State of Idaho
Division Of Occupational and Professional Licenses
Board of Dentistry

BRAD LITTLE
Governor
RUSSELL BARRON
Administrator

11341 W Chinden Blvd.
P.O. Box 83720
Boise, ID 83720-0063
(208) 334-2369
https://dopl.idaho.gov/bod

APPLICATION FOR REINSTATEMENT OF A CANCELED LICENSE

DENTIST/DENTAL SPECIALIST/DENTAL HYGIENIST

This application is only applicable for a license cancelled for less than two (2) years.

APPLICATION PROCESS

1. Complete the fillable PDF application form
2. Email the application form and all required checklist items to sbdinfo@isbd.idaho.gov
3. Once the application is received an email will be sent with instructions of how to submit the application fee online
4. Upon receipt of the fee your application will be processed
5. Upon approval of the application, a prorated biennial license fee will be assessed and must be paid prior to issuance of a license

CHECKLIST

	Completed Application with Non-Refundable Application Fee Mail to: ISBD, PO Box 83720, Boise, ID 83720-0063 Express Mail: 11341 W. Chinden Blvd. Bldg. #4 Boise, ID 83714
	Copy of Current BLS Certification*
	Continuing Education Record (Included with Application Materials)*

* Required if reinstating an active status license

Important Information

- The Idaho State Board of Dentistry conducts a thorough evaluation of all application materials. Process times for applications may range from several weeks to several months.
- Application requirements are set to comply with the Idaho Dental Practice Act. No exceptions will be made and requirements will not be waived under any circumstance.
- Application files will remain active for six (6) months from the date the application is received.
- If you relocate during the time that your application is being processed, you must immediately notify the Board of your new address.
- Upon approval of an application, a prorated biennial license fee will be assessed and must be paid prior to issuance of a license.

IDAHO BOARD OF DENTISTRY

CONTINUING EDUCATION REQUIRED FOR CONVERTING AN INACTIVE STATUS LICENSE TO AN ACTIVE STATUS LICENSE

Idaho Code §54-920(7)(d) states in part: "*The Board may convert a license with inactive status to a license with active status in the event the holder pays the license fee prescribed for licenses with active status and submits to the board satisfactory evidence of: (iii) Completion of accumulated continuing education as required of a license with uninterrupted active status.*"

DENTIST/DENTAL SPECIALIST

RENEWAL PERIOD LICENSE WENT INACTIVE	# OF CE DUE
2020-2022	30
2018-2020	60
2016-2018	90
2014-2016	120
2012-2014	150
2010-2012	180

DENTAL HYGIENIST

RENEWAL PERIOD LICENSE WENT INACTIVE	# OF CE DUE
2021-2023	30
2019-2021	48
2017-2019	72
2015-2017	96
2013-2015	120
2011-2013	144

Idaho State Board of Dentistry

PO Box 83720, Boise, ID 83720-0063 ♦ Phone 208-334-2369
Web https://dopl.idaho.gov/bod ♦ Email sbd-info@dopl.idaho.gov

Application for Reinstatement of Canceled License
Dentist/Dental Specialist/Dental Hygienist

☐ Dental/Dental Specialist Application Fee $300	☐ Dental Hygiene Application Fee $150
Indicate Specialty: _____	

Reinstatement Options

☐ Reinstate inactive status license	☐ Reinstate active status license
☐ Reinstate inactive status license and convert to active status license Please note: to reinstate an inactive status license and convert to an active status license the following additional requirements must be met and verification submitted with the application*: • Current BLS certification • Continuing education record • License verification (The Board of Dentistry will attempt to obtain this information online – If this information is not available online, you will be notified.)	
☐ Previous license status unknown (The Board of Dentistry will verify previous status via email and confirm reinstatement option).	

*The Board of Dentistry will notify you via email if any additional information is required.

Personal Information

Full Name (First, Middle, Last, Suffix)		
Maiden Name or Other Names Used		
Social Security Number	Date of Birth	
Mailing Address		
City	State	Zip Code
Email Address	Daytime Telephone Number	

State Licensure

List every state in which you are or have been licensed as a Dentist and/or Dental Hygienist and/or all states in which an application is pending. **If not applicable, answer N/A**.

