

## DENTAL HYGIENE LIMITED LICENSE RENEWAL INSTRUCTION SHEET

*LIMITED DENTAL HYGIENE LICENSEES* must complete and submit the paper renewal application. Paper renewal applications may be downloaded from the Board's website.



**PAPER RENEWALS ARE DUE:**

BY 11:59 PM **THURSDAY, JUNE 30, 2022**

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.

**\*\*ANY INCOMPLETE RENEWALS WILL BE RETURNED\*\***

**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

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

Payment MUST BE remitted at the time of renewal. The credit cards accepted for payment are Discover, MasterCard and Visa OR Personal check. The credit card payment form is attached to the your renewal.

### **PAPER RENEWALS**

Access the Board's website ([www.dental.nv.gov](http://www.dental.nv.gov)). On the home page, under 'Important Links', click the link for '2022 Dental Hygiene License renewal'. Once that page populates, you may select the paper renewal form for the license status you desire. Refer to the additional instructions below, beginning with 'LICENSE STATUS'. ALL sections of the renewal form (digital and paper) must be completed, regardless of your licenses status.

### **LICENSE STATUS**

#### **ACTIVE STATUS**

If you are renewing in an **active status** beginning July 1, 2022, you are required to answer questions regarding Continuing Education, CPR, and Laser Certification. You will proceed to the Verification section of the renewal form and submit payment.

### **ADDRESS SECTIONS**

#### **HOME AND OFFICE ADDRESSES**

You are required to update your current addresses pursuant to NAC 631.150. Your current home address is pre-populated. Changes that need to be made (new address, phone number, etc.) may be updated directly over the incorrect information. The system will save the updated information when at the time the renewal is processed. Your current office addresses will appear in a table. Should any additions (i.e.-office name, office telephone, etc.) be needed, you must click the pencil icon to edit the information. Should an address no longer be current for you (i.e.-office is now a previous employer), you must click the trashcan icon to delete the information from your renewal. If you need to add a practice location, click the 'Add Office Address' button. Whether you have one (1) or multiple practice locations, the system will require you to select one (1) of the locations as a **PRIMARY** office address (check box). Once all addresses are correct/current, the system will require you to select whether you want your home address or primary office address as your mailing address (check box).

## **NEVADA BUSINESS LICENSE**

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

## **MILITARY SERVICE**

This section **MUST** BE completed, regardless of whether or not you have served in the military. If you have not served in the military, you should answer "NO" and move onto the next section. If you have served in a branch (or branches) of the military, you must answer "YES". The system will require you to enter the branch (or branches) in which you have served and the dates of service. Please have the information readily available to proceed with licensure renewal. The Nevada Department of Veteran's Affairs requires the Nevada State Board of Dental Examiners collect and report military service information.

## **CONTINUING EDUCATION REQUIREMENTS**

### **ANNUAL LICENSE RENEWALS (Limited Licenses)**

Completion of 15 hours during the period of July 1, 2021 through June 30, 2022; 2 hours of which must be in the subject of Infection Control.

### **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.

### **CE EDUCATION VERIFICATION**

For your ANNUAL renewal, you will be required to list your completed courses and the required number of hours of continuing education for your licensure type.

### **CE CERTIFICATES**

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**

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. 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.

## **VERIFICATION**

### **ACTIVE STATUS**

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

**QUESTION 1** - This question pertains to claims or complaints of malpractice filed against you, felony or misdemeanor convictions or the suspension/revocation/probation of a license issued by this agency or another licensing jurisdiction. If you answer 'yes', be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.

**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 2(a) should be left blank (on paper renewal);

- **HAVE Children AND HAVE a court order for child support** - Answer 'yes' and then answer 2(a) '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 2(a) 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 within NRS 631 and NAC 631. The NRS 631 and NAC 631 are the Nevada Dental Practice Act (Nevada statutes and regulations). A ‘yes’ answer to this question indicates you are compliant with the Nevada Dental Practice Act. A ‘no’ answer indicates you are NOT compliant with the Nevada Dental Practice Act. If you answer ‘no’, be prepared to provide a written statement attached to your paper renewal or uploaded to the online portal.

**QUESTION 4 - HISTORY OF ADDICTION(S)** - As a licensee you will be asked if you have a history of addictions/substance abuse.

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

- DO NOT USE Laser - Answer ‘no’ and question 5(a) should be left blank (on paper renewal);

- USE Laser AND have previously provided certification to the Board - Answer ‘yes’ and then also answer 5(a) ‘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 - Answer ‘yes’ to this question, answer ‘no’ for question 5(a) AND upload a copy of your laser certification to the renewal portal.

**QUESTION 6 - CHILD ABUSE AND NEGLECT**- As a licensee you will be asked if you are aware of the requirement to report child abuse and neglect.

**QUESTION 7 - EMPLOYMENT CONTRACT** - This question MUST be answered: A ‘yes’ answer will require you to attach a copy of your current contract to the renewal. A ‘no’ answer would require a written statement explaining why.

### **CONFIRMATION OF RENEWAL / POCKET RECEIPT**

Once all requirements are complete, you will receive an email confirming your successful renewal and will include a digital a **POCKET RECEIPT/CARD**. This card is no longer sent by mail. The digital copy is the only copy you will receive. The title of the email that is sent to you is ‘License Renewal Approval’ and the pocket receipt/card will be attached as a PDF. Be sure to check your ‘Junk’ or ‘Spam’ folders for the payment receipt and confirmation of renewal emails.

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

(702) 486-7044  
(800) DDS EXAM