

## Renewal Instructional Sheet

THE BOARD HAS UPDATED THE ONLINE AND PAPER FORM RENEWAL PROCESS. ON-LINE RENEWAL IS NOW AVAILABLE TO **ALL DENTAL HYGIENE 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 FRIDAY, JUNE 30, 2018

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 FRIDAY, JUNE 30, 2018

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 Hygiene Active Renewal Fee: \$300.00 biennial**

**Dental Hygiene Inactive Renewal Fee: \$50.00 biennial**

**Dental Hygiene Retired/Disabled Renewal Fee \$50.00 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, 2016 through June 30, 2018 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 reinstatement 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, 2018, you will proceed to the Affidavit section of the renewal form and submit payment.

\*\*The Affidavit question MUST be answered, regardless of the status of your license (active, inactive, retired/disabled). By answering 'Yes' to this question 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, 2018, you are required to answer questions regarding Continuing Education, CPR, Dental Auxiliaries (for public health dental hygienists) and Laser Certification. You will proceed to the Affidavit section of the renewal form and submit payment.

\*\*The Affidavit question MUST be answered, regardless of the status of your license (active, inactive, retired). By answering 'Yes' to this question 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**-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:

## 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.

## CONTINUING EDUCATION REQUIREMENTS

**BIENNIAL LICENSE RENEWALS** – Completion of 30 hours during the period of July 1, 2016 through June 30, 2018; 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, 2017 through June 30, 2018; 2 hours of which must be in the subject of Infection Control.

If you hold a permit issued by the Nevada Board of Pharmacy for the issuance of controlled substances you are required to complete 2 hours of training in the misuse and abuse, opioid prescribing and addiction.

## BIO-TERRORISM COURSE

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.

**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.

## 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, 2018. If your expiration date is on/before June 30, 2018, 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.

## PUBLIC HEALTH ENDORSEMENT (DENTAL HYGIENE ONLY)

The expiration date of your public health endorsement (PHE) coincides with the expiration date of your hygiene license and is noted on the renewal screen or on the paper form. You must indicate whether you wish to renew the PHE by checking the appropriate check box. Regardless of whether you renew or not, you are required to report the total number of each

procedure provided/completed through your PHE. Enter the number of each procedure completed on the corresponding line/field. This number should be the sum of all like-procedures completed through all programs which you provide public health dental hygiene services. If you did not provide a particular service/procedure, enter the number zero -0- on the corresponding line/field.

In addition, PHE holders must certify that all persons they supervise, except other licensed dental hygienists, to assist in radiographic and infection control procedures, are qualified to assist in such procedures. 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 radiographic and infection control procedures:

Employee Name  
Title  
Date Began Assisting

You will also need to check the box attesting to holding current malpractice insurance coverage for services performed through all public health programs.

### **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, 2016 through June 30, 2018. You **MUST** answer based on your scenario below:

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

**\*\* If you have answered “no” 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)

**ALL** QUESTIONS IN THIS SECTION **MUST** BE ANSWERED by all licensees choosing an active status. See explanations below:

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

**QUESTION- 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

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

\*\*The Affidavit MUST be answered, regardless of the status of your license (active, inactive, retired/disabled). By answering 'Yes' to this question 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**.

**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 within the email will be your pocket card.