State	Type of License	License #	Date Issued	Status

IDAHO STATE BOARD OF DENTISTRY

♦PO BOX 83720 BOISE, ID 83720-0063 ♦PHONE: (208) 334-2369
♦ Web https://dopl.idaho.gov/bod ♦EMAIL: sbd-info@dopl.idaho.gov

DENTAL/DENTAL SPECIALIST/DENTAL HYGIENE

CONTINUING EDUCATION RECORD

Please note – BLS recertification is a separate requirement and cannot be counted as CE

Course Name	Sponsoring Organization	Location	Dates Attended	Hours Earned
			Total Hours:	

APPLICANT NAME: _____

Definitions:

"Ability to practice dentistry/dental hygiene safely and competently" means ALL of the following:

1. The cognitive capacity to make reasoned clinical judgments, and to learn and keep abreast of clinical developments;

2. The ability to communicate clinical judgments and information to patients and other health care providers; and

3. The capability to perform clinical tasks such as dental/dental hygiene examinations and dental/dental hygiene procedures.

"Medical condition" means any physiological or psychological condition, impairment, or disorder, including drug addiction and alcoholism.

"Drugs or chemical substances" mean alcohol, controlled substances, prescription drugs, illegal drugs, over-the-counter medications, nitrous oxide, petroleum products, adhesive products and other chemical substances taken for mood alteration.

"Improper use of drugs or other chemical substances" means ANY of the following:

1. The use of any controlled substance and/or prescription drug in an addictive manner and/or for any purpose and to any extent other than as directed by a licensed health care practitioner;

2. The use of any over-the-counter medication in an addictive manner and/or in a manner prohibited by law;

3. The use of alcohol in an addictive manner and/or to the extent that the use of alcohol impairs a person's ability to safely and competently practice as a dentist;

4. The manufacture, possession, distribution or use of any drug, medication or chemical substance in a manner prohibited by law.

NOTE: IF YOU ANSWER "YES" TO ANY QUESTION 1-20, YOU MUST ATTACH A SIGNED WRITTEN STATEMENT PROVIDING A COMPLETE EXPLANATION OF THE EVENT OR CIRCUMSTANCES AND ATTACH **ANY** SUPPORTING DOCUMENTATION.

QUESTIONS 21 - 25, YOU MUST ATTACH A SIGNED WRITTENT STATEMENT ATTESTING THAT YOU ARE PHYSICALLY AND MENTALLY ABLE TO PERFORM THE FUNCTIONS OF THE LICENSE YOU SEEK AND THAT THERE ARE NO MEDICAL CONSIDERATIONS IN YOUR HEALTH HISTORY THAT MAY POSE A THREAT TO THE PATIENTS YOU TREAT AND ATTACH ANY DOCUMENTATION INCLUDING COPIES OF EVALUATIONS AND RECOMMENDATIONS FOR TREATMENT IF ANY WERE ISSUED.

NOTE: IF YOU ANSWERED "YES" TO ANY QUESTION 26 – 30, YOU MUST ATTACH A SIGNED WRITTEN STATEMENT PROVIDING A COMPLETE EXPLANATION AND ATTACH ANY SUPPORTING DOCUMENTATION WHICH MAY INCLUDE: COPY OF CRIMINAL CHARGES, REPORTED OFFENSE, POLICE REPORT, JUDGMENT AND DISPOSITION, FINAL DISPOSITION, AND ANY ORDERS OR ANY ACTIONS PENDING. BE SURE TO INCLUDE THE JURISDICTION THAT IS INVESTIGATING AND/OR PROSECUTING THE CHARGES. THIS INCLUDES ANY CITY, COUNTY, STATE, FEDERAL, OR TRIBAL JURISDICTION.

