, effective immediately the Board requires all dental licensees who hold a valid Controlled Substance Permit issued by the Nevada State Board of Pharmacy to conduct a minimum of one self-query annually to the Prescription Monitoring Program through the Nevada Pharmacy Task Force. You will be required to attest and complete questions to include but not limited to, the date the self-query was conducted and provide your DEA number. The Board recommends you retain the self-query reports for your records.

If you have a controlled substance permit issued by the Nevada State Board of Pharmacy you are required to complete 2 hours of continuing education for each license renewal period in the area of abuse and misuse of controlled substances. Please check the box to attest that you have completed the required 2 hours of continuing education for the abuse and misuse of controlled substances.

If you have not conducted the mandatory self-query report through the Prescription Monitoring Program, you will want to conduct the self-query before proceeding with your license renewal. You may find the information to access the Prescription Monitoring Portal on the Board's website.

\*\*The Affidavit affirmation at the end of the renewal MUST be answered, regardless of the status of your license (active, inactive, retired/disabled). By selecting the box you are affirming your understanding that omitting or providing false/inaccurate information is grounds for rejection of the renewal application and may result in disciplinary action.

### **RECEIPT OF PAYMENT**

Once you have completed all questions, attestations and submit the required payment you will receive an email verifying receipt of payment for your records.

### **CONFIRMATION OF RENEWAL**

Once all requirements are complete, you will receive an email confirming your successful renewal and a pocket card. Pocket cards are no longer sent by mail. Please save your email for future reference. Retired and Disabled will not receive a pocket card.

**NOTE: If you answer any question that may require Board approval before your renewal application is considered complete, you will receive an email stating your renewal has been submitted but requires approval. Once approved, an email will be sent to you advising you your renewal is complete and attached will be your pocket card.**