

## RENEWAL INSTRUCTION SHEET

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, **SEPTEMBER 30, 2020**

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, **SEPTEMBER 30, 2020**

To be deemed received on time, the online renewal process must be complete with a confirmation email 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. For ONLINE RENEWALS, fees will automatically append to your account upon the selection of the desired status type. The credit cards accepted for payment are Discover, MasterCard and Visa. For PAPER RENEWALS the credit card payment form is attached to the paper 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 '2020 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.

### **ONLINE RENEWAL LOGIN INSTRUCTIONS**

When accessing the Board's website ([www.dental.nv.gov](http://www.dental.nv.gov)), select '2020 Dental Hygiene License Renewal'. You will be taken to the renewal portal log-in screen. If you have completed a past renewal online, you will need to have access to your username and password you used previously. Enter your username (email) and password to log-in to your account.

If this is your first online renewal, you will need to create an account or 'register'. On the log-in screen, click the link that reads 'click here to register'. The register screen will request the following information: first name, last name, date of birth; last four digits of your social security number and your email address. Once that information is entered and your account is created, you will receive a temporary password via email. Return to the log-in screen in the portal and enter your username (the same email you used to register) and temporary password that was just emailed to you. Once you are logged in, the system will prompt you to change/update the temporary password. The system will ask for your 'old password' which is the temporary password you just received. The system will then ask you for your new password which you will create/enter. Once the system confirms your password has been changed, you will then need to return to the log-in screen and log-in to the system using your email and the password you just created. Please retain your created password in a secured area.

## LICENSE STATUS

### ACTIVE STATUS

If you are renewing in an **active status** beginning July 1, 2020, 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 questions **MUST** be answered, regardless of the status of your license (active, inactive, retired/disabled). Refer to the **AFFIDAVIT** section of this handout for an explanation of your answer options.

### INACTIVE or RETIRED/DISABLED STATUS

If you are renewing in an **inactive or retired/disabled status** beginning July 1, 2020, you will proceed to the Affidavit section of the renewal form and submit payment.

\*\*The Affidavit questions **MUST** be answered, regardless of the status of your license (active, inactive, retired/disabled). Refer to the **AFFIDAVIT** section of this handout for an explanation of your answer options.

### STATUS CHANGE

If you hold an **ACTIVE** license for the period of July 1, 2018 through June 30, 2020 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 will need to renew at the current status (inactive or retired/disabled) and file a separate paper application for the reactivation of your license. The reactivation 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 renewed to inactive or retired/disabled status (effective July 1<sup>st</sup>), but are required during the period you held the active license. Please contact the Board office if you have questions regarding this statutory requirement.

## 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). The Board no longer maintains mailing addresses on file.

## 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

### BIENNIAL LICENSE RENEWALS

Completion of 30 hours during the period of July 1, 2018 through June 30, 2020; 4 hours of which must be in the subject of Infection Control.

### ANNUAL LICENSE RENEWALS (Limited Licenses)

Completion of 20 hours during the period of July 1, 2019 through June 30, 2020; 2 hours of which must be in the subject of Infection Control. For dental limited license renewals, 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.

### 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. 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 through which you provided 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**  
**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.

**INACTIVE or RETIRED/DISABLED STATUS**

**ALL** QUESTIONS IN THIS SECTION **MUST** BE ANSWERED by all licensees choosing an **INACTIVE** 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.

**NOTE:** If you answer any question that may require Board approval before your renewal application is considered complete, you should receive an email advising that your renewal has been submitted but requires approval. Once the renewal has been approved, you will receive both emails as noted in the **RECEIPT OF PAYMENT** and **CONFIRMATION OF RENEWAL** sections below.

## **RECIPT 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 / POCKET RECEIPT**

Once all requirements are complete, you will receive an additional 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