APPLICANT NAME: _____

PERSONAL DATA QUESTIONS	YES	NO
1. Were you ever expelled, requested to withdraw, reprimanded or placed on probation while attending any dental/dental hygiene school/program?		
2. Have you ever been refused or denied the privilege of taking any examination required for professional licensure?		
3. Have you ever been dismissed from any professional licensure examination due to improper behavior or unethical conduct?		
4. Have you ever been denied a license to practice dentistry/dental hygiene or any other profession or occupation?		
5. Have you ever voluntarily surrendered a license to practice dentistry/dental hygiene and/or have you ever agreed to voluntarily restrict or limit your practice of dentistry/dental hygiene?		
6. If you answered "YES" to QUESTION (5), was disciplinary action pending against you, were you under investigation by a licensing agency at that time or, did you surrender or agree to restrict or limit your practice of dentistry/dental hygiene in lieu of disciplinary action being taken against you? ☐ N/A		
7. Have you ever been the subject of any proceeding by a licensing authority which either sought or resulted in censure, reprimand, probation, suspension, surrender, revocation, fine or other discipline/penalty in connection with any dental/dental hygiene or other professional license you held?		
8. Are charges or an investigation currently pending in connection with your dental/dental hygiene license in any other state?		
9. Have your clinical privileges ever been restricted or terminated by any entity?		
10. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited or restricted?		
11. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?		
12. Are any professional liability or malpractice claims or complaints currently in process/pending against you?		
13. Have any settlement agreements been entered into or have any judgments been entered against you resulting from your practice of dentistry/dental hygiene?		
14. Have any judgments or settlements been paid on your behalf as a result of a professional liability or malpractice case(s)?		
15. Have you ever been denied, or excluded from participation in a Federal or state healthcare program?		
16. Are you currently or have you ever been licensed in any other state in any health care profession aside from dentistry/dental hygiene?		
17. Have you ever been discharged other than honorable from the armed service or from a city, county, state, or federal position?		
18. Do you currently have a child-support obligation?		
19. If yes, are you in arrears? ☐ N/A		
20. If yes, does the arrearage match or exceed the total amount payable for the past six months? ☐N/A		
21. Have you had or do you currently have a medical condition that in any way impairs or limits your ability to currently practice dentistry/dental hygiene safely and competently?		
22. Have you ever engaged in the improper use of drugs or other chemical substances?		
23. Have you used or do you currently use alcohol, drugs, or other chemical substances in a manner that would in any way impair or limit your ability to safely and competently practice dentistry/dental hygiene?		

APPLICANT NAME: _____

PERSONAL DATA QUESTIONS	YES	NO
24. If you answered "YES" to any questions 21 - 23, have you participated in any program or received treatment or are you currently participating in any program or receiving treatment that reduces or eliminates the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? ☐ N/A		
25. If you answered "YES" to any questions 21-23, does your field of practice, the setting, or the manner in which you practice dentistry/dental hygiene, reduce or eliminate the limitations or impairments caused by either your medical condition or improper use of alcohol, drugs, or other chemical substances? ☐ N/A		
26. Have you ever been arrested, charged, cited, indicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime or offense, including actions that resulted in a deferred or expunged judgment?		
27. Have you ever received a withheld judgment or suspended sentence for any felony or misdemeanor in a criminal proceeding?		
28. Do you have any felony or misdemeanor criminal charges currently pending against you in any state or country?		
29. Have you ever received a finding of guilt under the uniform code of military justice?		
30. Are you currently charged with or have you been convicted of a criminal act that requires registration under the Sex Offender Registration Act?		

APPLICANT ATTESTATION

I, _____ , hereby attest under penalty of perjury that I am the person described and identified in this application and that the attached photograph is a true likeness of myself. I also attest that I am the lawful holder of the requisite diploma, which was procured in the regular course of instruction and examination without fraud or misrepresentation.

I further attest that I have read the statutes and rules pertaining to the practice of dentistry/dental hygiene as prescribed in Chapter 9, Title 54, Idaho Code and IDAPA 24.31.01 of the Board of Dentistry's Administrative Rules. If a license to practice dentistry/dental hygiene is issued to me, I understand that if I violate any laws or rules, my license may be disciplined as provided by law.

I attest, under penalty of perjury, that my answers and all statements made by me on this application and accompanying attachments are true and correct. Should I furnish any false information, or cause any material omission, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of my license. I also attest under penalty of perjury that if I did not personally complete the foregoing application, or any portion hereof, that I have fully read and confirmed each question and accompanying answer, and take full responsibility for all answers contained in this application.

I hereby agree to abide by the laws and rules pertaining to the practice of dentistry/dental hygiene in the state of Idaho.

Signature of Applicant _____

Date _____

ATTACH CURRENT PHOTO WITH APPLICATION

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I _____ do hereby authorize a full disclosure of all records concerning myself to any duly authorized employee, officer or agent of the Idaho State Board of Dentistry, whether the said records are of a public, private, or confidential nature.

I hereby authorize all hospitals, schools, educational institutions, or organizations, personal physicians, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to this licensing board any information, files or records requested by this board in connection with the processing of this application. I further authorize this board to release to the organizations; individuals and groups listed above any information that is material to my application.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this authorization for release will be considered in determining my suitability for a license to practice dentistry/dental hygiene in the State of Idaho. I also certify that any person(s) or entity which may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Idaho State Board of Dentistry from any and all liability, which may be incurred as a result of requesting or obtaining such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This authorization for release is non-expiring and shall continue in force and effect indefinitely.

I have read and fully understand the contents of the "Authorization for Release of Personal Information" and do knowingly and voluntarily execute same.

_____ _____

Signature of Applicant Date